**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Angels in Aprons |
| Service address: | 1/249 Coronation Drive MILTON QLD 4064 |
| Commission ID: | 701062 |
| Home Service Provider: | Angels in Aprons Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 28 March 2023 |
| Performance report date: | 22 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Angels in Aprons (**the service**) has been prepared by J ZHOU delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Angels in Aprons, 26175, 1/249 Coronation Drive, MILTON QLD 4064

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desktop assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |

Findings

Having considered the Assessment Team’s report and the evidence behind their findings, I find the service is now providing information to consumers in a current, accurate and timely manner that enables choice.

I form this view based on the service’s submissions dated 14 April 2023 which demonstrates that active planning has been done to systemically and systematically improve its financial documents, particularly since the changes with the Social, Community, Home Care and Disability Services (SCHADS) industry award. I note improvements are made to the service’s existing HCP agreements, and also consent forms, budgets and so forth as necessary. The major change being the removal of reference to minimum 2 hour visits as it did not conform with the intent of the SCHADS award.

I further note the CEO phoned and spoke with 8 clients/their representative who were affected by the previous introduction of the ‘minimum 2 hour visits’ to address and remedy any impact to those consumers. Furthermore, where clients require a shorter than 2 hour visit, I note the service is actively working with those consumers to find alternative solutions to suit their needs.

Meanwhile, consumers/representatives interviewed for this requirement were satisfied they are provided information. They advised the Assessment Team that they were informed of the changes to the 2-hour minimum service by letter, email and verbally from the provider to assist their choices and decisions related to care and services.

I am now satisfied the service is compliant with this Requirement.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |

Findings

I agree with the Assessment Team’s recommended findings that the service is compliant with this Requirement.

Overall, I am persuaded the service does establish relationships with other aged care service providers to assist when they are unable to provide support to consumers including brokerage for 1-hour shifts, and it investigate using brokerage arrangements to alleviate Angel Carer shortage. I also note the Assessment Team sighted first hand documents which showed the service took steps to develop a brokered service agreement with another provider in order to meet the needs of a particular consumer.

Given the service has it has the framework to keep delivering safe and inclusive care and services to its consumers to include changes required under the SCHADS award, I am now satisfied it is compliant with this Requirement.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)