**Performance**

**Report**

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| Name: | Angels in Aprons |
| Commission ID: | 701062 |
| Address: | 1/249 Coronation Drive, MILTON, Queensland, 4064 |
| Activity type: | Quality Audit |
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| Performance report date: | 10 November 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8383 Angels in Aprons Pty Ltd  
Service: 26175 Angels in Aprons

**This performance report**

This performance report for Angels in Aprons (**the service**) has been prepared by E Blance, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 26 October 2023
* other information known by the Commission.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff treat consumers with dignity and respect and support their cultural diversity. Knowledge of consumers’ cultural backgrounds was known by staff and management monitored interactions between staff and consumers through feedback processes. A code of conduct established the appropriate behaviour and conduct of staff when interacting with consumers.

Consumers and representatives said staff understand their needs and preferences and consumers feel safe and respected when services were being delivered. A ‘Diversity and Equity’ policy provides staff with information about the service’s expectations and how it appreciates and respects the unique cultural background of its consumers. Knowledge of cultural impacts to care was demonstrated by staff. The service collects information about consumers' cultural backgrounds, should they wish to disclose it.

Consumers and representatives said consumers were supported to make their own decisions about the services they receive. Consumers said the service made it easy for them to be involved and stay involved with those important to them. Management and staff evidenced knowledge, awareness, and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Consumers were supported to take risks if they chose, and steps were taken to mitigate the potential impact of risks when possible. Staff described the importance of discussing the potential risks with consumers and then allowing them the freedom to continue taking those risks if they choose. Risk factors identified had strategies implemented to mitigate those risks and support consumers to live their best lives. Home risk assessments were conducted.

Consumers and representatives said information they received was current, accurate, and timely. Strategies were used to help communicate with consumers who experience communication barriers. Consumers said statements were easy to understand.

Consumers and representatives said privacy was respected and confidentiality of their personal information was maintained. Consumers were consulted and consent was sought for the collection and use of personal information.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report and the Approved provider’s response. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 1 is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Assessment Team provided information that the service did not demonstrate assessment, including the consideration of risks to each consumer’s health and wellbeing, informed the delivery of safe and effective care and services. Comprehensive service-level assessments had not been conducted for each consumer which took into account all relevant information, including information available from other sources, in order to inform development of the care plan.

The provider’s response included evidence for the creation of:

* A service level assessment policy and procedure
* A client risk assessment template
* An updated intake and referral policy to include the client risk assessment
* Clinical meeting minutes including discussion of the new process
* Inclusion of a clinical role to oversee and escalate any identified risk

The Assessment Team did not raise impact to the consumer in relation to Standard 2 Requirement (3)(a) and consideration of other Requirements in the Quality Audit Report did not raise concerns for the quality of care and services provided to consumers. I am satisfied the provider’s response demonstrated a proactive approach to improving outcomes for consumers and that risk to consumers has been mitigated through the actions taken by the provider.

Consumers and representatives said the care and services provided by the service addressed their individual needs and preferences. Staff were knowledgeable about individual consumers’ preferences. Policies, procedures, and training modules provided guidance to staff on the assessment and care planning processes. Discussions on Advance Care Directives (ACD) and end-of-life (EOL) wishes were initiated with consumers.

Consumers and representatives and other relevant individuals were involved in the planning and delivery of care and services. Assessments were in partnership with other organisations, individuals, and service providers regarding the changing needs of consumers. Consumers were encouraged to make decisions about their care and services.

Consumers and representatives were informed of changes to their care plans and had access to their care plan information. Care plans were accessible by all staff in hardcopy and on a digital application that is linked to the service’s electronic care management system. Changes to consumers’ condition or needs were escalated and documentation updated.

Consumers and representatives said management regularly reviewed their satisfaction with the care and services they receive and to review that consumers’ needs were being met. Reviews were conducted for all consumers, and additional reviews were conducted in response to requests from consumers, changes in care needs or preferences, and any identified risks, hazards, incidents, or complaints. Timelines for reviews were monitored. Procedures guided staff for the review of care plans.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report and the Approved provider’s response. I have placed weight on the information provided by the consumers in relation to their experience with the service and the actions taken by the provider to mitigate risks to consumers. It is my decision Standard 2 is compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said clinical and personal care was safe and effective and optimised the health and well-being of the consumer. Care plans accurately described consumers’ personal and clinical care needs to guide staff in the delivery of care and services. Policies and procedures guided staff practice in delivering personal and clinical care.

High-impact and high-prevalence risks associated with the care of consumers were effectively managed. Risks strategies had been adopted to manage risks. Consumer incidents were reported and incidents were documented and reviewed.

Consumers and representatives said care and services preserved their dignity and maximised their quality of life. Care and services were adjusted for consumers nearing the end of life. The service liaises with external palliative care teams, the consumer’s Medical Officer and their representatives for consumers nearing the end of life.

Deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Consumers and representatives said the service responds to changes in consumers’ condition and refer to the Medical Officer or other allied health professionals, as required. Staff demonstrated an understanding of recognising, reporting and responding to consumer deterioration or changes in their health and well-being. Documentation supported that action was taken for consumers who deteriorate.

Consumers and representatives said they were satisfied with the care and services consumers received. Care and service plans and other relevant information is available in hardcopy and on the electronic care management system, including alerts outlining changes to consumers’ care and services. Staff receive information about service delivery via a mobile device and are advised of any changes. Care documentation demonstrated input from others was sought from other involved in consumers’ care and their recommendations were incorporated into care plans. Policies and procedures guided staff practice. The provider’s response included reminders to staff regarding documentation within progress notes.

Consumers and representatives said the delivery of care, including referral processes, is timely and appropriate. Consumers had access to a Medical Officer and other health professionals when they need it. There was a process for sending referrals. Policies and procedures guided staff practice.

Staff practices to prevent the spread of infection included hand washing, the use of hand sanitiser, and the use of Personal Protection Equipment (PPE). Staff described how they maintained appropriate infection control and minimise the risk of COVID-19. Training records demonstrate staff were trained in effective infection control practices. Policies and procedures guided staff practice. Information about the service demonstrating practices to promote appropriate antibiotic prescribing, was considered under Requirement 8(3)(e).

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report and the Approved provider’s response. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 3 is compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said services and supports help them to maintain their quality of life and independence. Staff demonstrated an understanding of what was important to individual consumers. Care planning was individualised and outlined the services and supports to be provided.

Consumers and representatives were satisfied services and supports promoted their emotional, spiritual, and psychological well-being. Care planning documentation reflected the consumer’s emotional, spiritual and psychological wellbeing needs. Staff demonstrated an understanding of what is important to each consumer.

Consumers said they were provided with opportunities for social interaction and social connection through the supports they receive. Staff were flexible in providing social support based on what the consumer’s preference was for the day. Consumers were involved in activities of interest in the community including choir and a men’s shed. Newsletters promoted upcoming events and encouraged consumers to get involved.

Consumers and representatives said staff had good knowledge of consumers’ needs and preferences. Care plans had sufficient information to guide staff in delivering care and services.

Timely and appropriate referrals were made to individuals, other organisations and providers of other care and services. Processes for referrals to other organisations and individuals were known by staff. Consumers were satisfied with their referrals to other services.

Consumers and representatives were satisfied with the meals provided by the service. Consumers who receive meals in their homes had choice over what they receive and consumers who received meals through brokered services were satisfied that the meals met their expectations and provided sufficient quantity and variety.

Equipment provided, was safe and suitable and met consumers’ needs. The service requested assessments where there was an identified need for home modifications. Where consumers own the equipment, the service demonstrated processes were in place to ensure the equipment was clean, safe and suitable. Staff were able to explain the process should unsafe or ineffective equipment be found. The safety of vehicle is monitored.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 4 is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they understood how to provide feedback or make a complaint and they felt comfortable to do so. Different avenues for making complaints including verbal feedback to staff and management, feedback forms, annual surveys, and during care planning reviews, are available to consumers.

Consumers and representatives were made aware of other methods for raising and resolving complaints including advocacy and interpreting services available. The service was actively promoting advocacy services with information made easily accessible to consumers and representatives.

Consumers and representatives said staff and management were responsive to their raised concerns. Open disclosure was used throughout the complaints process. Policies and procedures guided staff in responding to complaints. The provider’s response included the topic ‘open disclosure’ as a reminder within communications to staff.

Consumers and representatives said the service made efforts or changes, to improve care and services after receiving feedback. Feedback was effectively monitored and actioned where appropriate. Complaints and feedback are discussed at meetings to identify any emerging trends.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 6 is compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The workforce was planned to enable the delivery of safe and quality care and services. Consumers said staffing was consistent and Management notified changes to their scheduled care and services. Contingency plans were in place to replace staff when required and rosters were reviewed to ensure staff allocations were meeting consumer needs.

Consumers and representatives said staff were kind, caring and respectful. Staff were able to describe consumers’ backgrounds, culture, and identity. Staff interactions with consumers was monitored.

The workforce was competent, and members of the workforce had the qualifications to perform their roles effectively. Staff said they had the necessary skills to perform their role and were supported by management. Consumers and representatives said staff were well trained.

The service had processes for the recruitment, induction, and onboarding of staff. The service provided online and face-to-face education for staff, including education about key elements of the Quality Standards, and the Serious Incident Response Scheme (SIRS). Staff documentation was stored on the electronic management system and completion of training was monitored. The provider’s response included information to remind staff to complete modules on the new training system.

Performance of staff was regularly monitored in line with the service’s policy and procedures. Staff described the performance review process. Management described the monitoring of staff’s performance through and informal performance review. The provider’s response included an updated performance management policy which included the tracking of performance appraisals.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report and the Approved provider’s response. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 7 is compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were confident in the way the service is run and satisfied with their engagement in the development, delivery, and evaluation of care and services. Consumers were supported to be engaged in the development, delivery, and evaluation of care and services through consumer feedback, surveys, and regular touch points with management.

The organisation’s Chief Executive Officer (CEO) was accountable for the delivery of a culture of safe, inclusive, and quality care and services. The CEO was informed of the service’s operations through formal governance frameworks, leadership and reporting pathways, and feedback and complaint mechanisms.

The service demonstrated appropriate and effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance. Information about consumers, including medical information and incident reports, is available to the workforce and other involved in care. Feedback and risks are reported to the CEO, from which continuous improvement opportunities were identified. The continuous improvement plan determines the overarching direction of the service and tracks progress against time frames. The organisation’s senior executive team prepare and finalise the yearly budget and forecasting which includes workforce review and consideration of capital planning and purchase as well as capability development and quality improvement investments. Management and employees were provided with adequate information to ensure they had a clear understanding of their roles, responsibilities, and accountabilities. Regulatory changes were received and managed by management, who then disseminated them to appropriate parties throughout the service. The service had updated policies and procedures to reflect regulatory changes, including the introduction of the SIRS to home and community care. All feedback received was managed by management, who escalated or monitored the complaint while ensuring open disclosure.

The service was able to demonstrate the management of high impact or high prevalence risks and the identification of abuse and neglect of consumers. Staff and management were able to provide examples of these risks and how they are managed within the service. Consumers were supported to take risks and participate in activities to enable them to live the best life they can. An incident management system and reportable incidents register demonstrated how incidents were managed including reporting through the SIRS.

Policies in relation to open disclosure, antimicrobial stewardship, and restrictive practice were evidenced within staff orientation and mandatory education. Management and staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint, and open disclosure were implemented on a day-to-day basis.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report and the Approved provider’s response. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 8 is compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)