**Performance**

**Report**

**1800 951 822**

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| Name: | At Home Feros Care |
| Commission ID: | 700308 |
| Address: | Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA, Queensland, 4225 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 20 May 2024 |
| Performance report date: | 26 June 2024 |

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: 1209 Feros Care  
Service: 19365 At Home Feros Care - Darling Downs QLD  
Service: 19409 At Home Service Feros Care - Northern Tasmania  
Service: 19421 At Home Service Feros Care - Southern Tasmania  
Service: 23499 At Home Services Feros Care - ACT  
Service: 19286 At Home Services Feros Care - Barwon-South Western, Victoria  
Service: 23325 At Home Services Feros Care - Brisbane North  
Service: 23323 At Home Services Feros Care - Brisbane South  
Service: 23326 At Home Services Feros Care - Caboolture  
Service: 23500 At Home Services Feros Care - Central Coast  
Service: 19289 At Home Services Feros Care - Eastern Metropolitan VIC  
Service: 23374 At Home Services Feros Care - Far North Coast  
Service: 22880 At Home Services Feros Care - Grampians  
Service: 23501 At Home Services Feros Care - Hunter  
Service: 23502 At Home Services Feros Care - Illawarra  
Service: 23503 At Home Services Feros Care - Inner West  
Service: 19288 At Home Services Feros Care - Loddon-Mallee VIC  
Service: 23327 At Home Services Feros Care - Logan River Valley  
Service: 17505 At Home Services Feros Care - Mid North Coast  
Service: 19362 At Home Services Feros Care - Northern Metropolitan Victoria  
Service: 19355 At Home Services Feros Care - Northern Sydney NSW  
Service: 23321 At Home Services Feros Care - South Coast  
Service: 23504 At Home Services Feros Care - South East Sydney  
Service: 23505 At Home Services Feros Care - South West Sydney  
Service: 23324 At Home Services Feros Care - Sunshine Coast  
Service: 23506 At Home Services Feros Care - West Moreton  
Service: 22874 At Home Services Feros Care - Western Metro  
Service: 23328 At Home Services Feros Care - Wide Bay  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7272 Feros Care Limited  
Service: 24372 Feros Care Limited - Care Relationships and Carer Support  
Service: 24373 Feros Care Limited - Community and Home Support

**This performance report**

This performance report for At Home Feros Care (**the service**) has been prepared by Kyle Jarvie, 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 Assessment contact (performance assessment) – non-site report was informed by a non-contact site assessment, review of documents and interviews with staff, consumers/representatives, and others.
* the provider did not give a response to the Assessment Team’s report.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 8 Organisational governance | Not fully assessed |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 8 Organisational governance | Not fully assessed |

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 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 | Compliant |

Findings

It is noted that this targeted Assessment Contact – Non-site conducted on 20th May 2024 was the result of a finding of Non-Compliance on the 12th of June 2023, which identified that the Provider had not discharged its responsibilities under the Accountability Principles 2014, and the Record Keeping Principles 2014. The non-compliance was confirmed in the context that the Provider acknowledged that they had not discharged their responsibilities under the above principles to the extent required and conceded non-compliance compliant with Requirement (3)(c) under Standard 8 of the Quality Standards.

The Assessment Team recommended the provider as having met its obligation under this requirement, and identified the following information relevant to my finding:

Consumers and their representatives have access to sufficient information which is relevant and delivered in a timely manner that allows them to exercise choice. The provider utilises electronic information systems to securely store and protect consumer data which informs staff tasked with service delivery, all of which is governed by appropriate policies, procedures, and staff practice.

The provider uses multiple sources to assess and inform continuous improvement against the Quality Standards and appropriately tracks, assigns responsibility via expected outcomes and timeframes including notification of people involved. An example of which being the recommencement of social outings after the COVID-19 pandemic.

The provider is appropriately managing its own financial systems to ensure the delivery and continuity of safe and effective care and services. Consumer unspent funds are reviewed, and planning and consultation occurs around approaches and measures to rectify these instances. Consumers with unspent funds interviewed by the Assessment Team confirmed that they had been in discussion with the provider in relation to how to remedy the accumulation of funds to more appropriate care and services.

The provider is appropriate governing its workforce through competency checks and clear definitions of roles and responsibilities assigned to positions through job descriptions, including checking the qualification and relevant insurances with its brokered workforce. Training delivered to staff was noted to be client centred around consumer needs.

Management advised that appropriate systems and checks are in place including registration and subscription to industry peak bodies and regulatory bulletins. Information is systemically distributed to staff and policy and procedures updated to reflect regulatory change and reform. The provider demonstrated these had been further refined since the last Quality Audit in 2023. The provider noted the significant volume of its workforce; however, confirmed 96% of its workforce had police clearances sighted directly, with all reasonable steps, processes, and strategies in place to satisfy them to the remainder, including completion of statutory declarations completed by external brokered approved providers confirming the remainder had been sighted by their management. The provider also identified within its continuous improvement plan progression towards possessing this for all staff. Appropriate systems were also noted to be in place onto ensure notification and continued compliance, which is monitored by two dedicated positions within the organisation.

Feedback and complaints are recorded and monitored in systems designed to trend and analyse the information as a means of informing continuous improvement opportunities. Consumers and representatives were encouraged and supported to make complaints if they were not satisfied with the care and services delivered. An example provided noted consumer preference to remain on a paper-based system for monthly statements, which ultimately resulted in a change in policy by the provider, to accommodate this preference for consumers.

Based on the information summarised above, I find the provider, in relation to both HCP and CHSP services, compliant with requirement (3)(c) of Standard 8.

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