**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | At Home Feros Care |
| Service address: | Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade COOLANGATTA QLD 4225 |
| Commission ID: | 700308 |
| Home Service Provider: | Feros Care |
| Activity type: | Quality Audit |
| Activity date: | 27 April 2023 to 3 May 2023 |
| Performance report date: | 12 June 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 At Home Feros Care (**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:**

* At Home Services Feros Care – Brisbane North, 23325, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care – Brisbane South, 23323, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Caboolture, 23326, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Service Feros Care – Logan River Valley, 23327, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care – South Coast, 23321, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care – Sunshine Coast, 23324, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care – Wide Bay, 23328, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Grampians, 22880, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Western Metro, 22874, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - West Moreton, 23506, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - ACT, 23499, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Central Coast, 23500, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Hunter, 23501, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Illawarra, 23502, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Inner West, 23503, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - South East Sydney, 23504, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - South West Sydney, 23505, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Far North Coast, 23374, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Mid North Coast, 17505, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Feros Care - Darling Downs QLD, 19365, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Barwon-South Western, Victoria, 19286, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Loddon-Mallee VIC, 19288, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Eastern Metropolitan VIC, 19289, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Northern Metropolitan Victoria, 19362, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Services Feros Care - Northern Sydney NSW, 19355, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Service Feros Care - Northern Tasmania, 19409, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* At Home Service Feros Care - Southern Tasmania, 19421, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225

**CHSP:**

* At home Ferros Care - Far North Coast NSW, 2824, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* Care Relationships and Carer Support, 24372, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225
* Community and Home Support, 24373, Suite 212 Level 2 Showcase on the Beach, 72-80 Marine Parade, COOLANGATTA QLD 4225

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 31 May 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* 8(3)(c)(v). Continue with its implementation of a system which commits to an ongoing improvement in its police verification process for contractors. Provide evidence of full compliance against this Requirement as soon as reasonably practicable or by the nominated date of July 2024.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Demonstrating that consumers are treated with dignity and respect.
* Supporting consumers to act independently, make their own decisions and take part in their community.
* Recognising consumers’ individuality and their right to make their own decisions about the care and services they receive.
* Providing consumers with sufficient information to make informed choices about the care and services they receive.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Overall, sampled consumers have mostly reported that the care and services they receive are tailored to their individual needs and preferences, promoting their health, wellbeing and quality of life. Both consumers and representatives have praised the management and staff, and the coordination of care by in-house and brokered staff. The staff are knowledgeable about each consumer's personal situation and needs and receive appropriate support and training. The service also collaborates with qualified professionals and other service providers to ensure optimal outcomes and has established systems and processes for risk management and the delivery of safe and high-quality care.

In summary, I note the Assessment Team analysed evidence which showed the provider is:

* Involving consumers and their representatives in decisions about care and services.
* Identifying and addressing consumers’ current needs and discussing advance care planning.
* Communicating the outcomes of assessment and planning to consumers and their representatives.
* Regularly reviewing care and services when a change in circumstances affects the needs of the consumer.

2(3)(a)

The Assessment Team recommended this Requirment be not met. Following a review of their evidential basis and the provider’s submissions in response, I am not upholding the Assessment Team’s recommendation.

The Assessment Team found the provider to be using the ‘Byron Model of Care’ as a determinant of their consumers’ required level of care. The model considers their individual needs and risk profile which is consistent with this Requirement.

The Assessment Team also found the consumer’s ‘Service Delivery Plan’ is established from the information gathered that details the consumer’s risks, conditions, and services they will receive. This is corroborated by largely positive feedback gathered via 19 sampled consumer interviews and 9 sampled representative interviews. The one outlier was an HCP level 3 consumer amongst that mix.

This consumer experienced delays in their receipt of domestic services from the provider. The Assessment Team held that the delays were unacceptable given the consumer’s vulnerabilities of living on a boat, being socially isolated and poor mental health. However, I have examined the circumstances surrounding the delay. On balance, I could see evidence of the consumer and the provider both working together to find suitable solutions to a complicated set of circumstances.

For instance, the provider engaged three separate organisations to quote on a unique scope of works thus demonstrating the provider’s awareness of this consumer’s particular risk profile and the specific needs they have. The complaint issues between the provider and this consumer sits better against Requirement 6 than they do here. Even applied against this Requirement, I am not persuaded the strength that this one consumer example tips the balance of probabilities in favour of non-compliance by the provider against this Requirement.

In the absence of any other evidence brought forward by the Assessment Team, and based on the evidence currently before me, I am satisfied the provider is compliant with this Standard for both its HCP and CHSP consumers.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing safe personal and clinical care that reflects the needs of the consumer including for those consumers with complex care needs who require maintenance of skin integrity, wound management, catheter care, or experience pain.
* Identifying and responding to high impact and high prevalence risks for individual consumers at the service.
* Ensuring there is clear communication about consumer’s care both within and external to the organisation, referrals are made to other health professionals when the need for this is identified and delivery of EOL care is in line with consumer’s wishes.
* Ensuring documented processes to monitor and manage infection prevention and control (IPC) are implemented, IPC and OH&S leads are appointed, and relevant training has been completed by all staff. A virtual team is in place to support staff real time on all clinical matters including infection prevention controls whilst in community.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing a wide range of options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community.
* Promoting the emotional and psychological well-being of consumers through empathy, compassion and connection between consumers and members of the workforce.
* Communicating information about the consumers condition and preferences across the organisation.
* Preparing meals in conjunction with the consumer/representatives’ preferences and allied health professionals directives tailored to consumer preference.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The service does not have a physical environment through which they provide services, therefore this Standard is not applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Encouraging consumers/representatives to provide feedback.
* Acting appropriately and using open disclosure when responding to feedback and complaints.
* Recording and reviewing feedback and complaints to improve the quality of care and services.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Delivering care and services that are kind, caring and respectful.
* Providing the workforce with the time, resources and training required to deliver quality care and services to consumers.
* Regularly assessing the performance and capabilities of the workforce.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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. | Non-compliant | Non-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 | 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 | Compliant |

Findings

Overall, sampled consumers have stated in different ways that the organisation is well run and they can partner with the service to improve the delivery of their care and services.

In summary, I note the Assessment Team analysed evidence which showed the provider is:

* Providing a clinical governance framework that includes policies on antimicrobial stewardship and open disclosure.
* Utilising effective risk management systems and practices to identify and assess risks associated with delivery of care and services to consumers.
* Being accountable with their service delivery regarding having safe and quality care and services through their governance systems.

Non-compliance finding - 8(3)(c)(v) regulatory compliance

The Assessment Team found evidence that the service had not discharged its responsibilities under the *Accountabilities Principles 2014* and the *Records Principles 2014* with respect to the provider’s legislative requirements regarding police checks for all staff including brokered staff.

I note the provider conceded the Assessment Team’s evidential findings that led to its recommendation of Not Met on this basis. Furthermore, the provider has correctly pointed out that the Assessment Team’s findings relates to Requirement 8(3)(b), rather than the one matched by the Assessment Team being Requirement 8(3)(b).

Having had regard to section 48 of the *Accountabilities Principles 2014* and section 9 of the *Records Principles* 2014, I agree with the provider that the Assessment Team had applied the evidence to the wrong Requirement. I therefore find the provider non-compliant with 8(3)(c)(v).

I do however acknowledge that since the quality audit, the provider has implemented a system which commits to an ongoing improvement in its police verification process for contractors. It is worth noting its plan to return itself to full compliance against this Requirement by July 2024.

For clarity, with the relocation of the team’s evidence under the correct Requirement, I cannot see any inherent evidence of non-compliance against Requirement 8(3)(b) and find that is compliant which is reflected in matrix tables of this report.

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