**Performance**

**Report**

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| Name of service: | At Your Service Home Care |
| Service address: | 39 Mogul Crt DEER PARK VIC 3023 |
| Commission ID: | 300968 |
| Home Service Provider: | Primary Caring Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 17 March 2023 to 21 March 2023 |
| Performance report date: | 27 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 At Your Service Home Care (**the service**) has been prepared by M Murray, 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 Your Service Home Care, 26226, 39 Mogul Crt, DEER PARK VIC 3023

# 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.

# 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 5** Organisation’s service environment | **Not applicable** |
| **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 spoke positively about how consumers are respected and valued as individuals. Staff said they show consumers dignity and respect by listening to them and actively engaging with them. Reviews of care planning documentation reflected background information for each consumer, including ‘About Me’ information which outlined their preferences, what is important to them and important relationships. Management discussed the service’s focus of understanding consumers’ backgrounds, and individual and cultural needs, and how this is captured in the assessment and care planning process.

Consumers and representatives gave examples of making informed choices, and having those choices respected.

Where a need to balance risk and autonomy was evident, both consumers and staff demonstrated how this occurs in practice, including mitigating risk as much as possible, and being comfortable with a degree of risk.

Positive feedback about the suitability of information was received by consumers. Staff are flexible in how they deliver information, and gave examples of using large print size, using interpreters and providing verbal updates.

Staff and management demonstrated an understanding of how confidentiality of personal information is maintained. A Privacy Statement outlines how the service manages consumers’ personal information. The service has a staff code of conduct in relation to privacy and the use of consumers’ personal and health information. A confidentiality agreement is included in the staff handbook.

# 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

Consumers’ individual needs, preferences and key risks are assessed during the initial visit in the consumer’s home, utilising information from the service level assessment from My Aged Care undertaking risk assessments such as falls, skin integrity, nutrition and mobility requirements. A comprehensive home safety environmental risk assessment was demonstrated which includes assessment of consumer environment, access to main areas including outside, falls risks, equipment needs and mobility support requirements.

Consumers and representatives confirmed the service involves them and others they wish to be involved during assessments, care planning and decisions regarding the care and services the consumer receives. Consumers and representatives described visits from care managers and allied health services.

Care documentation demonstrated engagement with external consumer support networks including general practitioners and allied health professionals.

Consumers are offered a copy of their care plan.

Reviews of care and services are evident for consumers experiencing falls and other incidents, however, while staff knowledge was good on the changed needs of consumers, the documentation was not always up to date.

# 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 interviewed expressed general satisfaction with the personal and clinical care provided, stating in various ways that staff knew what care was to be delivered. Care workers said in different ways that management advice and support on best practice care provision is always available when needed. Care documentation showed that the delivery of support is monitored by the service. The service has policies and procedures to ensure best practice guidance for staff.

Representatives interviewed expressed in different ways that any risk associated with consumer care is well managed. Management and staff said high impact, high prevalence risks include falls risk, social isolation and consumers with dementia related behaviours. Support workers described individual consumers’ risks, explained the tasks and techniques they use to manage risks during care and service provision and said they had enough information to manage risk.

While the service is not currently supporting anyone with palliative care services, it has the capacity to support end of life care to consumers within the service and through established connections including links with a residential aged care service.

Care workers are aware of their responsibilities in reporting deterioration or change in the consumer immediately to the case manager and described the process of providing feedback, including contacting the office immediately depending on the urgency of a consumer’s situation and reporting changes via their mobile phone application. Case managers demonstrated knowledge of specific details of consumer deterioration and how they are addressed.

Consumers and representatives interviewed expressed satisfaction that the consumers’ condition, needs and preferences are documented and communicated within the organisation and with others where care is shared. Care workers interviewed expressed satisfaction with the information provided at point of care and felt confident that if they required more information, would immediately be able to refer to the consumer’s case manager.

When asked about referrals, consumers and representatives were aware that, when needed, other services would be involved in their service delivery.

Consumers and representatives are satisfied with the measures staff take to protect the consumer from infection. Staff said they had training in infection control and hand hygiene protocols and management demonstrated requirements to participate in vaccination programs. The service has documented policies and procedures to support the minimisation of infection related risks through infection prevention and control practices. Staff are required to take precautions to minimise consumer and staff illness and reduce any need for antibiotics. While the service does not prescribe antibiotics, the service has antimicrobial strategies to guide staff.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives provided examples of how the service supports consumers to maintain their independence, health, well-being and quality of life. Sampled staff demonstrated an understanding of what is important to individual consumers and were able to provide examples of how they help the consumer to achieve their goals and preferences while maintaining their independence. Care planning documents were individualised, reflecting the involvement of the consumer and included specifics regarding the way services and supports are to be provided. Assessments and care plans identify services and supports that promote independence and enjoyment, including assistance with shopping, transport to activities and appointments, personal alarms and equipment.

Consumers and representatives provided examples of how the supports provided by staff promote emotional, spiritual and psychological well-being. Staff demonstrated an understanding of what is important to the consumer’s well-being and gave examples of how they support consumers when they are feeling low.

Consumers and representatives advised they are supported by the service to maintain contact with the people who are important to them, participate in the community and engage in activities that are specific to their interests. Management advised consumer feedback is taken into consideration when planning for consumers and care documentation provides information on each consumer’s background and their social and personal preferences.

Consumers and representatives advised they are satisfied that information about their care and services is shared within the service and with others involved in their care. Consumers reported staff have a good understanding of the care and services they require. Care workers described how they are informed of any changes to the consumer’s condition prior to a scheduled visit and that information about consumers is available on care planning documents which is accessible via a mobile phone application and in paper form in the consumer's home. Care plans sampled included information regarding consumers’ interests, current or past or what is important to them regarding supports for daily living.

When consumers/representatives were asked if the service is supportive in connecting them with other services and supports, they said that their current supports are meeting their needs, so no referrals are required. A file review of consumer referrals identified instances where the service has referred to or collaborated with other organisations to meet the lifestyle requirements of consumers.

A review of care documentation demonstrated that timely referrals have been made as appropriate, including gardening, home maintenance, community outings, respite services and supports from other organisations through subcontracted arrangements.

Where equipment has been provided for the consumer’s use in their own home, consumers report it is suitable and meets their needs and gave examples of the service organising regular and maintenance.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The Quality Standard for the Home Care packages service was not assessed as the specific requirements are not applicable.

# 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

The service demonstrated consumers and others are encouraged and supported to make complaints and provide feedback. Representatives interviewed said they knew how to give feedback or make a complaint and that they were comfortable raising concerns with the service.

Staff interviewed described how they would support a consumer to provide feedback. Care managers discussed how they support consumers to provide feedback during home visits, via telephone call, emails and surveys.

Management explained the complaints management process and the initial approach of resolving concerns internally. Management advised all staff at the service are required to complete mandatory training in the feedback and complaints management process, and that care workers are encouraged to support consumers and report any observations or assist consumers with completing ‘opportunity to improve’ and complaint forms.

Feedback and complaints avenues are outlined in the consumers’ home care agreement, and internal and external complaints brochures are provided and kept in the consumers’ home folder. The folder includes information on the availability of advocacy and interpreter services.

The service demonstrated that open disclosure processes are used when complaints and feedback is received. Consumers and representatives interviewed and who had raised concerns with the service, said that staff had contacted them to apologise if required and discuss solutions to improve the delivery of their care and services.

The service reviews feedback and provided examples of improvements leading on from consumer feedback.

# 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

All staff interviewed said they had time to spend with the consumer in completion of required tasks. Management demonstrated there is enough staff to deliver quality care and services to consumers. The service has a suite of workforce planning policies and procedures and a review of manager meeting minutes demonstrate oversight and discussion of recruitment requirements as it relates to workforce planning.

Consumers and representatives interviewed described how staff engage with consumers and said they are kind and caring.

Organisational documentation such as the staff handbook and position descriptions show the service’s values of inclusive and respectful care and services and a consumer-centred approach that works with consumers in a flexible and responsive way. A code of conduct applies for all staff.

Recruitment processes ensure consumers are supported by staff with appropriate the qualifications and knowledge. Consumers and representatives said in various ways staff are competent to effectively perform their roles.

Consumers and representatives interviewed expressed confidence in the ability of staff to deliver quality care and services. Staff including case managers discussed training opportunities provided through the service. Management described how they recruit, train and support staff throughout their career with the organisation. Regular training needs analyses are conducted including staff surveys and competencies undertaken. The service has a suite of human resource policies.

Staff have performance appraisals at the end of their probationary period and on annual basis.

# 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

The service uses feedback, complaints, incidents and monthly consumer audits to check consumer satisfaction and trend issues that may lead to improvements being implemented through the organisation’s continuous improvement plan. Management also discussed current initiatives to involve consumers in service improvements and with reviewing existing survey and audit processes.

Sampled meeting documentation demonstrated service information is overseen by the Board to ensure consumers are receiving safe, inclusive, and quality care and services. Management reported the organisation is in the process of forming a new governing body with the assistance of an external consultant.

A review of meeting minutes demonstrated that meetings are held, with standing agenda items, including incidents, complaints and feedback, performance and workforce management matters.

The service demonstrated the plan for continuous improvement is monitored and staff can raise improvement requests which are regularly reviewed and updated, target dates are detailed for actions to be completed.

Monthly financial planning is reported to the Board and an external accountant audits the service’s finances on a quarterly basis.

Contracted providers sign service agreements that specify quality expectations and conditions of service. Management monitor subcontracted services occurs through contact with the provider, audits, feedback and complaints and meetings.

Management receive and monitor changes to aged care legislation primarily through updates from peak bodies, the Commission, government notifications and subscriptions. The service has links to legal services for legislative updates.

The organisation has a feedback and complaints system that feeds into improvement processes. Management advises that any consumer concerns, complaints and feedback are received and managed immediately.

The service operates an incident management system and incidents are reported to the governing body every month. Management discussed the managing of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The organisation has a clinical governance framework that shows workforce responsibilities and performance is informed by best practice as evidenced through internal audit activities.

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)