**Performance**

**Report**

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| Name: | Atticus Health Pty Ltd |
| Commission ID: | 301079 |
| Address: | 260 Highett Road, Highett, Victoria, 3190 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 October 2024 |
| Performance report date: | 4 November 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9744 Atticus Health Pty Ltd  
Service: 28122 Mark & Sylvie's Home Care

**This performance report**

This performance report has been prepared by Decision Maker 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 services it operates, 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 of 4 October 2024 for the Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with management
* the assessment team’s report for the Quality Audit 22 September 2023 to 27 September 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 8 Organisational governance | Not applicable as all Requirements were not 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

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

Requirements 8(3)(b); 8(3)(c); 8(3)(d); and 8(3)(e) were found non-compliant following a Quality Audit undertaken from 25 September 2023 to 26 September 2023, as the service was unable to demonstrate:

* a governing body had been established to oversee and ensure accountability for the delivery of safe, inclusive and quality care
* effective governance systems to manage its operations and monitor its performance specifically in regard to information systems, continuous improvement and feedback and complaints
* an effective risk management plan or risk register
* clinical governance processes effectively measure the safety and quality of care.

In relation to Requirement 8(3)(b)

The Assessment Team’s report outlines a governing body has been established and operates as a Board. Board members have a range of relevant experience and qualifications including expertise in clinical care. A governance framework supports the executive to effectively report to the Board about the service’s operations and supports Board members to ensure safe, quality and inclusive care and make strategic decisions.

Reports to the Board are informed by the quality care advisory committee, clinical care advisory committee and consumer advisory body and include the results of internal audits, feedback and complaint mechanisms and consumer surveys.

Board directives are communicated to executive management, committees, service management and staff as appropriate.

The Assessment Team reviewed documentation received by the Board and reported it as relevant and sufficient to inform members as to the safety, inclusiveness and quality of care and services.

Based on the available evidence, as summarised above, I find the service complies with Requirement 8(3)(b).

In relation to Requirement 8(3)(c)

The Assessment Team’s report outlines the flow of information between care workers, office-based staff, management and others is effective in supporting the delivery of care. Care workers access consumer information via a mobile application on their phones and use the same application to submit their care notes. Staff escalate any concerns via an alert form which once completed informs management of any incident or risk associated with the delivery of care. This information is reviewed by the executive and discussed at regular care worker meetings.

The Assessment Team reviewed training records and reported staff received training on managing information and the mobile application. A review of meeting minutes evidenced information is appropriately tabled at the relevant meeting and discussed.

Management has implemented a feedback and complaints register and an incident register and has undertaken staff and consumer surveys. Management is using information gained from these sources to inform its continuous improvement activities.

The Assessment Team reviewed how the service handles complaints and feedback, including how information is captured, recorded, escalated, and resolved and reported these processes are effective.

The Assessment Team reviewed the service’s plan for continuous improvement and reported improvements are informed by feedback and complaints, review of clinical indicator data, incident reporting, performance appraisals and surveys.

Sub-requirements (iii), (iv) and (v) were not considered by the Assessment Team at this assessment of performance.

Based on the available evidence, as summarised above, and further evidence outlined in the Assessment Team report from the Quality Audit of September 2023, which I have considered as part of my decision, I find the service complies with Requirement 8(3)(c).

In relation to Requirement 8(3)(d)

Management demonstrated to the Assessment Team it has implemented a feedback, incident and risk monitoring form to capture data from staff and consumers. A risk management policy guides staff practice. Management explained incidents are recorded in the risk register and trends are identified and presented to the Board. The Assessment Team reviewed the service’s risk register which was reflective of the reported incidents such as falls, abuse and neglect, medication errors and Serious Incident Response Scheme notifications. All incidents have been reviewed and note controls, actions required, and current status.

Training records demonstrate staff have received training in incident management. Board meeting minutes record the review and acceptance of reports to the Board on risk.

Sub-requirements (i), (ii) and (iii) were not considered by the Assessment Team at this assessment of performance.

Based on the available evidence, as summarised above, and further evidence outlined in the Assessment Team’s report from the Quality Audit of September 2023, which I have considered as part of my decision, I find the service complies with Requirement 8(3)(d).

In relation to Requirement 8(3)(e)

The Assessment Team reported the service has implemented an effective clinical governance system.

The Assessment Team viewed policies and guidelines for clinical governance, infection control, restrictive practices, and open disclosure. Staff training records reflected the completion of training in the Aged Care Quality Standards by all staff. Management said staff receive training in infection control, restrictive practices and open disclosure as part of the onboarding process.

The service has an infection outbreak management plan, which supports staff in reporting and managing outbreaks.

Management explained how the quality care advisory body evaluates the effectiveness of clinical care.

The Assessment Team’s report notes implemented actions have resulted in sustained improvement and recommends this Requirement as met.

Based on the available evidence, I find the service complies with Requirement 8(3)(e).

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)