**Performance**

**Report**

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| Name: | Auscare Victoria Home Services |
| Commission ID: | 301113 |
| Address: | 19 Scammel Street, CAMPBELLFIELD, Victoria, 3061 |
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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: 10087 Ausgroup Victoria Aged Care Pty Ltd  
Service: 28191 Auscare Victoria Aged Care

**This performance report**

This performance report for Auscare Victoria Home Services (**the service**) has been prepared by N Eastwood, 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.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service is respectful in its dealings with consumers. Informal and formal feedback from consumers confirmed they feel treated with dignity and respect, and their identity, culture and diversity are being valued by all staff and management. The service caters for a culturally and linguistic diverse group of consumers who are of Turkish heritage. Care documentation reflects planning on consumers individual needs, goals, and preferences, and captures their background, culture and diversity, including what is important to them.

Case managers and support workers were familiar with traditional greetings and cultural requirements of consumers, describing consideration of preferences, background, and culture when performing their roles. All male support workers accompany consumers to the mosque for prayers as requested by the consumers. Before praying, support workers assist and ensure that ablution is suitable for consumers. Female support workers are provided to consumers, upon consumer request, to ensure cultural safety. Management indicated the service communicates consumer preferences during the intake process, at the time of reassessment and review.

Support workers said consumers have an initial assessment and care plan created, recording their goals, needs, and preferences in partnership with the consumer or their representative. These are reviewed and evaluated annually, or when changes occur, with the consumer and/or their representative as needed. Management described how consumers are enabled to direct their care and service delivery, especially in relation to discussions regarding large amounts of unspent funds.

Management discussed how safety considerations are balanced with the consumers rights to take risks. Discussions with consumers and representatives in relation to risk are documented. A risk waiver form is actioned where the consumer chooses to take part in behaviours or actions that may result in a negative impact to their health. Validated risk assessment tools are utilised by the service to assess the consumer’s level of risk.

Forms of communication are regularly reviewed to support the consumer and representative to make informed decisions about their care and services. Case managers and support workers said they all speak Turkish and explain the statements to consumers in Turkish to ensure they understand. Support workers described being aware and respectful of privacy when in a consumer's home and maintaining confidentiality. Management explained that consumer information is shared electronically with authorised employees and external health providers with consumer consent. There was evidence of password protection in place for electronic records with multi-factor authentication.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Case managers explained they undertake an initial assessment and care plan, which includes reviewing the consumer's aged care assessment service (ACAS) assessment, a consultation with the consumer and representatives, and observations of the consumer and their home. If the consumer requires additional clinical assessment, the case manager will make a referral to health professionals, including allied health or district nursing. HCP assessments include evaluation of home safety, consumer goals, and risk assessment.

Consumers and representatives were satisfied that care and services are reflective of their needs and preferences. Care plan documentation addresses if a consumer has an advanced care directive (ACD). Additionally, a consumer handbook at the point of service delivery contains relevant emergency information. The consumer handbook includes information about advance care planning and links to advocacy services and advance care directive information online.

Case managers described how the service participated in case conferences to discuss complex situations with consumers and representatives, and other health professionals as needed. Assessments from clinical and allied health services and hospital services are included in care planning, with care documentation reflecting partied involved in the care planning process as well as chosen representatives.

Consumer information is entered into the electronic health information management system that is accessible to case managers and program managers. Brokered staff access consumer service requests through an application on their mobile phones. Support workers explained they do not have remote access to consumer's care plans, however, the mobile phone application has key information recorded, such as tasks and alerts, and they also access the consumer’s paper care plan in their home.

Reviews are scheduled every 3 months, and more frequent review occurs if consumer needs change. Case managers detailed the structured schedule of consumer care review where need is identified, such as post incidents, hospital admission, allied health input, and on request by the consumer or representative. There was evidence of review following events, such as hospital admissions, in consumer files.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management explained care is provided based on the consumers’ needs, preferences, and that outcomes of assessments are detailed in the consumer's care plan. Consumers and representatives were satisfied with personal and clinical care received. Documentation including falls risk, Braden Scale, and Norton Scale sore risk assessments are shared with the case manager and uploaded into the electronic health information management system.

The service identifies the consumer’s risk via the assessment process and documents actions and referrals in the consumer’s care documentation. Consumer alerts and risks are documented electronically as a quick reference for support workers. The service has a documented high-risk consumer register, to allow greater identification and monitoring of consumers at risk. There was evidence of individually identified risk and active management including home modifications to address and support a consumer remaining at home.

Consumers and representatives confirmed they have had the opportunity to discuss future planning, including advance care planning, at the initial consultation. The service has a comprehensive End-of-Life Care Planning policy with work guidance in symptom management, communication and capturing a consumers end of life wishes.

Support workers demonstrated an understanding of consumers and conditions indicating any concerns are raised directly with case managers. There was evidence of escalation of care request when a support worker identified a change to consumer condition. Case managers described collaborating with consumer representatives, external health professionals, and services to meet consumer needs. The Quality Audit report indicated that the electronic health information management system included information provided by other providers including allied health professionals which was consistent between reports and care plans.

Case managers explained that consumer requests or clinical indicators prompt referrals to appropriate professional health care providers. Clinical staff demonstrated the referral process and provided examples of consumers requiring intervention from a foot clinic, medical practitioner, and occupational therapist.

Support workers confirmed they have completed hand hygiene and infection prevention control training and described using Personal Protective Equipment (PPE). The welcome pack provided to consumers during the onboarding process contains an information brochure on antimicrobial stewardship (AMS) and appropriate antibiotic use.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how the services and supports for daily living enhance consumer well-being and quality of life. Management indicated the service works closely with exercise physiologists. In-home programs offered to consumers optimise consumer independence and quality of life by providing supports that are determined by consumer needs and preferences.

Care planning documentation outlined each consumer's emotional, spiritual, and psychological well-being needs, listing the activities and outings that were most important to them. Case managers indicated the service has strong ties and partnerships with many local community services, particularly Turkish ones, that allow for a collaborative approach to service provision. Support workers demonstrated an understanding of consumer interests and described how they assist consumers to pursue these. Consumers confirmed the spiritual and social benefits they receive by attending the mosque as well as the social support initiatives within the mosque space.

The service demonstrated effective communication strategies within the service, broader community, and external services. Case managers identify the need for consumers to receive services from other services, maintenance personnel, and/or health practitioners as part of the ongoing review and assessment process. Case managers explained financial aspects are discussed and considered before obtaining consent to make a referral.

While the service does not provide a direct meal service, case managers explained they request feedback from consumers to ensure that support workers are meeting consumer needs with meal preparation. Consumer file documentation included consumer food allergies and dietary requirements.

Consumers and representatives confirmed where they have been provided with approved equipment it has been requested or recommended by appropriate health personnel.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed they were comfortable and supported to report feedback and make complaints. Management indicated they encourage all staff, consumers, and representatives to use the comments and complaints system for both issues of concern and compliments. The service conducts 3-monthly in-home visit consumer consultations, at which consumer satisfaction surveys, available in both Turkish and English, are conducted. The service is in the process of transitioning into a comprehensive consumer satisfaction survey.

Consumers and representatives indicated they have received information regarding advocates, language services and alternative complaint mechanisms. The service provides Turkish speaking case managers and support workers to assist consumers to raise and resolve complaints. The service provides copies of the Charter of Aged Care Rights, the Quality of Care Principles and User Rights Principles.

A review of the complaint register reflected examples of the open disclosure process and actions following a complaint. Further documentation of discussion and resolution was reflected within consumer files and correspondence records. The feedback and complaint register records all the complaints and actions taken in the monthly meeting noting further discussion on any complaint or feedback that requires further action. Any recommendation resulting from a complaint or feedback is subsequently entered into the services continuous improvement plan.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Case managers explained that consumer needs and preferences are identified at the point of service delivery. The service ensures appropriately skilled staff attend to consumers relevant to their specific needs. If a consumer requests changes to their service, such as a change in the day or time, case managers are informed, and adjustments are implemented to accommodate consumer needs where possible.

Management described examples where they have provided the right staff according to the consumer’s needs and preferences. Annual performance reviews and 6-monthly reviews for new staff are conducted to ensure potential staff have a caring and compassionate nature. Care documentation demonstrated acknowledgement of consumer’s identity, how they want to be addressed, including their culture and diversity.

The Quality Audit report noted all staff are provided with a job description in the employee handbook that outlines their roles and responsibilities and the minimum qualifications that are required by the service to ensure they can perform their duties. Qualification verifications were also recorded on staff files according to designated roles. Where brokered staff are providing care, the supplier must disclose the same requirements as the in-house staff.

Position descriptions provide clear guidance to staff of their role and responsibilities. The service has a database to track online training compliance, and provided attendance sheets of staff who complete in-house training delivered during staff meetings. Case managers and support staff explained that they read policy guidance in the employee handbook and are required to complete a series of mandatory training modules upon commencing employment with the service. Support workers confirmed annual and 6-monthly appraisals are occurring and the service is up to date with scheduling. Management said the current policy and procedure manuals provide guidance to staff to ensure work practices are based on regulatory and contemporary practice requirements.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers described opportunities for feedback through various processes, including formally and informally, through Turkish and English satisfaction surveys, consumer consultation meetings, follow up post incidents and continuous improvement. The service engages a governing body scheduled to meet quarterly with the minutes from meetings demonstrating submissions from finance, clinical and quality care are presented for discussion. Policies and procedures are implemented that respect and accommodate diverse cultural, linguistic, and personal preferences.

Support workers confirmed information is available through the electronic health information management system to understand their roles and key responsibilities. The service provides consumers with individual budget updates, itemised monthly statements and has processes to manage unspent funds. Financial policy and procedures are in place, implemented and reviewed regularly.

The service has a documented quality management system with planned continuous improvement activities to monitor performance, identify opportunities to improve and demonstrate outcomes achieved which is embraced by all stakeholders. Any trends identified through incidents, feedback and complaints, reviews and key performance indicators (KPI's) are recorded on the PCI. There is an effective system and processes in place to ensure complaints and compliments are effectively captured, recorded, escalated and/or resolved.

The service maintains information regarding the currency of staff and brokered provider certifications. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. Incidents are reviewed, analysed for trends, and reported to the Board for further review and actions.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

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)