**Performance**

**Report**

**1800 951 822**

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| Name of service: | Austa Care New South Wales |
| Service address: | Shop 1, 260 Belmore Road RIVERWOOD NSW 2210 |
| Commission ID: | 201251 |
| Home Service Provider: | Austa Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 14 October 2022 |
| Performance report date: | 18 November 2022 |

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 Austa Care New South Wales (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:**

* Austa Care Pty Ltd, 26357, Shop 1, 260 Belmore Road, RIVERWOOD NSW 2210

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 7 November 2022
* the assessment team report for the Assessment Contact – Desk on 4 February 2021
* the assessment team’s report for the Quality Assessment between 16 September 2020 and 17th September 2020
* The performance report developed from the 16-17 September 2022 Quality Assessment dated 6 November 2020
* performance report for the quality assessment conducted 16th and 17th September 2020
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers September 2021

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **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.

* Requirement 8(3)(c)(vi)

# Standard 1

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| Consumer dignity and choice | | HCP/STRC |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is supporting consumers to exercise choice and independence. Further to this the Approved Provider is enabling consumers to make choices as to whether or not other people should be involved in their care and assisting them to maintain connections and relationships. The Approved Provider is supplying consumers with information that is current and timely and presenting it in a format that is clear and understood by the consumer through the use of translators and translated documents.

The Quality Standard for the Home care packages service the previous non-compliant requirements have been assessed and now found compliant

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# 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. | Not applicable |
| 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. | Not applicable |
| 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

The Assessment Team reports that the Approved Provider is undertaking regular assessment and planning to determine if the consumer’s needs or preferences have changed and identifying risks to consumer’s health and providing services and supports to mitigate or minimise the risks. The assessment and planning includes discussing end of life and advanced care planning with consumers. The Approved Provider is also reviewing care and services to ensure effectiveness when needs, goals or preferences of consumers change

The Quality Standard for the Home Care Packages service the previous non-compliant requirements have been assessed and now found compliant

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is providing safe and effective clinical care that demonstrates best practice and is ensuring consumers are receiving specialised services that are tailored to their individual needs and preferences. The Approved Provider is effectively managing high impact and high prevalence risks whilst recognising and responding to any deterioration of consumer’s mental or physical condition

The Quality Standard for the Home Care Packages service the previous non-compliant requirements have been assessed and now found compliant

# 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The Assessment Team reports that the Approved provider is not ensuring all activities important to consumers is documented in their care plans.

Consumers interviewed reported they were able to receive supports and services that enabled them to remain at home and improved their quality of life, for example, one consumer was happy with the domestic duties and garden care services being provided by the Approved Provider. Another consumer was happy with the domestic services and community access she was receiving, and that support staff could speak her language. The Assessment Team sighted care planning documentation for other consumers receiving services and noted that consumer goals reflected the information provided by both consumers and staff in most care plans.

However, the Assessment Team found that not all services and supports are documented, for example where the consumer had a diagnosis of dementia and is dependent on his carer and family. His care plan states he is receiving assistance for personal care, meal preparation and domestic assistance and social support. He enjoys attending the swimming pool for therapy sessions, walking in the park, catching up with family, and attending the service’s community centre. These social and therapy activities form an important part of his health and well-being but have not been documented in his care plan.

The Assessment Team noted that the consumer begun receiving supports from the Provider at the end of June 2022. When presented to management that his care plan does not reflect some of his activities, the Assessment Team was informed that he self manages his package. The Assessment Team noted in the continuous improvement plan for the Approved Provider it has identified that care plans needed to reflect all services and supports delivered.

All staff and management interviewed knew the consumers and their needs, goals and preferences. Staff interviewed spoke about the supports and services that they provided for consumers and how these assisted the consumer.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) for requirement 4(3)(a) states, in part, ‘Receiving safe and effective services and supports for daily living can help consumers to be as independent as possible and maintain a sense of well-being when these are tailored to their needs, goals and preferences, this helps to improve to consumer’s quality of life’

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 7 November 2022, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has complied with requirement 4(3)(a)

The Quality Standard for the Home Care Packages service the previous non-compliant requirements have been assessed and now found compliant

# 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. | Not applicable |
| 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. | Not applicable |
| 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 |
| 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. | Not applicable |

Findings

Information Management

Care planning and consumer documentation was centralised into a data management system 18 months ago. The centralised system allows management to monitor and identify risks and will trigger a review of care planning documentation by an appropriately skilled staff member. Staff can log into the system using a mobile app to enter progress notes etc. The Assessment Team also sighted the staff training schedule on the correct use of the database

Continuous Improvement

The Provider reported that it constantly seeks information for continuous improvement, for example, if an incident was raised it would be discussed and lessons learnt. However, there have not been any recorded incidents for the past 12 months

Financial Governance

The Provider demonstrated they have effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers.

Workforce governance, including the assignment of clear responsibilities and accountabilities

The Assessment Team sighted the Provider’s organisation chart, position for clinical and support staff with the position descriptions detailing duties and responsibilities. Staff are required to read and understand the Provider’s handbook and understand their roles and responsibilities

Feedback and Complaints

In its response to questions asked by the Assessment Team during the assessment contact on *4 February 2021* concerning what trends the Provider’s complaint data show did, the Provider stated that they had *only had one complaint in the last 6 months from a consumer with dementia and the issues were resolved*. As part of that audit the Assessment Team also spoke with 3 consumers or their representatives and it was clear that the children of the consumers would raise issues of concern if asked.

In the Assessment Team’s report for the Quality Assessment for *16th and 17th of September 2020*, when asked about its feedback and complaints processes as part of the assessment of requirement 8(3)(c) the Provider stated that it had only had *one formal complaint since commencing.*

Consumers and representatives said that the service asks them to provide feedback and spoke about the service sending them newsletters that asked for them to provide information. The worker handbook discusses feedback, complaints and incident reporting and how these feed into best practice and continuous improvement.

In response to the contact assessment on *14 October 2022*, management was unable to provide evidence of feedback and complaints and said that there had been no reported incidents or complaints in the past 12 months. Management said that a yearly survey is sent to consumers, and staff seek feedback at the completion of each service. The Assessment Team sighted feedback recorded in staff meeting minutes 26 July 2022, which detailed that consumer feedback will be completed by August 2022.

The Assessment Team requested to view complaints received. Management responded that when consumers are unhappy, they will leave the service and go to another provider. Most complaints have been about the additional income fee charged by the government.

*Management reported that no complaints or feedback have been received or documented in the past 12 months*.

In reviewing the information in relation to this non-compliance I note that the Approved Provider has stated that it had only received one ‘Formal Complaints’ from consumers and that that no complaints or feedback had been received or documented in the past 12 months.

Having researched the Aged Care Act 1997, the Aged Care Quality and Safety Act 2018 and other appropriate legislation I note that there is only a reference to ‘complaints’ there is no reference to ‘Formal Complaints’. *It is clear that all complaints need to be recorded and actioned in accordance with the Aged Care Quality and Safety Standards.*

In its response to the Assessment Team’s report the Provider has stated that it primarily deals with a Culturally and Linguistic Diverse (CALD) Community where there is a cultural taboo about complaining during their stay. The Provider opined that members of this community will leave the service if they are not happy with the care and service. The Provider stated to the Assessment Team that they sent yearly surveys to consumers and staff seeking feedback. The Provider also provided 39 copies of its C20 Consumer Feedback form that were completed between 13 June 2022 and 28 July 2022. It is noted that the forms are in English with no forms being translated into the language of its consumers and that 32 of these forms were completed by staff as part of a telephone interview and 7 being completed by personal interview.

It is noted that in the 39 C20 Consumer Feedback forms there were three issues raised by consumers. One related the quality of a handyman service, one related to financial statements being in the language of the consumer and one in relation to the interpretation of languages. There was no indication on these forms whether or not the Provider had addressed the issues raised by the consumers. The Approved Provider has stated that it will ensure in future an exit interview is conducted with all departing consumers and ensure that any complaints and incidents are recorded in a timely manner. It is acknowledged that the Approved Provider is developing systems to address the identified non-compliance, however, the proposed enhancements have not matured to a point where an assessment can be made as to their effectiveness.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states, in part*, that the purpose and scope of this standard as ‘this quality standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the standards.* Further to this, *Standard 8 supports all of the other Quality Standards. This is because it supports how the organisation focuses on the requirements of each standard strategically to make sure they run the organisation well*. In relation to requirement 8(3)(c)(vi) the guidance states. In part, *‘feedback and complaints system and processes actively look to improved results for consumers*.’ Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Service to establish a complaints resolutions mechanism.

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s response to the Assessment Team’s report on 7 November 2022, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3)(c)(vi).

The Quality Standard for the Home Care Packages service, the previous non-compliant requirement has been assessed and found to be still non-compliant

1. The preparation of the performance report is in accordance with section s68A –of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)