**Performance**

**Report**

**1800 951 822**

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| Name of service: | Australian Home Care - Eastern Metro |
| Service address: | Level 9, 417 St Kilda Rd MELBOURNE VIC 3004 |
| Commission ID: | 300206 |
| Home Service Provider: | Australian Home Care Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2023 to 3 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 Australian Home Care - Eastern Metro (**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:**

* Australian Home Care - Eastern Metro, 18641, Level 9, 417 St Kilda Rd, MELBOURNE VIC 3004
* Australian Home Care - Southern Metro, 18642, Level 9, 417 St Kilda Rd, MELBOURNE VIC 3004

# 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 responses to the assessment team’s report received on 21 April 2023 and on 26 April 2023

# 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

I have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers and representatives said they feel respected and valued by support workers. Staff and management demonstrated they are familiar with the identity, culture and diversity of each consumer and spoke about consumers using respectful language.

Care documentation identifies each consumer’s culture, identity and diversity with respect to their care and service needs and the organisation considers each consumer’s cultural, linguistic and gender preferences when allocating their support workers.

Consumers told the Assessment Team the services they receive support them to maintain existing relationships and connections with their community.

Representatives said they support consumers with considering information and making informed choices as necessary and that choices are communicated to relevant staff and care and services are delivered accordingly.

Care documentation shows alerts about risks and consumers described balancing safety and risk and are satisfied with how staff support them to remain independent.

Consumers are also satisfied with the information they receive and understand their monthly statement.

Staff sampled gave examples of ways they protect consumer privacy and confidentiality, including sharing information only with the consumer or relevant staff. Management advised, and consumer files reviewed identified consumers signed a consent to share information form during intake. File reviews showed consumer information is maintained confidentially and password protected, with access according to roles.

The approved provider submitted a range of documents to demonstrate their communication with clients on developing their support plans.

I am satisfied based on the evidence above that the approved provider complies with the requirements of this Standard as outlined in the table above.

# 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 have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Case managers interviewed described assessment and planning process, initial assessments are conducted in the consumer’s home, utilising information from the service level assessment and My Aged Care information. Where a risk is identified, nursing staff undertake further clinical assessments. Following on from the assessment process and discussions with the consumer and others they wish to be involved a care plan is developed.

Care documentation showed consumer needs, goals and preferences are documented with related actions to be taken to achieve those goals. Management said they enquire about advance care planning during the initial assessment and any reassessment related to a declining health condition.

Five of six consumers and representatives interviewed confirmed in various ways that the service makes it easy for them to be involved in assessment and planning.

Support staff confirmed they receive the information required to deliver safe and effective care and management of risk associated with the care of the consumer.

The Assessment Team reviewed ten consumers files and are satisfied risks are identified and discussion occurs about the consumer’s individualised goals, needs and preferences.

The service provides each consumer with a copy of their goal directed care plan.

Representatives described being involved in care planning reviews and were satisfied this was regularly occurring.

A clinical review tracker is used to monitor the well being of at risk consumers and trigger early reassessment if required.

I am satisfied based on the evidence above that the approved provider complies with the requirements of this Standard as outlined in the table above.

# 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 have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Seven of seven consumers/representatives interviewed described their satisfaction with the personal care provided and said in different ways that it was safe and effective care. Care documentation showed that the delivery of care is monitored by the service. The service has policies and procedures to ensure best practice guidance for staff.

Management and staff said high impact, high prevalence risks included falls. An incident register demonstrates that management monitors and responds to high impact or high prevalent risks. Support workers described individual consumers’ risks, explained the strategies implemented to manage these risks, and said in various ways they had enough information to confidently manage risk.

Some self-managing consumers monitor their own risks with some oversight by the service, for example a consumer with diabetes managing their wellbeing using medication and/or diet.

Policies and procedures are in place to guide staff to meet consumer needs, goals and preferences nearing the end of life and to link families with palliative care providers if required

Representatives interviewed expressed confidence that staff would identify and respond to consumer deterioration or changes in their health. Support workers interviewed demonstrated knowledge of their responsibilities related to reporting consumer deterioration or changes in wellbeing. The process includes notification to the client service manager and completion of an incident report.

Staff said that consumer deterioration or change in health are recorded in the consumer files and are discussed at the weekly meetings. The Assessment Team reviewed the ‘clinical review tracker’ which includes the most recent minutes/action plans of the clinical meeting, as well as discussions about consumers’ conditions, needs, preferences and the ways to provide the best care.

File reviews evidenced referrals to allied health practitioners occurring and subsequent reassessments resulting in changes to care and/or new equipment being provided.

Consumers expressed satisfaction with infection control precautions implemented by the staff, saying support workers wear masks if required, wash their hands, do not attend shifts if sick or unwell and overall practice good hygiene.

I am satisfied based on the evidence above that the approved provider complies with the requirements of this Standard as outlined in the table above.

# 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

I have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers and representatives interviewed expressed satisfaction with services and supports for daily living.

Staff and support workers described how they recognise and support consumers when they are feeling low including, being familiar with consumers and their needs, encouraging them to talk or go for a walk and providing emotional support where needed. Care documentation shows emotional, spiritual and psychological support is provided as appropriate. Representatives confirmed emotional support is provided by staff to consumers.

Six of six consumers/ representatives said in different ways they are satisfied that consumer services and supports are coordinated. Case managers and support workers described how current information about each consumer is shared through verbal updates, emails, telephone calls and mobile telephone applications.

Care documentation showed examples of referrals being actioned as required such as to allied health services, carer support networks and personal safety alarm suppliers.

Provision of necessary equipment occurs after an assessment, recommendation and trial by an occupational therapist. Support workers generally take responsibility for cleaning equipment and notifying the service if maintenance was required. Equipment includes shower rails, mobility aids and pressure relieving equipment.

I am satisfied based on the evidence above that the approved provider complies with the requirements of this Standard as outlined in the table above.

# 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 organisation does not operate a facility where consumers come to receive care and services. This Standard does not apply.

# 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 have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers and representatives reported feeling safe to raise concerns.

Information on complaints is part of the information handout provided to consumers at the start of their services with the organisation. It outlines how to provide feedback to the service as well as information on the external complaints processes and advocacy services.

Consumers and representatives said they are able to make complaints via the client service managers. The assessment team viewed how a complaint is lodged in the risk management system and how it is directed to the correct part of the business to respond.

The service has a complaints policy outlining the management of complaints and the use of a complaints register.

A review of the complaints register evidenced feedback and complaints are logged, actioned and reviewed in a timely manner and an open disclosure process is followed. Consumers interviewed who had raised concerns reported being satisfied with the actions taken to resolve their complaints.

Management is aware of complaint trends and described how the findings from feedback and complaints are reviewed, discussed and used to improve services such as rostering protocols.

I am satisfied based on the evidence above that the approved provider complies with the requirements of this Standard as outlined in the table above.

# 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 have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Consumers noted improvements in the reliability of staff attending shifts in the preceding six months as well as improved communication on any potential alteration to a shift due to staff being absent from work.

Management said the service was restructured in August 2022 and improvements in workforce planning are evident as a result.

All consumers spoken with were complimentary of staff and their respectful and caring approach when delivering services.

The organisation has a mix of staff, some directly employed and some providing services through other agencies or organisations.

The Assessment Team reviewed the system for ensuring direct staff have the appropriate qualifications and knowledge to effectively perform their roles. All roles have a position description which outlines the requisites for gaining employment. Staff in clinical roles are required to maintain the appropriate mandatory qualification for the role.

The Assessment Team are satisfied with the recruitment process as described by management, including systems to onboard new staff and various mandatory and non-mandatory training modules.

Management said the monitoring of human resource requirements for staff employed via agencies or other organisations is largely monitored through contractual arrangements, both formal and informal.

I am satisfied based on the evidence above that the approved provider complies with this Standard. I have considered the Assessment Team’s evidence on subcontracted staff in forming my view of compliance in Standard 8.

# 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 have relied on the evidence in the Assessment Team’s report and the approved provider’s response to that report in making my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

Management demonstrated consumer feedback is used to improve the quality of services.

Systems and processes support the governing body to have oversight of the quality of care and services being delivered.

The organisational structure supports information flow across business streams and allows for effective governance. The Assessment Team noted the system for subcontracting of services was not consistently in place. The approved provider disputes this and their response notes that consumers who self-manage their package can engage organisations directly and invoice the cost back to the package via Australian Home Care. Consumers did not express any dissatisfaction with the quality of services from subcontractors and I am persuaded that whilst the oversight of documentation on subcontractors has room for improvement this in of itself is not sufficient evidence of non-compliance with the Requirement. I expect that the approved provider will act on their commitment made during the audit to review subcontractor documentation.

The service has an incident management system and described the management, escalation and review of incidents to the satisfaction of the Assessment Team. Management’s internal monitoring systems have identified high impact high prevalence risks as falls, risks associated with dementia and diabetes management.

Management are alert to responding to instances of abuse and neglect and demonstrated their knowledge of the serious incident response scheme.

Consumers and representatives said in various ways the care and support provided by the service supports their quality of life.

The service has a clinical governance framework.

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