**Performance**

**Report**

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| Name: | Australian Home Care Services |
| Commission ID: | 201111 |
| Address: | Suite 11, Level 2, 617 Elizabeth St, REDFERN, New South Wales, 2016 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 3 September 2024 |
| Performance report date: | 20 September 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: 2608 Australian Home Care Services Pty Ltd  
Service: 18641 Australian Home Care - Eastern Metro  
Service: 17310 Australian Home Care - South Eastern Sydney Metro  
Service: 18642 Australian Home Care - Southern Metro

**This performance report**

This performance report has been prepared by Peter Frangiosa, 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 for the Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider did not submit a response to the assessment team’s report received.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 2

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| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| 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

Requirement 2(3)(e) was found non-compliant following a Quality Audit on 17-19 May 2022, and a further desk assessment contact on 30 January 2023 in relation to Commonwealth Home Support Programme consumers (CHSP). The service no longer manages CHSP consumers. The service did not demonstrate:

* services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team’s report for the Assessment contact undertaken on 3 September 2024 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, appointing dedicated HCP care coordinators who are responsible for aged care services and have a direct reporting line to the National Aged Care Manager. The service’s electronic care system has had alerts activated to inform coordinators of outstanding care plans. Additionally, the report is sent to all case managers on the first business day of the month. The Assessment Team sighted the report for September 2024, with only one care plan of 22 past due date which is scheduled for review on 4 September 2024 as the consumer has been unavailable until this time. The Assessment Team reviewed 10 care plans of which 9 fell within the policy specified timeframe for review.

Staff and management described, and evidence viewed supported updates to the following policies.

* Support Plan Procedure - outlining the requirement of minimum 12 monthly reviews, additionally the policy contains information on reassessments in the event of a change in the consumers circumstances.
* Recognising and Responding to the Deterioration of a Customer Procedure - The document provided clear guidance to support workers on what changes in the consumers condition should be reported back to the service via an incident report in the consumer management system.
* Complex Clinical Care Policy - demonstrating roles and responsibilities of all staff in relation to pre-entry planning, ongoing assessment and support planning, including escalation processes and post discharge from a hospital admission.

The Assessment Team was satisfied these improvements were effective and recommended Requirement 2(3)(e) met.

Management described the processes for ongoing completion of annual reviews and how the service conducts reviews following incidents and changed circumstances. Documentation demonstrated the service has assessment and reassessment review policies to guide staff practice to undertake spot reviews and file reviews are conducted throughout the year, as circumstances change.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 2(3)(e) in Standard 2 Ongoing assessment and planning with consumers.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)