**Performance**

**Report**

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| Name of service: | Australian Home Care Services - QLD |
| Service address: | 7/3972 Pacific Highway LOGANHOLME QLD 4129 |
| Commission ID: | 700585 |
| Home Service Provider: | AHC Care Services Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 16 March 2023 |
| Performance report date: | 14 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 Services - QLD (**the service**) has been prepared by M Franco, 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:**

* Nextt Home Care Services, 22840, 7/3972 Pacific Highway, LOGANHOLME QLD 4129

# 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 a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.

# Assessment summary for Home Care Packages (HCP)

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| 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 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 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)(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

At the time of performance report decision, the service is:

* Undertaking regular assessment and planning as consumer needs and/or preferences change.
* Delivering safe and effective services tailored to consumer needs and goals.
* Working with external services in the provision of a holistic approach to care.
* Communicating the outcomes of assessment and planning effectively to the consumer.

Consumers interviewed reported they are satisfied with the services and supports they receive and said the services increase their independence enabling them to stay in their own homes and enhance their well-being.

Management described improvements at the service over the past 10 months include regular/routine auditing of care plans is scheduled to monitor and review assessment and planning practices. This is conducted monthly by the National Home Care Manager who has a clinical registration.

A review of one third of care documentation evidenced:

* Home risk assessments for all consumers and where relevant assessments for personal and clinical care, and activities for daily living. For example:
  + Staff are following the service’s consumer assessment checklist procedural document when initial plans are developed. For example, all care plans included hazards and alerts and case notes from the initial assessment and referrals where relevant.
  + A home risk assessment is conducted and/or reviewed annually to identify and manage any environmental risks.

# 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)(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 |

Findings

At the time of performance report decision, the service is:

* Providing safe and effective personal and clinical care, that is best practice, tailored to consumers’ needs and optimises their health and well-being.
* Effectively managing high prevalence risks associated with the care of each consumer.
* Documenting and communicating information about consumers condition effectively

All staff interviewed said they have access to detailed information which includes consumers’ needs and preferences. One support worker said the consumer details found in the mobile application are extremely detailed and provide enough information to carry out care safely.

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Consumers were satisfied care was safe and right for them and did not raise any concerns relating to the management of high prevalence or high impact risks associated with their care. The service demonstrated an understanding of high impact or high prevalence risks associated with the care of consumers such as falls.

Management advised:

* The high-impact risks for consumers at this service are falls and this is evidenced by reporting in the incident management system.
* Care documentation reviewed by the Assessment team confirms risks are clearly documented in the consumer's support plan with all high-impact or high prevalence risks being conveyed to support staff via alerts on the consumer file.
* Identified high risk clinical needs will trigger a clinical assessment review with a nurse.

All consumers interviewed said they were satisfied that care staff who attended them knew their personal and clinical needs. Staff, including brokered staff, interviewed all conveyed that they had access to sufficient consumer information to perform their tasks. Support workers said they have access to an application on their mobile to obtain previous notes and to get current information and alerts on consumers they are caring for.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

At the time of performance report decision, the service is:

Consumers sampled advised they are satisfied with the care and services they are receiving. Information about their care and services is shared within the service and with others involved in their care. The service has a support plan procedural document which outlines the communication processes including roles and responsibilities, on how the organisation will share information, for example, it is the Case manager’s role to:

* Enter consumer care and scheduling information into the service’s electronic management system
* Communicate relevant information about the consumer to the brokered provider via the brokerage communication form.

Management advised in light of the audit findings dated September 2021, the organisation is progressively transitioning to a new software system to enable greater visibility of consumer information and additional training in document note taking has been included in mandatory training for all field staff.

Support workers confirmed they have an application on their mobile device and can view tasks and alerts and enter progress notes in real-time.

Brokered support staff confirmed they have enough information to conduct care and services.

**Standard 6**

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| Feedback and complaints | | HCP |
| 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

At the time of performance report decision, the service is:

* Taking appropriate action in response to complaints and uses an open disclosure approach.
* Ensuring it is reviewing complaints and feedback and using this information to make improvements in the delivery of care and services for consumers.
* Providing staff with education and training to understand their role in responding to and resolving concerns raised by consumers or their representatives.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used upon things negatively impacting a consumer. Consumers interviewed said their raising of concerns is acted on and resolutions put in place to their satisfaction. Staff demonstrated how they respond to consumer’s concerns and use the service’s systems to monitor and record outcomes.

* Consumers interviewed confirmed they can raise their concerns with the Customer service manager (CSM) and there is discussion about what they would like to happen.

Following noncompliance found in this Requirement the service has implemented changes in its procedures, reviewed how it is recording feedback and complaints, provided training to staff to understand their role in managing complaints and set up regular monitoring. For example:

* Following a review of the complaints and feedback systems management identified their electronic system was not being consistently used by the CSMs. Training was provided to staff on 21 October 2021 to ensure staff understood their responsibility to record and resolve concerns raised to them. The CSM at the service confirmed he has had this training which is ongoing.
* Further to this staff completed training to understand use of the electronic systems and correct naming in the electronic care system to be able to monitor and extract information where it was not uploaded to the feedback and complaints system for monitoring purposes.
* Capacity for the time frames to respond to concerns and complaints was enhanced through changes to background functions on the electronic system which enabled alerts to be sent to the responsible person for the complaint and an escalation to their line manager. Management said this provided increased monitoring and oversight of feedback and complaints.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Evidence was provided where consumers have had changes made to their services. Management demonstrated how they have used review processes to improve outcomes of delivery of care and services.

# Standard 7

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| Human resources | | HCP |
| 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 |

Findings

At the time of performance report decision, the service is:

* Ensuring the workforce is competent and have the qualifications and knowledge to effectively perform their roles.
* Monitoring staff competencies to complete their roles and ensuring there is opportunity to maintain or add to required competencies dependent on the assessed needs of consumers.
* Providing clarity and guidance through updated position descriptions on the skills, knowledge and responsibilities for each role.

The service demonstrated the workforce is competent and staff have the qualifications, skills and knowledge to perform their roles. Review of documentation showed staff competencies are monitored and there are opportunities to review staff competencies as part of feedback from consumers, others and following incidents. Consumers interviewed did not raise concerns about the skills and knowledge of staff.

* Staff interviewed provided examples of how their competency is assessed including through discussion with their supervisor, through mandatory training, observation of manual handling techniques and feedback from consumers.
* Management demonstrated there are processes in place to ensure staff are competent through a comprehensive onboarding and criteria set out in position descriptions.
* Monitoring systems were evidenced to be in place including current professional registrations, an NDIS check (the provider has a large cohort of disability consumers) and currency of driving licences and vehicle insurance.
* Position descriptions reviewed showed each role has identified responsibilities and includes competencies required. A CSM would be expected to have an understanding of the HCP funding and case management of HCP consumers and have four years demonstrated experience in HCP management.

# Standard 8

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| Organisational governance | | HCP |
| 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;   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

At the time of performance report decision, the service is:

* Demonstrating there is effective governance systems in place to provide oversight, monitoring and guidance to staff
* Demonstrating there is effective risk management systems including monitoring and oversight to identify and reduce risk for consumers.
* Providing clinical governance framework to guide staff.

There are effective governance systems and processes in place to guide information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation has implemented changes following non-compliance found from the previous Quality Review where it was identified there was inconsistency in staff following the organisational policy, processes and systems leading to gaps in oversight and monitoring.

Information management

* A review of information systems, policy and procedures has been completed. The review identified while there are corporate systems in place there were gaps in how these systems were implemented within the aged care service area. Changes in the structure of the organisation has led to specific policy and procedures in place for the assessment and care planning of HCP consumers.

Continuous improvement

* The service has had a comprehensive continuous improvement plan in place following the non-compliance found from the previous Quality Review. Review of the plan showed there has been many improvements made to ensure consumers are receiving effective, safe and quality care and services. Some of the improvements include:
  + The service has separated its disability and aged care services to provide consumers with a dedicated Customer service manager for home care packages.
  + Assessment and care planning documentation has been developed which includes identification of risk and complex health conditions.
  + Communication systems have been implemented and while there are still some concerns from consumers there is monitoring in place through tracking of all phone calls to measure timeliness of calls being answered. Data is provided to the executive leadership team and Board through a dashboard for oversight. The data is used to educate and monitor staff response to consumer requests.

Financial governance

* Consumers budgets are monitored by the CSM and the National home care manager through monthly meetings. Management said there are no consumers currently with significant underspend of their funds.
* The service is moving to an upgraded electronic care system which will include increased oversight of financial monitoring.
* The service has implemented the Services Australia statement and budget templates for consumers which includes all services and equipment provided.

Workforce governance

* Improvements have been implemented to ensure workforce governance is effective and there is monitoring and oversight in place.
* Following a newly appointed Head of human resources a review was conducted with outcomes including:
  + Review of position descriptions to provide increased clarity of the Customer service manager dedicated role for HCP consumers. The updated position description identifies key accountabilities and responsibilities which can be monitored for effectiveness.
* Following a gap in skills and knowledge identified at the last Quality Review a training and education framework was developed which identified education and training for staff roles. A review of the developed training handbook showed training that is completed as part of roles and frequency. For example, support workers and the CSM role complete a range of aged care topics relevant to compliance with these Standards. their role.

Regulatory compliance

* Systems are in place for the National home care manager to receive regulatory updates and other alerts. Management said this information is disseminated and provided to staff, to the executive team or Board to determine what changes need to be made.
* Review of training showed staff have completed an online module on SIRS and their responsibilities.

Feedback and complaints

* Following gaps and inconsistency of use found in the feedback and complaints management system the service has reviewed and implemented increased oversight.
* The feedback and complaints system were reviewed, and staff were provided training on its use. The organisational Quality team conducted a review in January 2022 to ensure effectiveness.
* A dedicated CSM was put in place for aged care which has ensured timely response to consumer concerns raised.
* A dedicated organisational complaints role is in place as part of governance of complaints who provides reporting to the executive leadership team and the Board. Processes are in place for weekly communication to management about feedback and complaints raised for timely monitoring and oversight.

The service demonstrated it has implemented effective systems in place to manage high impact or high prevalence risks associated with the care of consumers. Monitoring and oversight occurs to ensure staff support and manage consumers preferences and assessed needs. The service supports consumers to live their best life by providing opportunities to discuss where risk is identified and agree on strategies to manage the risk. Management demonstrated through discussion and documentation review how they monitor and have oversight of actual and potential incidents through use of its incident management system and processes followed by staff.

The service has a clinical governance framework in place which includes the service’s response to supporting each consumer’s care and clinical needs. The framework includes responsibilities and accountabilities for each level within the service and how it will embed, monitor and have oversight of the delivery of safe and effective quality care. The service demonstrated policy and procedures are in place to guide staff.

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)