**Performance**

**Report**

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| Name: | Australian Unity Home Care - Lachlan |
| Commission ID: | 200200 |
| Address: | 195 Clarinda Street, PARKES, New South Wales, 2870 |
| Activity type: | Quality Audit |
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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: 8438 Australian Unity Home Care Service Pty Ltd  
Service: 17460 Central West CACP (Lachlan)  
Service: 17684 Ngangana Aboriginal CACPs Lachlan

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8345 AUSTRALIAN UNITY HOME CARE SERVICE PTY LTD  
Service: 24811 AUSTRALIAN UNITY HOME CARE SERVICE PTY LTD - Care Relationships and Carer Support  
Service: 25136 AUSTRALIAN UNITY HOME CARE SERVICE PTY LTD - Community and Home Support

**This performance report**

This performance report for Australian Unity Home Care - Lachlan (**the service**) has been prepared by E Woodley, 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 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said all staff treat them with dignity and respect when delivering care and communicating with them. Consumers interviewed were confident that staff know about their identity, culture, background and the things that are important to them, and this is used to inform culturally safe care delivery. Staff interviewed were knowledgeable about consumer’s identity, culture and diversity, and knew how to access information regarding this if required. The organisation has policies, procedures and training to guide staff in providing culturally safe care, and treating consumers with respect and dignity.

Consumers and representatives interviewed felt consumers can exercise choice and independence, make decisions regarding the way services are delivered and who they would like to be involved in their care. Consumers interviewed were supported to make choices about what days and times services are provided, and the level of assistance staff provide to support their independence. Staff interviewed described the methods they use to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Staff had information available on which consumers have representatives involved in their care planning and delivery.

Consumers felt they are supported to maintain independence and participate in activities of choice that may involve some level of risk in order to live their best life. The service has processes to provide consumers with information about dignity of risk and informed decision making, and where required this is documented on dignity of risk assessments. The organisation has policies and procedures that provide guidance on assessment and review of consumer dignity of risk.

Consumers and representatives interviewed said that on commencement of services, they received a pack with various information to support them to exercise choice regarding their services. For home care package consumers, they receive a budget and monthly statements regarding their package funds. Consumers and representatives felt the statements were clear and easy to understand and said they were invited to call their coordinator at any time if there was anything they did not understand or if they wanted to ask questions regarding their monthly statements.

Consumers and representatives interviewed said staff respect consumer’s privacy and keep their personal information confidential. Consumers said if they are having private conversations at home, staff are mindful of this and give them privacy. Staff interviewed described the methods they employ to ensure consumer information is kept secure.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

The service demonstrated assessment and planning considers risks to consumer’s health and well-being and care planning documents detailed plans for staff to guide the delivery of safe and effective care and services. For consumers sampled, risks associated with skin integrity, falls, mobility, pain, and allergies were considered in assessment and planning to effectively manage these risks. Care plans documented consumer’s needs, goals and preferences, and consumers interviewed confirmed care was delivered in accordance with these. Consumers are provided with information on advanced care planning and given the opportunity to document their needs, goals and preferences regarding this.

Assessment and care planning documentation reviewed by the Assessment Team reflected that the consumer and those they wish to include are involved in initial assessments and on an ongoing basis through care reviews and ongoing communication. Where other services were involved, for example, clinical and allied health services, evidence was sighted of their involvement in assessment, planning and care through initial and ongoing reports of services delivered. The service demonstrated outcomes of assessment and planning are documented in a care plan on the service’s electronic management system. Consumers interviewed consistently said they have access to their care plan, and staff interviewed said they have access to the information required to deliver care and services at the point of service delivery.

The service demonstrated it conducts regular review of consumer’s care and services, including when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. All care documentation reviewed by the Assessment Team for sampled consumers evidenced regular review of care and services, and following incidents that impacted on consumers. The service has processes to track scheduled reviews of consumer care plans in line with organisational policies.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

All consumers and representatives interviewed by the Assessment Team provided positive feedback regarding the personal and clinical care provided by the service. Consumers and representatives said staff take time to understand their care needs, and consider individual preferences when providing care and services. Care documentation reviewed by the Assessment Team demonstrated safe and effective personal and clinical care is delivered to consumers, including to manage the high impact and high prevalence risks associated with consumer’s care. For consumers sampled, risks associated with falls, mobility, medication management, and wounds were monitored and managed.

For consumers sampled who were receiving palliative care, they provided positive feedback about the care and services received, including increased visits from nursing staff and palliative care specialists. The organisation has policies and procedures to guide staff on palliative care and end of life care, including liaising with representatives, medical officers, and other health professionals.

Staff interviews and care documentation reviewed demonstrated an understanding of how to recognise, report, and respond to changes in the health and well-being of consumers. The Assessment Team identified examples of staff responding appropriately to changes in consumer’s mental health and condition. The service demonstrated communication systems implemented ensure information about consumers is shared with those involved in delivering services such as care workers, service coordinators, nursing staff, and allied health services. The service demonstrated timely and appropriate referrals are made to support consumer’s health and well-being. For example, the service had made referrals to mental health services, occupational therapists, and clinical nursing supports for sampled consumers.

The service demonstrated they take a coordinated approach to infection prevention and control, and to promoting antimicrobial stewardship. The Assessment Team observed staff implementing standard and transmission based precautions to prevent infection and staff confirmed they had received training in infection control. The organisation has policies and procedures in place related to antimicrobial stewardship, and infection prevention and control including outbreak management plans.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said consumers are receiving safe and effective services and supports for daily living that help consumers be as independent as possible and maintain their well-being. For example, consumers and representatives spoke positively about transport services, mobility and sensory equipment, domestic assistance, and social supports. Staff interviewed knew consumers well, including their needs, goals, and preferences. Interviews with consumers and care documentation reviewed demonstrated services and supports were promoting consumer’s emotional, spiritual and psychological well-being. The service works with external groups in the region so they can tailor supports to meet individual consumer’s needs.

Consumers interviewed felt staff knew their needs and preferences for daily living services, and that communication from the service is timely and accurate. The service demonstrated communication systems ensure information about consumers is shared with those involved in delivering services such as care and coordination staff and with other service providers such as social groups, food services and home maintenance supports. Staff confirmed they have access to current consumer information including on their required services and supports. The service demonstrated timely and appropriate referrals are made to support consumer daily living. For consumers sampled this included referral to support meal services, domestic assistance, personal care, and care assessment services.

The service demonstrated there are systems in place to ensure equipment provided is suitable to consumer’s needs, well maintained, clean and safe. Staff receive training to use equipment safely and documentation reviewed demonstrated staff review equipment to confirm it is working effectively, suitable and well maintained.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said they are aware of how to provide feedback and make complaints with the service and would feel comfortable doing so. Consumers and representatives interviewed confirmed they received information on complaint and feedback processes through an information pack and service agreement. This included information on external methods for raising and resolving complaints, and advocacy and language services. The service has various methods for consumers to provide feedback and make complaints to the service.

Consumers and representatives interviewed felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. Consumers and representatives who had previously raised issues with the service advised action had been taken, and improvements made to their services with no further issues occurring. Documentation reviewed by the Assessment Team demonstrated appropriate action and an open disclosure process is taken in response to complaints. Consumers and representatives said the service regularly seeks their feedback and suggestions for improvements on the services they receive. The service advised they conduct trending and analysis to see if overall improvements to care and services can be made based on feedback.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team felt there is sufficient staff to provide them quality care and services, and that staff treat them with kindness, respect and dignity. The service demonstrated an effective system to support the deployment of sufficient skilled and qualified staff, including in the event of unplanned or planned leave. The service plans the workforce so consumers receive services from their preferred regular staff members. When a consumer’s regular staff member is unable to attend, the service gives consumers as much notice as possible and the opportunity to request a different day or time, or a different care worker if they choose. Consumers interviewed felt their preferences regarding their preferred care worker and timing for their services was respected by the service.

Consumers and representatives interviewed felt care workers know what they are doing when they provide their services and feel safe in their care. They said even when they have new care workers, these staff know their needs and what tasks need to be completed. The service demonstrated effective recruitment and onboarding processes that ensure staff have the relevant qualifications and knowledge to perform their roles. The service provides mandatory training, as well as opportunities for upskilling of staff. The service demonstrated processes to monitor completion of required training, and staff can provide suggestions for additional training topics.

The service has a performance appraisal system in place for ongoing monitoring and review of the performance of each staff member. All staff interviewed said they are supported in the performance appraisal and review process and have regular support and supervision meetings with their supervisors. Regarding any subcontracted staff, feedback is regularly sought from consumers and representatives on their performance and any issues are addressed through ongoing discussions with the relevant agencies.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

The Quality Standard is compliant as all Requirements assessed have been assessed as compliant.

Consumers interviewed felt they were engaged in the development, delivery and evaluation of care and services. The services has processes to elicit consumer feedback regarding care and services, and is in the process of setting up consumer advisory group to further engage consumers to inform care and services.

The organisation demonstrated governance systems that promote a culture of safe, inclusive and quality care and services. The service has reporting processes to the governing body to ensure they are informed and accountable for the quality of care and services at the service. The governance systems implemented at the service were effective in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service has various electronic information management and reporting systems that ensure information is well communicated between the organisation and service staff. The organisation identifies opportunities for continuous improvement through consumer, representative and staff feedback, identified risks, incidents, and audits. The service’s continuous improvement plan is monitored by the organisation. Systems were in place to manage service finances as well as consumer’s unspent funds. Governance systems were in place to monitor, plan and implement required changes to ensure compliance with aged care legislation.

The organisation has effective risk management systems and practices to identify, manage and prevent high impact and high prevalence risks, abuse and neglect of consumers, and incidents. This includes maintenance of a risk register to trend and analyse risks across the service, policies and procedures, staff training, and an incident management system. The organisation has a clinical governance framework that includes a range of policies and procedures to ensure the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical care is being provided. Policies and practices encompass minimising the use of restrictive practice, antimicrobial stewardship, and open disclosure.

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)