**Performance**

**Report**

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| Name: | Australian Unity Home Care - Northern Sydney |
| Commission ID: | 200818 |
| Address: | Level 3, 110 George St, HORNSBY, New South Wales, 2077 |
| Activity type: | Quality Audit |
| Activity date: | 30 August 2023 to 1 September 2023 |
| Performance report date: | 24 November 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 2561 Australian Unity Retirement Living Management Pty Ltd

Service: 17318 Australian Unity Community Care Northern Sydney

Service: 17319 Australian Unity Community Care Northern Sydney

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 - Northern Sydney (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others.

The provider did not submit a response to the assessment team’s report.

# 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

Consumers and representatives said staff make consumers feel respected and valued as an individual and staff understand their background, preferences and what is important to them. Care files included inclusive and respectful language and reflected consumers’ individual circumstances, and goals relating to well-being. Staff described how they provide care in a culturally safe way, and are required to complete annual mandatory cultural safety training which includes reconciliation and culture in the workplace.

Consumers and representatives said staff encourage them to make decisions about consumers’ services through involvement in assessment processes and discussions relating to associated risks. Where consumers are identified as partaking in activities which include an element of risk, this is discussed with the consumer and/or representative, including mitigating strategies to reduce risk, and a dignity of risk form is completed. Care files outlined consumers’ preferred care and services, goals the consumer had identified, and individual strategies to support consumers to maintain their independence and mitigate identified risks. Consumers and representatives confirmed consumers are supported to live their best life and they are encouraged to be independent and active.

Consumers and representatives said they receive monthly statements from the service detailing how consumers’ budgets are spent and expressed satisfaction with statements. Budgets are explained to consumers during the initial assessment and when there are any changes. Consumers are able to contact the billing team or their service coordinator for further explanation, where required. HCP and CHSP agreements detailed the various terms and conditions of how the service will provide care and services and what the consumer can expect in return, including home care pricing and fees. All care workers described how they maintain consumers’ privacy, including during provision of services, and demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Care files included initial assessments which address individual risks, and a customer home safety checklist which is completed annually. The service knows whether consumers’ goals and outcomes are achieved through well-being checks and annual reviews, including feedback from consumers. Care staff felt they received enough information about consumers’ needs and to guide them to deliver safe care. Consumers and representatives described consumers’ individual services which aligned with care plans, and how care staff take time to listen and understand how to support their health and well-being.

All consumers and/or representatives felt the service takes consumers’ goals and preferences into account and they receive the care and services they need. However, they could not recall being offered the opportunity to discuss advance care planning and end of life care at assessment or care reviews. All consumers are offered discussions relating to advance care/end of life planning which is documented on their file. Assessment processes are undertaken to understand consumers’ needs and preferences and there are clear pathways to communicate this information to care managers and care workers. Care staff said they are provided with information on consumers’ specific care needs, goals and preferences.

Consumers and representatives said they are fully involved in care planning processes and provided positive feedback on how the service makes it easy for them to be involved. Consumers are provided a copy of the care plan, and reassessment of the care plan is undertaken in conjunction with the consumer. Care plans, including any changes or additions made, are explained to consumers to ensure they are aware and satisfied. Care staff have access to consumers’ care plans through a mobile app, and at the point of care.

All consumers and representatives felt if consumers’ needs or preferences changed, they could change the services received if required. HCP consumers’ care plans are reviewed three monthly and CHSP care plans six monthly through completion of well-being checks which focus on identifying changes in consumers’ needs, goals and preferences. Holistic care plan reviews occur annually, and while care files sampled evidenced annual reviews, updates more frequently if consumer needs changed or an incident occurred that required additional services or a change in service provision were not evidenced.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Care plans demonstrated personal and clinical care is tailored to meet individual needs and optimise health and well-being. Initial assessment processes include extensive clinical assessment with the information gathered used to develop care plan documents. Best practice is ensured through staff access to policies and procedures, provision of up-to-date staff training and membership to relevant bodies.

High impact or high prevalence risks, including falls and wounds are effectively managed. Detailed observations and assessments are undertaken by nursing staff each visit to ensure high prevalence risks are reduced. One representative stated when the consumer had returned from hospital, a reassessment and a full clinical assessment were initiated and identified the need for increased services and supervision. While the package level needed to be increased, the provider implemented six weekly clinical reassessments to ensure the consumer received the care they required and that risks were properly managed.

Dedicated polices relating to end of life care are available to guide staff, including a dedicated policy for the treatment and care provided to consumers at end of life receiving care from the service. The service promotes a culture of care and compassion in the support and services provided to consumers identified as nearing the end of life. Specific training is provided to care workers to enable them to better support consumers, in addition to recognising and supporting the emotional effects such demands place on the care workers who may have been supporting the consumer for some years.

Care plans demonstrated comprehensive and ongoing information is obtained for each consumer’s condition, needs and preferences initially during the first interview and then from regular updates provided by care workers as conditions change. Where there is a change in a consumer’s condition, care plan information is updated to reflect consumers’ current care needs, and consumers were found to be referred to additional providers when the service was unable to meet their needs. Care plans included details on follow up and actions taken when changes were noted. One consumer said the service had always been very attentive to their changed needs and supported them with advice and additional services when they required them.

Dedicated polices are available to guide staff practice relating to minimisation of infection-related risks and promotion of practices to reduce the risk of increasing antibiotic resistance. Nursing staff described practicing high levels of infection control during each visit, including implementation of best practice for transmission-based precautions, in addition to adhering to minimising COVID risks.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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

All consumers and representatives said the service makes consumers feel safe, and they are able to receive supports and services that enable them to remain in their own home, maintain independence and quality of life. Care plans are consumer focused and include identification of individual personal goals, including community connectedness. Consumers are encouraged to ascertain what is or isn’t working with their services to allow the service to work with them on any resolutions required.

Consumers and representatives felt care staff would recognise if consumers were feeling low. Consumers’ emotional, spiritual, or psychological needs are identified through assessment processes, with information gathered included in care plans which are reviewed on an ongoing basis to ensure currency. A care worker described what they would do if they identified a consumer was feeling low, including conversing with the consumer, and, where required, contacting the coordinator. Care files included information and referrals to various other third-party providers and other care organisations where the service provider was unable to provide the services necessary to support the consumer.

Consumers and representatives said consumers have opportunities to build and maintain relationships and pursue activities of interest within the community. They said consumers have plenty of opportunities to do things that are meaningful to them, and care staff will take them wherever they wish on their social support services.

All consumers and representatives were satisfied that care staff have a good knowledge of the care and services consumers need and did not need to keep repeating these to staff. Care staff are provided with updated information as consumers’ care needs change through access to care plans, regular contact from the coordinator, meeting forums and emails correspondence.

Consumers and representatives said they had received equipment through the consumer’s package to assist with their mobility and care, and were satisfied with the quality and choice of equipment. Occupational therapists are involved in recommending what type of equipment is required through assessment processes, and consumers are able to trial equipment for suitability. The service has preferred suppliers across the network, including some local suppliers and try to provide consumers with multiple options, while ensuring equipment is within the funding requirements.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

An initial welcome pack includes details of internal and external complaints and feedback mechanisms, and supports for consumers to provide feedback and make complaints, including advocacy and language support services. Consumers were aware of feedback and complaints processes, said they are encouraged to provide feedback whenever possible and felt comfortable to make complaints.

Staff demonstrated an understanding of feedback and complaints processes, as well as open disclosure principles. A feedback and complaints register is maintained and included detailed notes from start to resolution of each complaint. A continuous improvement plan is maintained and included links and notes related to feedback and complaints from across the provider’s services, demonstrating feedback and complaints are used to improve the quality of care and services. Interviews with management confirmed the provider welcomed complaints and viewed feedback and complaints as a positive way of service improvement. One consumer felt the service was very responsive and supportive of their concerns.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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 workforce is planned to enable and the number and mix of the workforce enables the delivery and management of safe and quality care and services. The service regularly coordinates consumer needs with staffing requirements, and there are processes to manage staffing shortfalls. Staffing requirements are monitored, including through review of complaints and feedback data to enable the provider to act quickly to address any issues identified. Consumers confirmed service staff are kind and caring in their approach and respectful of their culture identity and diversity.

Consumers and representatives felt staff were competent and fully capable of performing their roles to a high standard. Recruitment and initial onboarding processes ensure the workforce hired is competent to perform their roles. Applicants are required to demonstrate appropriate skill sets and general ability levels that would support the work applied for, and staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Care workers receive in depth induction training followed by two weeks of shadowing by more experienced workers before starting as basic care workers. Training support programmes encourage all new staff to enrol in and complete Certificate III training as soon as possible, and new staff are only passed competent for increased responsibility or more technical roles once relevant training, supervision and competency checks have been passed. The provider has developed a rigid training programme to ensure all staff are trained and passed competent for the roles they are required to fulfil, and regular staff meetings and management contact ensure staff are supported and feel able to raise issues, such as training needs, were necessary. Staff from a variety of different roles confirmed appraisals are completed and they have ongoing contact and support from their line management.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers are supported and engaged in the development, delivery and evaluation of care and services through questionnaires, surveys, and feedback processes. The organisation is governed by a Board of Directors, chief executive officer, managing director, chief financial officer and several business arms. The governing board is supported by clinical teams and is responsible for monitoring risk and quality in relation to care and services provided.

Effective organisation governance systems were demonstrated, as well as effective risk management systems and practices relating to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents. A risk analysis system requires all reportable incident data to be inputted as a potential risk. The system analyses data and highlights trends for individuals and across the entire consumer group. In addition, the system allows for cross references to high risk consumers and assists to identify deterioration and those consumers whose risk profile is increasing. Care staff and management are trained and encouraged to look for and report issues of elder abuse and to identify signs of unreported abuse. A new analysis system utilises data obtained through the provider’s large national consumer base to predict needs-based requirements for consumers. This will allow the service to work closely with new consumers to offer high quality data-supported recommendations that complement and inform the consumer’s own choices and provide a more effective support package that will better allow consumers to live the best lives they are able.

The service has robust and integrated procedures for the delivery of clinical care. Policies and procedures governing infection control, restrictive practices and open disclosure are available to guide staff practice. Staff are supported to understand these policies and procedures and underpinning concepts through extensive training.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)