**Performance**

**Report**

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| Name of service: | Australian Unity Home Care - South East Melbourne |
| Service address: | 271 Spring Street MELBOURNE VIC 3000 |
| Commission ID: | 300015 |
| Home Service Provider: | Australian Unity Retirement Living Management Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 September 2022 |
| Performance report date: | 11 October 2022 |

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 Unity Home Care - South East Melbourne (**the service**) has been prepared by A.Grant, 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:**

* Northern Region Home Care Victoria, 22809, 271 Spring Street, MELBOURNE VIC 3000
* Australian Unity Community Care Eastern Metro EACH, 18647, 271 Spring Street, MELBOURNE VIC 3000
* Eastern Metropolitan Region, 18786, 271 Spring Street, MELBOURNE VIC 3000
* Australian Unity Community Care - SMR, 19331, 271 Spring Street, MELBOURNE VIC 3000
* Short Term Restorative Care, STRC, 271 Spring Street, MELBOURNE VIC 3000

**CHSP:**

* Allied Health and Therapy Services, 4-7XMO8NX, 271 Spring Street, MELBOURNE VIC 3000
* CHSP - Domestic Assistance, 4-7XNVF8Y, 271 Spring Street, MELBOURNE VIC 3000
* CHSP - Personal Care, 4-7XMO8YX, 271 Spring Street, MELBOURNE VIC 3000

# 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 review of documents and interviews with staff, consumers/representatives and others.
* Following a previous Quality Audit completed by the Aged Care Quality and Safety Commission from 5 January to 7 January 2022, there were findings of non-compliance in Standard 2, Requirement (3)(a) and Standard 8, Requirement (3)(d).

# 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 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 | 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |

Findings

Evidence analysed by the Senior Quality Assessor showed the service did demonstrate assessment and planning include consideration of risks to the consumer’s health and wellbeing and informs the delivery of safe care and services. Four pieces of evidence from many are documented below:

* Evidence analysed by the Senior Quality Assessor showed Assessment and Care Plans (wellness plans) were updated and included improved access to free text options.
* Evidence analysed by the Senior Quality Assessor showed Wellness plans completed by community liaison managers (CLMs/care managers) can now be sent directly to the service’s nursing staff. Evidence analysed by the Senior Quality Assessor showed nursing assessments occur for level three and level four home care package consumers. The Senior Quality Assessor noted level one and two HCP consumers are reviewed when a consumer need is identified.
* Evidence analysed by the Senior Quality Assessor showed a Task planner details referral dates and any clinical recommendations are in ‘real time’ and uploaded into the consumers’ electronic care file which CLMs and nurses have shared access to. Management when interviewed by the Senior Quality Assessor stated communication between service areas has improved, resulting in prompt and timely reviews of consumers’ needs.

Evidence analysed by the Senior Quality Assessor showed complex consumer case meetings have commenced fortnightly. The Senior Quality Assessor noted attendees include CLMs, nursing staff, the home services/quality manager and can include input from an occupational therapist and care workers as required. Evidence analysed by the Senior Quality Assessor showed nursing assessments, allied health input, contact with representatives and at times use of dignity of risk processes were evidenced in the June to September 2022 meeting minutes provided. Four pieces of evidence identified meeting minutes by the Senior Quality Assessor are documented below:

* The Senior Quality Assessor noted Consumer A (HCP L4) and Consumer B (HCP L4) are both consumers living with dementia.
* The Senior Quality Assessor noted Consumer A and Consumer B present with personal safety concerns in relation to their cognitive decline, incontinence, nutritional needs and medication management.
* The Senior Quality Assessor noted during June to August 2022, evidence analysed by the Senior Quality Assessor showed the service arranged home care package upgrades, nursing and continence assessments, daily medication management with personal care.
* During the Assessment contact the Senior Quality Assessor noted the service evidenced frequent email correspondence with Consumer A and Consumer B’s representatives from the CLM. Evidence analysed by the Senior Quality Assessor showed the CLM describes safety concerns, risks to the wellbeing of Consumer A and Consumer B and discusses care needs and scheduling. The Senior Quality Assessor noted feedback from care workers is also supplied. Dignity of Risk forms were supplied and signed.

The Senior Quality Assessor noted while the service had difficulties providing evidence for some consumers, consumer feedback was generally positive in relation to assessment and care planning. Service improvements as described and evidenced by management demonstrate assessment and care planning take into consideration risks to the consumers and is used to inform safe, care and services.

# 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |

Findings

Evidence analysed by the Senior Quality Assessor showed the service did demonstrate effective risk management systems and practices are in place. The Senior Quality Assessor noted this included the management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Evidence analysed by the Senior Quality Assessor showed an incident management system is in use.

Following the finding of non-compliance in Standard 8, Requirement (3)(d) in a previous Quality Audit the service has initiated improvements.

*High impact or high prevalence risks associated with the care of consumers is managed:*

The Senior Quality Assessor noted the service evidenced assessment and care planning processes included the consideration of high impact or high prevalence risks to consumers.

Consumer C (HCP L2) sustained a fall on 8 August 2022, which she reported on 15 August 2022. During interviews with the Senior Quality Assessor the service described their response. The Senior Quality Assessor noted on the day of the fall report, a physiotherapist who currently provides an exercise program for Consumer C was contacted. They replaced Consumer C’s walking frame with a lightweight frame and increased physiotherapy to weekly sessions due to Consumer C’s loss of confidence following the fall. The Senior Quality Assessor noted on 24 August 2022 an occupational therapy in home assessment occurred. The Senior Quality Assessor noted Consumer C’s fall incident was recorded in the service’s internal reporting system, ‘Donesafe.’

Evidence analysed by the Senior Quality Assessor showed complex Customer Case meetings have provided shared learning for CLMs in assessment, care planning and risk management of consumers with complex needs. Management during meetings with the Senior Quality Assessor stated these regular, multidisciplinary meetings have now commenced across the organisation. Evidence analysed by the Senior Quality Assessor showed minutes of the Complex Customer Case meetings are provided to the regional manager and executive team to maintain oversight around high impact/high prevalence risks associated with the care of consumers.

Evidence analysed by the Senior Quality Assessor showed in February 2022, seven CLMs attended five hours training. The Senior Quality Assessor noted the PowerPoint training evidenced by the service was inclusive of risk management, bed poles and waivers, incident reporting, person centred care and care plans.

*Recognising and responding to elder abuse:*

Evidence analysed by the Senior Quality Assessor showed during the February 2022 risk training, management of abuse and neglect was also completed by CLMs and during April to August 2022, the service evidenced, staff completed training in abuse, neglect and mandatory reporting.

During interviews with the Senior Quality Assessor management commented that the training and staff awareness has resulted in an increase in report numbers allowing the service to investigate any concerns raised.

*Consumers being supported to live the best life they can:*

Evidence analysed by the Senior Quality Assessor showed CLMs completed dignity of risk training in February 2022. Training included consideration of what is an acceptable risk, how to have difficult conversations with consumers and/or representatives, the service’s dignity of risk procedure and how to complete dignity of risk forms. During interviews with the Senior Quality Assessor management advised the service has seen an increase in the use of the forms and can track and review any risks with the consumers and/ their representatives’ input.

Evidence analysed by the Senior Quality Assessor showed complex customer case meeting minutes and two dignity of risk acknowledgement forms completed on 11 July 2022 with Consumer A and Consumer B’s representatives outline care and safety concerns and risk mitigation strategies agreed upon.

Evidence analysed by the Senior Quality Assessor showed Consumer A and Consumer B are wanting to live at home as long as possible and their representatives want to support them with this goal. Documentation provided to the Senior Quality Assessor evidenced regular contact with representatives.

*Managing and preventing incidents including the use of an incident management system:*

During interviews with the Senior Quality Assessor management advised all staff from care workers to executive management have received introductory training in the serious incident response scheme SIRS, explored case studies and reporting subsections.

The Senior Quality Assessor noted staff ‘huddles’ are in use to discuss any concerns and identify training opportunities.

Evidence analysed by the Senior Quality Assessor showed at care worker meetings, incidents in general are discussed which also prompts other care workers to talk about concerns and report. During interviews with the Senior Quality Assessor management stated the service has recorded a three time increase in reported incidents from the previous year as a result of staff education and encouragement to report. The Senior Quality Assessor noted the current incident management system is capable of recording and review of SIRS reports.

During interviews with the Senior Quality Assessor management stated the service’s monthly management meetings are taking a ‘deeper dive’ into incidents/reports and testing of the SIRS reporting system will occur prior to, and in preparation of the SIRS introduction to home services prior to 1 December 2022.

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)