**Performance**

**Report**

**1800 951 822**

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| Name: | Australian Unity Home Care - Southern Highlands |
| Commission ID: | 201169 |
| Address: | 101-103 Bega Street, BEGA, New South Wales, 2550 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 22 April 2024 |
| Performance report date: | 27 May 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8438 Australian Unity Home Care Service Pty Ltd  
Service: 17391 Calare CACP  
Service: 17460 Central West CACP (Lachlan)  
Service: 17499 Far West CACP Project  
Service: 17567 Illawarra South CACPs  
Service: 17674 Murrumbidgee Ethnic Dementia Care  
Service: 17683 Ngangana Aboriginal CACPs Central West  
Service: 17684 Ngangana Aboriginal CACPs Lachlan  
Service: 19544 Sturt Home Care CACPs  
  
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 - Southern Highlands (**the service**) has been prepared by K Jarvie, 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 Assessment contact (performance assessment) – non-site report which was informed by review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 22 March 2023 in relation to the Quality Audit undertaken from 21 to 23 February 2023.

The provider did not submit a response to the assessment team’s report for the Assessment contact (performance assessment) – non-site.

# Assessment summary for Home Care Packages (HCP)

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| Standard 7 Human resources | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 7 Human resources | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirement 7(3)(e) was found non-compliant for HCP and CHSP services following a Quality Audit conducted from 21 to 23 February 2023. The service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce.

The Assessment Team’s report for the Assessment Contact conducted on 22 April 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include implementing processes to regularly assess, monitor and review the performance of each member of the workforce. The Assessment Team was satisfied the improvements were effective and recommended Requirement 7(3)(e) met.

Consumers stated they are often asked about staff performance and their satisfaction with the service. Documentation confirmed consumer voice is included in staff appraisals. Most staff confirmed they had received a formal staff appraisal within the last 12 months and the service has increased open lines of communication between staff and management. Management described plans to ensure performance appraisals are completed for all staff. Management confirmed there are policies in place for performance reviews of sub-contracted staff and this is included in the service’s continuous improvement plan. Documentation showed evidence of completed performance appraisals, including reference to training and consumer feedback.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 7, Human resources, for both HCP and CHSP services.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 |

Findings

Requirement 8(3)(c) was found non-compliant for HCP and CHSP services following a Quality Audit conducted from 21 to 23 February 2023. The organisation did not demonstrate effective organisational governance systems relating to workforce governance.

The Assessment Team’s report for the Assessment Contact conducted on 22 April 2024 included evidence of actions taken by the organisation in response to the non-compliance. These actions include implementing processes to regularly assess, monitor and review the performance of each member of the workforce. The assessment team was satisfied the improvements were effective and recommended Requirement 8(3)(c) met.

Information management

The organisation has an information security management framework which outlines roles and responsibilities of staff, security standards and acknowledges the governing body has ultimate responsibility regarding information management. Support workers described how they keep information safe, including the use of password protected mobile devices. All staff complete training in cyber security and privacy at induction and each year as part of mandatory training.

Continuous improvement

The organisation maintains continuous improvement plans with improvement actions discussed monthly at the clinical governance forum and presented to the governing body for review and approval. The organisation’s continuous improvement plans include improvements informed by staff feedback, actions identified by system improvements, policy and procedure reviews and opportunities to upskill staff.

Financial governance

Management advised the governing body receives monthly reports from the finance team, enabling oversight and governance. The organisation has oversight of consumers who have high unspent funds and has processes to monitor these unspent funds.

Workforce governance

The organisation has policies and procedures in relation to workforce governance, to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards. The organisation has onboarding processes to recruit staff, including ensuring current qualifications, vaccination status, driver’s licence and police checks. The organisation has staff performance processes to ensure all staff are assessed, monitored and reviewed.

Regulatory compliance

The organisation has effective processes to track changes to regulatory requirements and implements relevant changes. Management provided examples of how the organisation is keeping up to date with aged care reforms. The organisation has monitoring systems to track vaccinations, training, police checks, driver’s licences and public liability insurance.

Feedback and complaints

The organisation has an established feedback and complaints framework to encourage and support consumers to provide feedback and make complaints. Feedback and complaints inform improvements to services provided.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance, for both HCP and CHSP services.

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)