**Performance**

**Report**

**1800 951 822**

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| Name: | AVIVO - Home Care Services |
| Commission ID: | 500079 |
| Address: | 2nd Floor, 30 Hasler Road, OSBORNE PARK, Western Australia, 6017 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 April 2024 |
| Performance report date: | 13 June 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: 223 Avivo: Live Life Inc  
Service: 19176 Avivo: Live Life Metro East Level 1 and 2  
Service: 19180 Avivo: Live Life Metro East Level 3 and 4  
Service: 19177 Avivo: Live Life Metro North Level 1 and 2  
Service: 19181 Avivo: Live Life Metro North Level 3 and 4  
Service: 19178 Avivo: Live Life Metro South East Level 1 and 2  
Service: 19182 Avivo: Live Life Metro South East Level 3 and 4  
Service: 19179 Avivo: Live Life Metro South West Level 1 and 2  
Service: 19183 Avivo: Live Life Metro South West Level 3 and 4  
Service: 26334 Avivo: Live Life Mid West Level 3 and 4  
Service: 19187 Avivo: Live Life Wheatbelt Level 1 and 2  
Service: 19188 Avivo: Live Life Wheatbelt Level 3 and 4  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8421 Avivo: Live Life Inc.  
Service: 25189 Avivo: Live Life Inc.  
Service: 27144 Avivo: Live Life Inc.

**This performance report**

This performance report for AVIVO - Home Care Services (**the service**) has been prepared by D.Soich, 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 - 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 and others;
* the provider’s response to the Assessment Team’s report received on 25 April 2024, confirming acceptance of the Assessment Team’s assessment;
* the performance report dated 17 February 2023 in relation to the Quality Audit undertaken 16 January 2023 – 18 January 2023.

# 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 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** |

# 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 3** Personal care and clinical care | **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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

Findings

The Assessment Team’s report for the Assessment Contact undertaken on 16 April 2024 included evidence demonstrating how each service meets this Requirement, including, but not limited to:

* Guidance material used by staff in relation to restrictive practices included information about the various types of restraint, monitoring requirements and alternative approaches.
* Management and staff were knowledgeable of the organisation’s guidance material and were able to describe risk management strategies and processes when a consumer is subject to restraint.
* Sampled care plans showed restrictive practices were identified and mitigation strategies implemented.

As the evidence provided by the Assessment Team was focused heavily on restraint, I have considered the performance report dated 17 February 2023, in relation to a Quality Audit undertaken from 16 January 2023 to 18 January 2023, which found each service compliant with this Requirement.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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 |

Findings

The Assessment Team’s report for the Assessment Contact undertaken on 16 April 2024 included evidence demonstrating how each service meets this Requirement, including, but not limited to:

* Consumers and representatives were satisfied with the care and services consumers receive.
* One representative and staff provided an example of how their family member’s behaviours had been effectively managed.

As the evidence provided by the Assessment Team was focused heavily on restraint, I have considered the performance report dated 17 February 2023, in relation to a Quality Audit undertaken from 16 January 2023 to 18 January 2023, which found each service compliant with this Requirement.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

The Assessment Team’s report for the Assessment Contact undertaken on 16 April 2024 included evidence demonstrating how each service meets this Requirement, including, but not limited to:

* Consumers and representatives felt staff were well trained to deliver the care and services consumers’ need.
* Staff confirmed, and documentation showed, they have received training in relation to incidents, and training in relation to restraint was scheduled for April 2024.

As the evidence provided by the Assessment Team was focused heavily on restraint, I have considered the performance report dated 17 February 2023, in relation to a Quality Audit undertaken from 16 January 2023 to 18 January 2023, which found each service compliant with this Requirement.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement (3)(d) in Standard 7 Human resources.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 Assessment Team’s report for the Assessment Contact undertaken on 16 April 2024 included evidence demonstrating how each service meet Requirements (3)(d) and (3)(e), including, but not limited to:

* Clinical assessment tools are used to identify high-impact or high prevalence risks associated with the care of consumers. Staff could identify consumers’ risks, including falls and wounds. Processes are in place to increase monitoring of consumers who are identified as having heightened risk or concerns, including discussions at management and coordinator meetings, referrals, and follow up actions.
* Staff were knowledgeable about elder abuse and key indicators that may trigger further investigation. They were knowledgeable about escalation processes.
* Consultation occurs with consumers to identify any risks they want to take, and ensure they are supported to do so safely. A dignity of risk policy is in place to guide staff in having conversations with consumers about consequences of risky decisions and support mechanisms.
* Staff were knowledgeable of how to report an incident and have received training in relation to the Serious Incident Response Scheme. An incident management system is in place to log all incidents, which are reviewed by a dedicated team.
* Policies and processes are in place in relation to outbreak management. Training has been provided to staff on the use of personal protective equipment and hand hygiene.
* Policies and processes are in place in relation to the use of restraint. Staff were knowledgeable of what constitutes a restraint and were scheduled to receive training in April 2024.
* Staff and management were knowledgeable about open disclosure processes. Policies and procedures are in place to guide staff practice.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(d) and (3)(e) in Standard 8 Organisational governance.

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)