**Performance**

**Report**

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| Name of service: | AVIVO - Home Care Services |
| Service address: | 2nd Floor, 30 Hasler Road OSBORNE PARK WA 6017 |
| Commission ID: | 500079 |
| Home Service Provider: | Avivo: Live Life Inc |
| Activity type: | Quality Audit |
| Activity date: | 16 January 2023 to 18 January 2023 |
| Performance report date: | 17 February 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.

**This performance report**

This performance report for AVIVO - Home Care Services (**the service**) has been prepared by S Bickerton, 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 Packages (HCP):**

* AVIVO (Metro East), 19176, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO (Metro North), 19177, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO EACH Metro East, 19180, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO EACH Metro North, 19181, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO (Metro South East), 19178, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO EACH Metro South East, 19182, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO (Metro South West), 19179, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* AVIVO EACH Metro South West, 19183, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* Avivo: Live Life Mid West, 26334, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* Regional Home Care Services CACP, 19187, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* Regional Home Care Services EACH, 19188, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017

**Commonwealth Home Support Programme (CHSP):**

* Care Relationships and Carer Support, 25189, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017
* Community and Home Support, 27144, 2nd Floor, 30 Hasler Road, OSBORNE PARK WA 6017

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; 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
* the provider’s response to the assessment team’s report received 13 February 2023

# Assessment summary for 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 as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for 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 as not all requirements have been assessed** |
| **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

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

At the time of performance report decision, the service was:

* Demonstrating the provision of culturally safe care and services
* Evidencing the use of a dignity of risk approach in supporting consumers to take risks enabling them to live the best life they can
* Evidencing that current, accurate, and timely information is provided to consumers that is easy to understand
* Demonstrating consumer privacy is respected and personal information is secured confidentially
* Demonstrating that consumers are treated with dignity and respect with their identity, culture and diversity valued by the service

At the time of quality audit, the assessment team interviewed several consumers and representatives who described in different ways that the services support workers treated them with dignity and respect. Some HCP consumers described not feeling this way when the service contacted them to coordinate their care by phone. Consumer feedback specific to this included feeling ignored, disrespected and stressed.

The assessment team interviewed service staff, who consistently spoke of consumers in a respectful way and demonstrated an understanding of the importance of understanding consumers as individuals and working with them to meet their goals. The assessment team observed service staff interactions to be respectful, helpful, and polite.

The service evidenced policies outlining how service staff work with consumers and representatives to ensure consumers are treated with dignity and respect with their identity, culture, and diversity valued. The service evidenced partnering with consumers and representatives to develop individualised support plans that consider consumer preferences.

In response to the assessment teams report, the service evidenced a robust and responsive plan for continuous improvement addressing consumer feedback raised in relation to service coordination. The service demonstrated a commitment to taking prompt action to align its practises with the standards and evidenced speaking directly to specific consumers who raised negative feedback and establishing the root cause of the issue. The service evidenced implementation of intensive training, supervision, mentorship, and performance monitoring of select service staff in response.

At the time of performance report decision, the services plan for continuous improvement evidenced early commencement of high impact service improvements associated with requirement 1(3)(a). As decision maker, I find the services response and responsive posture instils trust and confidence. Additionally, I find this demonstrates the service and its workforce values consumers and treats them with dignity and respect.

I find the service compliant with requirements 1(3)(a) and recognise the remainder of the services open continuous improvement initiatives are expediently scheduled for completion.

# 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

At the time of performance report decision, the service was:

* Evidencing that assessment and care planning processes ensure staff are with provided with comprehensive information to guide delivery of safe and effective consumer care
* Demonstrating that the outcomes of assessment and care planning is communicated to consumers and documented in care plans
* Evidencing recording consumer goals and using them to inform service delivery, including advanced care planning
* Evidencing that care planning and assessment documentation undergoes regular and episodic review to reflect changes in consumer care requirements or preferences

# 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

At the time of performance report decision, the service was:

* Demonstrating that consumers receive timely personal and clinical care which is safe and in line with individualised preferences and requirements
* Evidencing that high impact, high prevalence risks are identified and recorded through assessment processes using validated best practice tools
* Demonstrating that service staff understand consumer care needs, and facilitate timely referrals to support existing or changing consumer care needs
* Evidencing embedded policies and processes guide service staff in supporting personal and clinical care, including the management of infection related risks

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating that consumers are provided with safe and effective supports for daily living that enable them to do the things they want to do
* Demonstrating that consumers are supported and encouraged to remain connected to their communities and participate in things that interest them.
* Evidencing embedded processes communicate important information to service staff and others involved in consumer care, to ensure consumer needs and preferences are met
* Evidencing that referrals are made, assessments are completed, and equipment is provided that meets consumers requirements and is fit for purpose

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This standard was not assessed as part of the quality audit. The service does not provide a service environment to consumers.

# Standard 6

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

At the time of performance report decision, the service was:

* Demonstrating that consumers and their representatives are encouraged and supported to give feedback and make complaints
* Evidencing that information is provided to consumers and their representatives to guide raising feedback, making complaints, and contacting external organisations for support
* Demonstrating that complaints are acted upon and addressed in a timely manner using an open disclosure approach
* Evidencing that feedback and complaints are used to inform continuous improvement initiatives and improve consumer service provisions

# 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

At the time of performance report decision, the service was:

* Evidencing that its workforce is planned to enable delivery and management of safe, quality consumer services
* Evidencing its workforce is competent and skilled in delivering quality consumer services
* Evidencing that ongoing training and support guides service staff in their roles
* Evidencing the regular review, monitoring, and management of service staff performance

# Standard 8

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

At the time of performance report decision, the service was:

* Demonstrating engagement of consumers to be part of consultation, development and the evaluation of care and services
* Evidencing that the board is provided with contemporary information to inform decisions and drive a culture of safe and quality care and services
* Evidencing embedded governance systems monitor and manage financial governance, workforce governance, continuous improvement, regulatory compliance and consumer feedback
* Demonstrating that the service workforce adheres to embedded policies and processes governing risk identification, mitigation, and reporting, and ensures this information is communicated appropriately
* Evidencing that consumer incidents are reported consistently and followed up in a timely way

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)