**Performance**

**Report**

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| Name of service: | Bethel Home Care |
| Service address: | 31 Clissold Street ASHFIELD NSW 2131 |
| Commission ID: | 201406 |
| Home Service Provider: | Ashfield Baptist Homes Ltd |
| Activity type: | Quality Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 1 May 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 Bethel Home Care (**the service**) has been prepared by G. McNamara, 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:**

* Bethel Home Care, 26188, 31 Clissold Street, ASHFIELD NSW 2131

# 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.

# 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** |

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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

Demonstrating that consumers’ identity and culture is captured, respected, and valued

All consumers said that the service’s staff treat them with dignity and respect when delivering care and communicating with them. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them.

All staff interviewed were able to speak about consumers with knowledge and respect to their individual services. Coordination staff said that they keep in contact with each consumer at least weekly to ensure they keep rapport and build relationships with consumers where they speak about their background, culture, and identity to ensure these characteristics of consumers are respected and valued.

A review of seven consumer care plans and files demonstrated that consumer culture, diversity, life history, relationship information and care preferences were comprehensively documented and done so in a respectful manner.

The Assessment team reviewed the Cultural and Spiritual Life Policy which indicated staff responsibility in obtaining consumer’s personal information in relation to their life history and culture to inform service delivery and care planning.

Ensuring that care provided to consumers is culturally safe

Consumers sampled said that staff understand their preferences and culturally sensitive aspects of their services which makes them feel valued and culturally safe. The service has robust processes to support the delivery of culturally safe services to consumers.

Management said they are looking to engage additional consumers from Croatian backgrounds as the feedback about this arrangement has been positive.

Staff interviewed were able to describe how they delivery culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture. A review of mandatory training demonstrated that all employees have completed cultural awareness and sensitivity training within the last 12 months.

Coordination staff said that the information system, Turnpoint, includes information about a care worker’s background so that they can match consumers to care workers based on preferences and similarities.

The Cultural Safety Policy includes a strategic business plan that is reflective of cultural safety for consumers and ensuring this is demonstrated in the services’ procedures. It says that recruitment of care staff and rostering must be done so with the consideration of consumer’s cultural preferences and language requirements.

Demonstrating that consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, communicating regarding their decisions, and maintaining their relationships

Consumers described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care.

Staff were able to describe the methods they use to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Coordination staff said that they always ensure a holistic approach to consumer care planning specifically in relation to who consumers choose to include in their care. This information is recorded on their care plan to be consistent. They also said that they keep in touch with a consumer during the first few days of a new service to seek feedback on aspects like the care worker allocated, time of service and any other general concerns to inform future services.

A review of seven consumer files demonstrated that information was present to indicate consumer’s relationships, any support person or representatives and their contact details. There were also instructions on who to contact for next of kin or emergencies.

The Choice and Decision-Making Policy outlines procedures for staff to support consumers to exercise choice and independence in making decisions about their care and the way that services are delivered, including who they choose to involve in those decisions.

Supporting consumers to take risks to enable them to live their life the best they can

The care and services that consumers receive demonstrate how they are supported to remain living at home and how they are encouraged to do things independently. This includes services offered such as personal care, social support, transport, and domestic assistance. Staff were able to demonstrate how they support consumers to take risks in these services

The General Manager said that when risk is identified but the consumer makes a choice to accept the risk, the consumer is provided with information about dignity of risk and informed decision making. The service will provide a dignity of risk form to the consumer which outlines the risks and potential consequence, safety of staff and others, and any interventions in place to minimise the risk.

This process is also outlined in the Dignity of Risk Policy. All staff interviewed said they are aware of and familiar with the Dignity of Risk Policy and the procedure to follow.

Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand

Consumers said that on commencement of services, they recalled being provided with a ‘client handbook’ that includes service types, the charter of aged care rights, contact information for the service, complaints information and fees and charges. Consumers said they are also provided with monthly statements that are clear and easy to understand.

The General Manager said that standard process is for coordination staff to go on home visits for newly commenced consumers and their representatives to go through information in the client handbook and monthly statements and budgets to ensure consumers understand information provided to them.

The Assessment team reviewed monthly statements for all consumers issued in February. All statements were itemised and clearly dated and were issued in a timely manner, as they were processed and issued as soon as the month ended.

The service keeps a ‘client correspondence’ folder on the shared drive that holds general information that is sent out to consumers about regulatory updates, natural disasters, or weather events. For example, in 2023 so far, the service has sent information to consumers about the heatwave in Sydney in February and how to care for older people in these events.

Respecting the privacy of consumers and ensuring personal information is kept

Consumers sampled said they felt that staff respect their privacy and keep their personal information confidential. Consumers did not raise any concerns regarding their privacy.

Staff members were able to describe the methods they employ to ensure consumer information is kept secure. All staff interviewed confirmed that consumer information is kept digitally, and no hard copy files of personal information are stored in the office or in staff vehicles. The General Manager said that care plans and home care agreements are signed electronically via a tablet and information is automatically stored in the Turnpoint system, which is password protected. The General Manager also confirmed that care workers have access to the Turnpoint system via a mobile phone app that is also protected by password.

The Privacy and Confidentiality Policy outlines the process to ensure systems are in place to protect client privacy when transporting any records outside the organisation’s premises, including digitally. If hard copies are ever made, they are to be securely destroyed as soon as they are scanned into the system.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* ensuring assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services

All consumers and representatives provided positive feedback on assessment and care planning processes. They confirmed they received an in-home assessment that included discussion of their needs, goals and preferences prior to commencement of services and an in-home environmental safety assessment was also conducted. They also described their individual services and noted how the service assesses their individual risks.

Care staff are provided with consumer care plans, accessed through their phone application, guiding them in consumer needs and individual or environmental risks. Care staff interviewed felt they get enough information on the needs of the consumers and how to deliver safe care. They confirmed they have regular monthly staff meetings and toolbox training, which supports them in providing safe services to consumers. Care staff described non- response processes, which was consistent with the service’s policy on this. Subcontracted staff also provided information of non-response processes, which were consistent with Bethel’s processes.

Relevant policies were sighted on assessment and care planning processes. Coordination staff confirmed assessment processes, which were consistent with information evidenced on consumer files. All consumer files evidenced initial assessments, addressing any individual risks.

* demonstrating that 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.

Consumers and representatives felt the services takes their preferences into account when providing care, including any goals. They confirmed they are asked about goals and preferences at assessment and were offered the opportunity to discuss advanced care planning and end of life care. Care workers said they are always provided with information on the specific care needs of consumers, including any individual preferences. Coordination staff advised needs, goals and preferences are always discussed and documented, and this was evidenced in the consumer files sighted. Consumers/representatives are also offered discussions regarding advanced care planning/end of life care, however coordination staff noted often they do not wish to discuss this. This is offered again at each review or when care needs increase.

* Ensuring consumers and representatives are involved in ongoing assessment and planning of their care.

Consumers and representatives advised they are fully involved in assessment and care planning processes and provided positive feedback on how the coordination staff involve them and provide them with information. They also confirmed they received ongoing reviews of their needs and where they have indicated they wish family or others involved in discussions this always occurs. Other processes evidenced include:

* Policies and processes include consumer and representative involvement in care planning processes and working with other providers of services.
* The involvement of representatives on and ongoing basis where the consumer has requested this.
* Liaison with other services as required. For example occupational therapists, home modifications and allied health services.

Documentation sighted on consumer files show consumer and representative involvement in assessment and care planning processes. They also note where other agencies are providing services.

* Using electronic information management systems to ensure care staff consistency in delivering services in accordance with the consumer’s identified care needs, goals and preferences.

The initial assessment is conducted and care plans developed by coordination staff, in consultation with consumers and representatives, based on consumers’ needs and preferences. Coordination staff confirmed all consumers are provided with a copy of their care plan. Care plans were sighted in all sampled consumer files. Reviewed care plans were also sighted in consumer files, where they had been receiving services for longer than twelve months.

Consumers and representatives interviewed confirmed they participated in initial assessments, with those receiving services for more than a year confirming they had also been involved in the review process. They confirmed they had received copies of their care plans and felt they were well informed by coordination staff of the services they could access through their package. They were able to provide details of what services they receive, including frequency and relevant care staff and these were noted to match with care plans sighted in their files. All consumers and representatives said the services they receive meet their current needs/preferences.

* Making sure consumers are receiving the services they need through assessment/care planning processes and ongoing reviews and monitoring.

All consumers and representatives confirmed reviews of care and services are conducted on a regular basis. Most said they speak to them quite often, with some saying they speak to the coordination staff every week about something or other. They confirmed they are advised by coordination staff they can change their preferences or ask for a review at any time.

Coordination staff review the individual care plans with each consumer formally on an annual basis, with the involvement of relevant advocates. They noted however they are generally in contact with the consumer and/or representatives on a much more frequent basis than that, and discussions with consumers/representatives confirmed this. The General Manager is also informed of review dates to ensure they are conducted at the correct timeframes. They confirmed all consumers have been formally reviewed in the last 12 months and this was evidenced in the review of individual consumer files. They also advised they have access to relevant policies and procedures on reassessment and review of consumers, which were sighted by the Assessment Team.

Detailed coordination staff notes were also sighted in the database that reflected changes in needs based on reviews, referrals and upgrades to a higher level package and discussions with care workers.

Care workers said they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental wellbeing, and relay this to the coordination staff, who follow-up and keep them informed of any changes.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

The Quality Standard for the Home Care Package services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Ensuring systems are in place for the delivery of safe and effective personal and clinical care through assessing clinical needs by a qualified RN. This enables any high impact and high prevalent risks to be identified and managed through assessment, care reviews and ongoing monitoring.
* Training staff to provide safe personal care that takes into account consumer needs and preferences.
* Monitoring service provision through coordination and subcontracted nursing staff. Care workers report any changes in the consumer’s overall health and wellbeing and these are noted in the consumer’s file and followed up as appropriate.

Consumers receiving personal care and/or clinical care services were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the care workers providing them. They said the service takes time to assess and understand their care needs and care workers consider individual preferences when providing direct care.

A comprehensive assessment is conducted for all consumers by coordination staff and clinical needs are assessed by a subcontracted RN for all Level 3 and 4 consumers, are where others have clinical or high care needs identified. The RN also conducts addition assessments as needed. The RN advised she is provided with plenty of information on consumers prior to her assessments and is very satisfied that coordination staff are across the range of consumer needs. They said they have decades of experience as an RN and their qualifications and skills and ongoing training are monitored through their own organisation and Bethel has received information on this. They are provided with information on best practice but also research this themselves through professional development processes and subscription to Ausmed, which helps them keep up to date. They use Bethel’s clinical/assessment paperwork when documenting consumer needs and submit regular notes and photos for wound care. This was confirmed by coordination staff and evidenced on consumer files. Sampled consumer files included individual preferences for consumers receiving personal and clinical care services and details are also included on various roles in providing care.

Consumers and representatives provided positive feedback with regards to individual risks identified regarding consumers. Care workers interviewed advised the service is good at following up on any incidents or hazards they report. There is also a non-response process they follow. Care workers were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. Care workers advised they have trained in dementia care as part of their role. Coordination and clinical staff provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The RN completes PAS assessments to check eligibility for the dementia supplement where required. Referrals can be made for medication reviews and behaviour support plans are developed as needed.

The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers and plans in place to improve systems. The incident management system informs consumer risk profiles and relevant information is communicated to care workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs.

Policies and procedures were sighted relating to risk management and consumer file review demonstrated consumers are assessed for risks in relation to their overall health and wellbeing with any risks documented.

Consumers and representatives interviewed recalled the offer by coordination staff to discuss advanced care directives/end of life care but those interviewed mostly said they didn’t want to discuss or their family handled these. Coordination staff advised they provide information on advanced care directives/end of life planning where the consumer or representative indicates interest in this and this is offered to all consumers through the assessment and review processes and as care needs change. This was evidenced through the review of all sampled consumer files. They advised services would be provided in line with the consumer’s and representatives’ wishes and based on any cultural preferences. They provided a current example of a consumer on end of life care.

Care workers demonstrated an awareness of how services may change for consumers nearing the end of life, for example, changing from showering to bed baths and providing in-home social support rather than taking them out into the community. They were confident care plans would be updated and coordination staff would advise them of any necessary changes, as they do when other changes are made to care and services.

Consumers and representatives said care workers knew consumers well and were confident they would identify and report changes to overall health and wellbeing. They indicated referrals have also been made as needed to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs.

Care workers confirmed they inform coordination staff regularly about the consumer’s overall health and wellbeing and note any changes to this. They said follow up occurs quickly when things are reported. Following care reviews, they are then notified of any changes in care. They said they are updated when changes are made to needs or services following care reviews.

Discussions with coordination staff confirmed care is reviewed regularly and reviews were noted in documentation sighted. Progress notes are also submitted by care staff and calls made for urgent concerns or emergency situations. Examples were provided of consumers where deterioration had been identified and suitable actions taken.

All consumer files contained regular progress notes from care workers and coordination staff. Notes were very detailed and reflected a number of discussions with care workers regarding consumers. Some consumer files contained referrals to allied health services based on deterioration in their condition and where conducted, examples were sighted of allied health reports. No sampled consumer files showed any evidence of deterioration that seemed to be unnoticed or not responded to.

All consumers and representatives confirmed their needs and preferences are effectively communicated to care staff, as they did not usually have to repeat the same information to new care staff. Some said discussions with care workers confirmed information had been passed onto them by the coordination staff.

Care workers also said they submit regular notes through the app on their phone and this was evidenced on consumer files. They may also receive phone contact from the coordination staff from time to time. With COVID they said there has also been regular communication re where services had to be changed based on the care worker or consumers becoming COVID positive.

Coordination staff described how changes in a consumer’s care and services are communicated within and outside the service, with those sharing care of the consumer, and are fully documented on their file. However, they noted that since they are case managing the consumers’ packages they are usually making notes on all the service types, day to day services and any referrals. This was evidenced on all sampled consumer files.

Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists and such. They said this usually happens in a prompt manner. Specific examples were identified.

Care workers were not responsible for consumer referrals, however generally knew when referrals had been made by coordination staff as care plans had been reviewed or amended. They said they will sometimes also get verbal feedback from coordination staff.

Coordination staff said they assist consumers with referrals back to MAC for a higher-level package when this was needed due to a change in care needs. The service also has arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry and dietician services, who are available to deliver services according to individual consumer’s needs and care plans. Coordination staff liaise closely with allied health professionals on an as needs basis and monitor the outcomes for consumers.

Consumers and representatives interviewed confirmed care workers take steps to protect them from infections including wearing masks (based on consumer request) and washing/sanitising their hands during services. They said they had also been provided with information from the provider regarding safe practices for them during COVID period. All consumers and representatives felt staff practices kept them safe.

Care workers advised they had completed training on COVID and the use of PPE. They have also been kept up to date with the changing COVID-19 situation. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health daily and check the health of consumers when attending to provide care. Any issues are reported to coordination staff, who advised they report to management.

Management advised COVID has impacted on the delivery of care and services to consumers in some cases and to minimise these impacts regular management meetings include discussions regarding this and scheduling processes to assess the impact on care and services.

Subcontracted RN staff advised they follow infection control processes when providing clinical care to consumers, for example, use of sterile products and using gloves when providing wound care and safe disposal of items. They confirmed their agency has a range of policies and procedures regarding infection control and the provision of clinical care to consumers, which are similar to Bethel. They also demonstrated an awareness of antimicrobial stewardship, although noted they did not have much involvement with this for HCP consumers as it was a matter normally handled between consumer, family and their GP.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as six of the six applicable specific requirements have been assessed as Compliant. The services does not provide meals.

The service is:

* Providing consumers with effective supports for daily living that enable them to live independently. Consumers and representatives confirmed this occurs and provided examples of the way the service enable them to participate in their community and to experience a good quality of life.
* Making sure care staff have a good understanding of the consumers they care for and what was important to them. They are able to access this information through the app on their phone and information may be provided directly from coordination staff from time to time.
* Referring consumers back to My Aged Care for higher level home care packages to meet their needs.
* Organising additional services as needed, such as home modifications or equipment and allied health services.

Consumers and representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through MAC, such as Occupational Therapists, when needed, who may recommend equipment or home modifications to help them stay safely at home. They provided positive feedback regarding care staff helping them do the things they want to do through in-home or community based social support services. Care workers gave examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing and quality of life.

Care plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Consumers and representatives advised they enjoy services and feel comfortable, happy and safe with their care staff while receiving care. They said care workers check how they are on each visit and if they have any concerns will report this to the coordination staff. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care staff, which helps meet their emotional and psychological needs and improve their overall health and wellbeing.

Care workers said if they have any concerns they discuss this with coordination staff, who can make appropriate referrals if needed. Care workers demonstrated a good knowledge of individual consumers’ needs, personalities and interests, as did the coordination staff interviewed. Several examples were provided of emotional support provided to consumers.

Sampled consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required.

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

Care workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community. They felt their rostered time gave them enough time to meet the needs of their consumers and build a good relationship to meet their emotional needs.

Coordination staff gather information on consumers’ life stories and social needs on entry to the service. They said this was so important to ensure they could facilitate the continuity of any relationships and aid in communication, for example contacting the nominated person on the consumer’s behalf or transport them to visit friends or relatives.

Sampled consumers’ assessment and care planning documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Consumers and representatives were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. They knew care workers reported back regarding aspects to ensure their safety, such as when they didn’t respond to a scheduled visit or when they were ill and they may call an ambulance for them.

Care workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. They also said they are provided with updated information as care needs change. They access to all their consumers’ care plans through the app on their phone and coordination staff may also phone them directly from time to time, especially regarding new consumers. They also complete regular progress notes through the app. They advised coordination staff are quick to act on anything they have reported.

Subcontracted agency RN was satisfied with the amount of information they are provided with prior to conducting any home visits/assessments with consumers and representatives. They said the coordination staff are very good and on top of consumers’ needs. They are good at organising services in consultation with consumers and representatives and will usually organise the clinical products needed in consultation with consumers/representatives and in line with their recommendations.

Coordination staff advised they communicate with family and other representatives as required and provide information or make referrals as needed for additional services, often to improve mobility and hence community access.

Consumers and representatives said referrals are made from time to time, with their permission. A number of consumers and representatives said they had been referred to occupational therapists for home modifications or equipment. Coordination staff outlined referral processes and noted the importance of timely referrals for consumers. They may also refer carers to the Carer Gateway as required for information and respite services.

Care workers advised they have frequent contact with coordination staff regarding consumers and their increasing needs and report back after each service and they may be advised of referrals made.

Progress notes on consumer files included information, referrals and assistance to access other services such as allied health services. This was evidenced in progress notes sighted on electronic consumer files.

Many consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. They said they can also claim the costs of maintenance when needed through the package. Care staff advised equipment is listed in the consumer’s care plan and they receive instructions for it’s safe use. They said they check equipment for safety as needed and would report back any issues to the coordination staff. They also receive information on any aids the consumers may use.

Coordination staff advised consumer equipment is accessed based on individual needs and provided through individual package funds. Details are included in care plans for more complex equipment such as lifters and whether the consumer uses any other mobility equipment. If they have not saved enough in their package to purchase the equipment renting it is also an option. There are also policies and procedures in place to guide staff practice regarding equipment.

Assessment and care planning documentation sighted for sampled consumers identified where equipment was provided in the home or where consumers were using particular aids. Progress notes sighted also included referrals to occupational therapists for assessments where required.

# Standard 5

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| Organisation’s service environment |  |  |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Encouraging consumers, their representatives, and others to provide feedback and make complaints, and supporting consumers to provide feedback or make a complaint.
* Supporting consumers in accessing advocacy or language services, or the external aged care complaints service.
* Taking appropriate action in response to complaints and utilizing the process of open disclosure.
* Regularly reviewing or using feedback and complaints to improve the quality of care and services.

Consumers sampled said that they are aware on how to provide feedback or make complaints and would feel comfortable doing so. All staff were able to describe how consumers, their representatives and others may provide feedback and complaints, and how they are encouraged to do so. Mechanisms for feedback and complaints include verbal feedback provided to care workers or calling coordination staff; a feedback form which is included in the client handbook and an annual consumer satisfaction survey.

The General Manager advised that at time of commencement of services, consumers are provided with a client handbook that includes an information booklet on feedback and complaints. This indicates the methods a consumer can use to make a complaint, including the external aged care complaints service through the Commission. It was confirmed by the General Manager that this information has been provided to all consumers.

The assessment team reviewed this booklet which included all the above-mentioned information, including contact details for the Commission and the service to provide verbal feedback.

Consumers sampled said that they have been made aware of advocates, language services where required and other methods for raising complaints. Staff could demonstrate that consumers have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service. The service could show documentation that supports consumers to access these services. The client handbook provided to consumers includes information about how to access an advocate and contact details for some sample advocacy services such as OPAN and Elder Rights Service. It also included the complaints process offered by the Commission and how to make a complaint to the Commission, as well as language and translation services available to access.

The General Manager and coordination staff also said that if it is apparent a consumer does not appear to have family supports, lives alone or any other apparent vulnerabilities they will encourage the consumer to contact an advocate service, and ensure the consumer is aware of what an advocate can do for them.

A review of the complaints register showed that multiple consumers had made a complaint to the Commission in the past and the service had worked to resolve the concern with the consumer and the Commission.

Consumers interviewed said that they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. All staff interviewed demonstrated an understanding of open disclosure and how it is implemented in service delivery. All staff said if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability.

The Assessment team reviewed the Open Disclosure Policy which outlines the process for responding to complaints and feedback, and the concept of open disclosure. It aims to ensure all dealings with consumers and their representatives are conducted in a way that maintains their dignity and respect, privacy, and confidentiality and to appropriately identify when things go wrong.

Consumers and their representatives said that the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback through annual satisfaction surveys, and through regular feedback forms or verbally through their care workers and coordination staff. The General Manager said that the next annual consumer survey is scheduled for May 2023 and the information will be collated and discussed with the operational staffing team and reported to the executive and board for any identified trends. The Assessment team reviewed the Complaints Register which identified the key trend in feedback as retention and continuity of care workers for consumers. Staff interviewed agreed that this was the most common concern raised by consumers.

The General Manager described the multiple strategies in place to address this concern, including use of consistent subcontracted staff and recruitment, and this was also being tracked on the Continuous Improvement Register. The Assessment team reviewed meeting minutes from the recent management meetings where feedback regarding staffing was raised and strategies were discussed to address the problem.

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring the workforce is planned to enable the delivery and management of safe and quality care and services.
* Ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* Ensuring the workforce is competent and they have the qualifications and knowledge to effectively perform their roles.
* Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes.
* Completing regular assessment, monitoring and review of performance of staff members.

The service sufficiently demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged that there have been challenges with staff recruitment and retention, particularly for care workers. The HR Manager said that the service is continuously in contact with subcontracted agencies and their residential aged care facility to communicate with care workers for additional staff where required. The General Manager also said that some consumers have established rapport and relationships with care workers from subcontracted agencies, and the service does their best to ensure when services are organised, the requested care workers provide those services.

The HR Manager and General Manager said that when recruiting care workers, they ensure a mix of language proficiencies and availabilities for shifts are indicated to ensure consumer services and preferences are appropriately delivered.

The rostering coordinator said that they copy rosters on a fortnightly basis to ensure minimal disruption to consumer’s regular services and preferred care workers. They said that when a care worker is unable to attend, they give a consumer as much notice as possible and the opportunity to request a different day or time, or different care worker if they choose.

The HR Manager said that staff leave is applied for electronically and is sent directly to the CEO for their oversight and to plan rosters and care worker shifts and availability.

All consumers and representatives sampled said that staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding choice of care worker and timing for their services.

All seven consumer files that were reviewed indicated a use of respectful language to each consumer and their individual circumstances.

Mandatory training for all staff includes identifying and responding to elder abuse and neglect and culture and diversity. All staff have completed mandatory training within the last 12 months.

The Assessment team observed coordination staff participating in phone calls with consumers that appeared to be conducted in a kind, caring and respectful manner.

Consumers and representatives said they feel that staff know what they are doing when they interact with them and feel as though they can have their questions about services answered confidently.

Management and HR described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. For example, the HR manager said that all care workers must have a minimum of a Certificate III in Individual Support or ageing to perform the role. All relevant qualifications for staff are recorded in its HR system, and monitored by HR staff. Discussions with care workers reflected they had the necessary qualifications.

The General Manager said they oversee the delivery of services by subcontracted organisations, and all subcontracted staff must have relevant qualifications and knowledge to perform their roles. For example, allied health staff must be able to demonstrate a current registration with APHRA. The Assessment team sighted the subcontractor compliance register, which confirmed that all services possess police checks, relevant insurances and signed agreements that are in date.

The service also regularly seeks feedback from consumers about the performance of subcontractors and records this on the complaints register and continuous improvement plan where appropriate. Those consumers/representatives interviewed who received regular subcontracted care workers for their services were very satisfied with their services.

Management advised that all staff must complete mandatory training during onboarding and induction, and every 12 months thereafter. Ongoing training and support are offered to all staff where it is required. The induction checklist for all staff demonstrates a robust recruitment and induction procedure for onboarding staff.

Mandatory training topics include cultural safety and awareness, recognising elder abuse and neglect, infection control, clinical risk indicators, infection control and WHS. The Assessment team confirmed that all staff have completed mandatory training in the last 12 months. One care worker advised recent training received included SIRS for home care and the new code of conduct for aged care.

The General Manager advised that the service offers an annual training calendar, with each month covering a different topic. The training program includes face to face sessions with clinical educators, toolbox talks and additional reading and e-learning or webinars. The Assessment team sighted the training calendar for 2023 which indicated the most recent training topic was clinical risk indicators. The General Manager said these training days have been received well by staff.

The General Manager said that an annual skills analysis survey is distributed to staff where management can obtain feedback about the previous year’s training and to identify additional training requirements of areas for improvement.

Coordination staff said they have a monthly meeting with the care workers to discuss training, feedback and concerns and any other issues. They said the meeting is treated as a round-table discussion. They are also in continuous contact with care workers for additional support where required. Discussions with care workers confirmed this occurs.

The General Manager and the HR manager said that the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The Assessment team reviewed four performance appraisals for two coordination staff and two home care workers, all which had been completed within the last 12 months, and included sections completed by the employee and the respective line manager. The performance appraisal document included sections for professional development, career aspirations, and feedback for both the employee and employer.

Staff interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their manager. Staff also said that they receive feedback from management and have appraisals as required. The HR manager said that if additional training needs or development is required this is organised through the clinical nurse educator and the CEO.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery.
* Using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Using effective risk management systems and practices, including managing high impact rinks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.
* Implementing an effective clinical governance framework.

Consumers were able to provide examples of times that they have provided feedback to the service, both informally and formally and the service could demonstrate when they have used this feedback to develop and improve services. Consumers sampled said they have provided feedback about the readability and accuracy of their monthly statements, which the Assessment team sighted on both the complaints register and the continuous improvement plan. The service has implemented consumer suggestions to improve the statement mechanisms.

Management advised that consumer feedback and suggestions are collated and trended into data, which is provided to the executive and governing body quarterly and informs the continuous improvement register. This information is primarily gathered from consumer satisfaction surveys and informal feedback.

Staff also said they think the service is well run and management is responsive to consumer feedback, particularly regarding feedback received about staffing. Staff said the service is flexible to assigning care workers to meet the requests of consumers.

The governing body remains accountable for the delivery of safe, inclusive, and quality care by being continuously informed through governance mechanisms and ongoing reporting pathways from the operational to executive level. All staff said that they are aware of best practice support for consumers regarding both clinical and non-clinical care and that they service supports them to deliver these outcomes, primarily through ongoing training developed from key risk areas, consumer feedback and staff feedback.

Management demonstrated the service has organisation wide governance systems and processes that promote the governing body’s responsibility to providing safe, inclusive, and quality care. These include risk management systems and regular staff meetings and discussions, both on an operational level and executive level.

The governing body remains accountable for the delivery of quality care and services by remaining informed of delivered services and key risk areas. All staff are aware of the individual circumstances and services of each consumer and can communicate this effectively to the governing body.

Information Management

The service has a centralised information management system for consumer and operational staff information, called Turnpoint. Staff said they think Turnpoint is easy to navigate and includes all basic information they need to access to perform their day-to-day duties. The General Manager said the service is looking to upgrade to a more sophisticated information system in future. The Turnpoint system feeds into an app that care workers have on their mobile phones and requires them to input a progress note after each shift, which aligns with their sign off time. Coordination staff monitor the progress notes for any changes or deterioration to consumers.

All consumer documentation such as care plans, risk assessments and agreements are kept scanned on the internal drive, in relevant folders. The Assessment team sighted the internal drive, which was well organised, secure, and clearly labelled. This drive also includes all relevant policies and procedures, registers such as complaints, risk and incidents, and training documents.

Continuous Improvement

The service demonstrated they show initiative in identifying opportunities for continuous improvement through consumer and staff feedback, identified risks and incidents and internal audits.

The service has recently employed a Home Care Quality Assistant who is responsible for conducting internal audits on consumer documentation, policies and procedures, risks and incidents and complaints and feedback to ensure all consumer documentation is completed and up to date, and the service is being proactive in responding to incidents, complaints, and risks. The Quality Assistant said that they review this information weekly for new entries and liaise with coordination staff and the General Manager to ensure action is being taken.

The Assessment team sighted the continuous improvement register, which the Community Services Manager monitors for progress. The register has items organised by relevant quality standard requirement, and all have issues identified, planned actions, planned completion date and potential outcomes.

Financial Governance

Management confirmed that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. Management confirmed that ongoing review occurs of consumer’s funds and there are no consumers currently with high amounts of unspent funds or debits that are not being monitored by staff.

Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body.

Workforce Governance

The Assessment team reviewed job descriptions for care workers and coordination staff (case managers). The HR Manager confirmed that all staff members, both operational and management, are provided with a job description that include clear explanations of roles and responsibilities. All staff interviewed are aware of their roles, accountability, and responsibilities.

All staff are provided with adequate training, both mandatory and ongoing, to support them in their role.

Staff are supported by their managers and have regular meetings with their team and the wider organisation to ensure the service runs smoothly.

The Quality Assistant regularly monitors and reviews subcontractor arrangements, including documentation and compliance checks to ensure checks are in date and agreements are current. The service regularly seeks feedback from consumers about services provided by subcontractors.

Regulatory Compliance

The service monitors staff compliance with regulations such as police checks, car registration and insurance for operational staff, and vaccinations for COVID19 and influenza.

The Assessment team sighted the service’s regulatory compliance register, which included driving licences, police checks, first aid certificates, vaccinations, and comprehensive insurance. All staff were up to date with all requirements. The register is monitored by the HR Manager and HR Assistant, who have implemented an alert and reminder system for at least one month before checks are due to expire.

Feedback and Complaints

The service has effective systems and processes in place to ensure consumer and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed that consumers complete a satisfaction survey and feel comfortable providing feedback verbally to care workers and coordination staff.

This information is discussed at team meetings and information is communicated to management and the governing body in the form of complaint trends, data and plans for continuous improvement.

The service has robust processes in place to manage risks associated with the care of consumers. The service keeps a Clinical Risk Register, which identifies the consumer, impact, treatments or strategies, clinical risk indicators and risk ratings. This information is trended and reported to the governing body in monthly clinical governance meetings. The Assessment team reviewed the register which indicated all incidents are being actively monitored by staff and staff are in regular contact with high-risk consumers, and the governing body are aware of the status of the risk.

The Management of High Prevalence Risk Policy identifies the use of the Clinical Risk Register and sets out procedures for staff to follow in managing risks to consumers.

All staff interviewed said they have completed mandatory training on identifying and responding to abuse and neglect of consumers and were able to describe the process. The Assessment team sighted the training register which confirmed all service staff have completed the training. The Compulsory Reporting Policy provides further support to staff and directs the procedure to follow.

Consumers sampled said that coordination staff and care workers have built rapport with them and know what is important to them. Consumers said staff allow them to guide them in developing services to their needs and preferences.

The service was able to demonstrate the process followed when an incident or near miss occurs or is identified. All staff are familiar with the process and the relevant policies and procedures in place. The Assessment team reviewed the Incident Management Procedure which identifies the process map for identifying, reporting, and responding to incidents.

The Assessment team reviewed the Incident Management Register which included robust information on the incident identified, reporting processes, and risk mitigation strategies. The Quality Assistant confirmed that they monitor the register and report any changes to management weekly. This is further discussed at team meetings and management meetings.

The Assessment team reviewed the clinical governance framework document that identifies the methods for the service to use consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The framework ensures the workforce is supported with qualified clinical staff, ensuring adequate supervision and advice is provided to operational staff when clinical or personal care is being provided.

The General Manager advised that the service usually employs a Clinical Nurse Educator who informs staff support and training. The clinical nurse educator has recently resigned, but the service is seeking support from the Executive Clinical Care Manager of the provider’s associated residential aged care facility in the interim. The service also seeks support from subcontracted nursing agencies for robust clinical observations and assessments of consumers, and from the residential aged care facility’s RNs when required.

The General Manager advised the Clinical Governance Committee meets monthly, which includes staff from the RAC and the home care branches of the provider. A report is prepared on clinical incidents, risks and care of consumers that demonstrates the key clinical risk indicators and trends identified. Information is communicated down from the governing body that informs staff meetings and training on an operational level.

The framework document also references infection control, particularly in response to COVID19. The infection control manual includes guidance on hand hygiene, provision of PPE and management of outbreaks.

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)