**Performance**

**Report**

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| Name: | Bilyara Home Care |
| Commission ID: | 200073 |
| Address: | 1 Holman Place, COWRA, New South Wales, 2794 |
| Activity type: | Quality Audit |
| Activity date: | 7 February 2024 to 8 February 2024 |
| Performance report date: | 26 March 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: 1096 Cowra Retirement Village Ltd  
Service: 17483 Cowra Community Care Services

**This performance report**

This performance report for Bilyara Home Care (**the service**) has been prepared by M Abjorensen, 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 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 did not submit a response to the Assessment Team’s report for the Quality Audit.

# 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

Consumers confirmed they are treated with dignity and respect and staff understood and respected their identity and culture. Staff advised they would always treat consumers as individuals and show the same care and respect they would to their own family members.

Consumers advised staff understood and provided culturally appropriate services. Staff confirmed they have completed cultural awareness training. Management advised staff which share the same cultural backgrounds as consumers share their knowledge with other staff on how best to support culturally and linguistically diverse consumers.

Consumers were satisfied they can make decisions and communicate choices about how and/or when services are delivered and who is involved in their care. Staff described how they support consumers to make choices of what preferred tasks were to be completed during service delivery. Care documentation reviewed included consumer choices and decisions about care and services, including any substitute decision makers.

Consumers advised the service supports them to take risks to live the best life they can. The service identifies and documents consumers dignity of risk discussions and mitigating strategies.

Consumers confirmed they received information that is timely, clear and accurate. Documentation provided to consumers included clear and accurate information to inform consumer choice on service delivery.

Consumers said they are satisfied that their personal information is kept private and respected by staff delivering care and services. Staff provided practical ways consumer privacy and confidentiality is maintained. Consumer information accessed by staff is password protected.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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

Requirement 2(3)(d)

The Assessment Team was not satisfied outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and service plan that is readily available to the consumer and where care and services are provided. The Assessment Team provided the following evidence relevant to my finding:

* Some consumers reported they had not received a copy of their care plan.
* Staff and management advised the care and assessment process involves providing a copy of the care plan to consumers, however, acknowledged this may not have occurred for all consumers. Management advised an investigation would be conducted after the conclusion of the Quality Audit to determine the number of consumers who had not received a copy of their care plan to rectify deficit identified.
* Staff advised they have electronic access to consumer care plans and notes and would call the office if they required further information.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report, which does not demonstrate a failure to communicate the outcomes of assessment and planning documented in a care plan to consumers and those who provide care and services.

I have considered the intent of this Requirement expects outcomes of assessment and planning to be documented and reflected in a care and services plan and made available to the consumer in a way they can understand and to those that provide care and services to consumers.

I acknowledge copies of care plans may not have been provided to all consumers at time of Quality Audit. However, evidence throughout the report shows outcomes of assessment and planning are discussed with consumers in a way they can understand, which enables them to have ownership of their care and services provided. In addition, I have considered management’s acknowledgement some consumers may not have received a copy of their care plan and action to be taken to rectify deficit.

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

Requirements 2(3)(a), 2(3)(b), 2(3)(c), and 2(3)(e)

Staff advised clinicians undertake a full assessment of consumers upon onboarding, including consideration of the consumers’ mental, physical health and environmental safety. Validated risk assessment tools were not consistently used, however, care plans sampled accurately identified risks and documented mitigation strategies. Management was receptive of the need for the consistent use of validated assessment tools and commenced and provided evidence of corrective measures undertaken before conclusion of Quality Audit.

Consumers/representatives advised consumers are asked about their advanced care and end of life planning wishes. Documentation reviewed confirmed consumers’ needs, goals and preferences are identified in assessment and care planning processes.

Consumers/representatives provided positive feedback on their continual involvement in making decisions about care and services delivered for consumers. Staff and management described how they encouraged and supported consumers to involve others in assessment and planning processes. Documentation reviewed showed consumers, those consumers wish to be involved and other organisations and individuals are included in care planning discussions.

Consumers/representatives interviewed, and documentation reviewed, confirmed consumer care plans were reviewed at least annually and more often as required. Staff advised care plans are reviewed either 6 to 12 monthly depending on package level or when circumstances change. Management described the use of the electronic consumer management system to track consumer reviews due.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2, Ongoing assessment and planning.

# 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

Requirement 3(3)(a)

The Assessment Team was not satisfied each consumer gets safe and effective personal and/or clinical care. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives expressed positive feedback on personal and/or clinical care provided to consumers.
* Care documentation showed evidenced based practices for catheter care and pressure area and wound care through clinical oversight and regular monitoring.
* Care files for consumers receiving wound care, contained wound management plans, including the use of validated assessment tools, wound charts, photographs, and referrals to wound specialists.
* The Assessment Team identified through staff interviews that a consumer had purchased equipment which can be considered mechanical restraint, if used for the purpose of limiting or restricting movement. However, care documentation did not contain assessment of the equipment suitability or purpose of the equipment, discussions relating to restrictive practice regarding mechanical restraint, associated risks and consent (if used to restrict movement) was not documented.
  + In response, clinicians and management advised of corrective actions, including, arranging a meeting with the consumer/representative to discuss assessed needs and risks associated with the use of a mechanical restraint.
  + The service amended the high-risk register to include mechanical restraints.

In coming to my finding, I have considered the Assessment Team report, which does not demonstrate a failure to provide safe and effective personal and/or clinical care to consumers.

In relation to equipment purchased and mechanical restraint, I have considered devices in place for safety purposes or to prevent harm, even if consented to by the consumer, are considered to be a mechanical restraint if not used for therapeutic or non-behavioural purposes. However, the interviews with staff, consumer/representative and care documentation does not show how the device is used or whether the consumer is able to operate the rails themselves or if the consumer can still get in and out of the bed. For this reason, I cannot determine whether or not this constitutes as mechanical restraint. However, I find the service responded appropriately, and proportionately, to the concerns raised by the Assessment Team. I am satisfied the actions described address the issue identified.

Overall, I am satisfied the information and evidence demonstrates the service delivers safe and effective personal care and clinical care through clinical oversight, staff training and effective of wound care.

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

Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

Staff and management had accurate insight on the high impact/high prevalence risks of consumers. Staff are alerted of consumer risks on their mobile phone application and follow mitigating strategies documented on consumer care plans. The clinical governance committee has oversight on the high-risk register, which is discussed in weekly management meetings.

Staff providing palliative care services were knowledgeable on strategies used to maintain the comfort and dignity of consumers nearing end of life. Advanced care planning and palliative and end of life policies and procedures are available to guide staff practice.

Consumers/representatives expressed satisfaction with the timely and appropriate action taken as a result of staff identifying and reporting changes to consumers overall health and wellbeing. Staff advised consumer deterioration is documented and escalated for appropriate follow up. Documentation reviewed showed consumer deterioration had been reported by staff and followed up appropriately by clinicians.

Consumers/representatives advised staff competently complete personal/clinical care tasks without the need to be instructed. Staff confirmed they have access to consumer care plans and progress notes that contain adequate updated information to enable them to provide safe and effective care. Documentation reviewed showed consumer’s condition, needs and preferences are also communicated to external agencies that share responsibility of consumer clinical care.

Consumers/representatives said they were satisfied consumers had access to external services as needed. Documentation reviewed confirmed referrals are made to a variety of different external providers, such as allied health and wound care specialists.

Consumers/representatives advised staff practice infection control measures, such as the use of relevant personal protective equipment and good hand hygiene. Staff demonstrated knowledge and understanding of infection prevention and control practices. Documentation reviewed showed all staff have completed infection control training including hand hygiene and donning and doffing of personal protective equipment. Policies and procedures with regards to infection prevention and control and antimicrobial stewardship are in place to guide staff practice.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

# 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

Consumers/representatives advised services and supports provided enable consumers to stay as independent as possible whilst optimising their health, well-being and quality of life. Staff had an understanding on individualised consumer needs and preferences. Documentation reviewed showed consumers services and supports are tailored to their individual interests, needs and preferences.

Consumers expressed satisfaction with the emotional and psychological well-being support provided, including staff taking the time to talk to them and ask how they are feeling on the day. Staff demonstrated a good knowledge of individual consumers’ personalities and interests and described ways in which consumers’ emotional and psychological needs were supported.

Care planning documentation reviewed demonstrated consumers are supported to build and maintain relationships, pursue activities of interest in the community and do things that are meaningful to them. The service maintains relationships with local communities to ensure consumers have access to services that support their daily living needs.

Staff confirmed there is sufficient information available in consumer care plans and progress notes to ensure they are informed of additional supports required to meet changed needs.

Consumers reported referrals are made if there is a need for additional support, including services accessed by the local neighbourhood centre. Documentation reviewed confirmed referrals to other providers of care and services, such as occupational therapists to assess home modifications required to maintain safety have been completed for consumers.

Requirement 4(3)(f) is not applicable, as the service does not provide meals to consumers.

Staff advised they regularly check, and clean consumer equipment used and report faulty or damaged equipment. Documentation reviewed confirmed consumer equipment is maintained and replaced appropriately and equipment needs are assessed by allied health professionals prior to purchase.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

This Standard was not applicable as the organisation does not provide a physical service environment.

# 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

Consumers/representatives advised they felt supported to provide feedback and felt safe to do so. Staff described escalating consumer complaints received to management via their mobile phone application. Management reported they regularly seek consumer feedback during assessment reviews conducted. Documentation reviewed confirmed consumers are provided various ways to provide feedback, such as through feedback/complaint forms and are encouraged to do so in monthly newsletters.

Consumers confirmed they are aware of and have used advocacy services in the past to assist to resolve complaints. Staff expressed awareness of language services available if required. Documentation reviewed confirmed consumers are provided information on advocacy services available.

Staff and management understood the concept of open disclosure and provided documented practical examples of open disclosure used in resolving consumer feedback/complaints.

Documentation reviewed showed continuous improvements to the quality of services are based on consumer feedback and complaints data.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

Consumers advised staff have adequate time to complete their care and services and are notified of any scheduled changes. Management described, and were observed, to action processes in place to ensure unfilled essential services (as a result of unplanned staff leave) continue to be provided to consumers.

Consumers/representatives described staff as kind, caring and respectful. Staff interviewed spoke respectfully of consumers and advised they took the time to understand individual consumer backgrounds and preferences. Documentation reviewed confirmed a human resources policy is in place that outlines staff’s responsibility to treat consumers with respect regardless of background.

Consumers/representatives advised staff are competent and knowledgeable. The service has a system in place that records and monitors qualifications and compliance checks.

Staff confirmed they were satisfied with induction and ongoing training provided. Documentation reviewed showed an annual mandatory training matrix is in place including modules such as, manual handling, infection prevention and control, minimising restrictive practices, open disclosure and the Serious Incident Reporting Scheme (SIRS). Management advised training needs are also identified from consumer feedback and complaints. Completion of staff training is monitored and reported by a people and culture and compliance team.

Consumers/representatives advised they are provided opportunities to offer feedback on staff performance. Staff confirmed management enquire about further training and development needs as part of the appraisal and have been supported to undertake further learning opportunities.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human Resources.

# 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

Consumers/representatives recalled receiving satisfaction surveys to complete. A consumer advisory committee has been established and was observed to play an important role in contributing to the evaluation and development and delivery of care and services.

Management interviews, and documentation reviewed confirmed the governing body receives reports from clinical and financial subcommittees, feedback and complaint trends, incidents, and continuous improvement plans.

The governing body was confirmed to have met governing for reform responsibilities of having at least one member of the Board with clinical experience and a majority of independent non-executive members.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.

Continuous improvement

* The service demonstrated a continuous improvement plan is actively updated, monitored and reviewed for progress by management and compliance officers to provide oversight to the Board. Continuous improvements were observed to be gathered from staff, consumer and Quality Audit feedback.

Financial governance

* The financial committee meet monthly to discuss profit and loss, forecasting and exceptions to the budget. Financial reports based on these meetings are regularly provided to the Board for review.
* Prudential audits are conducted annually.

Workforce governance

* The service has an employee management system and online training platform which provides oversight on staff credentials, qualifications, and training requirements and compliance.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications. The Board is kept informed on regulatory compliance through monthly audit reports received.

Feedback and complaints

* Feedback and complaint data is reported and discussed in relevant committee meetings and findings reported to the governing body.

Effective risk management practices and systems were demonstrated, for example:

* A risk management policy is in place that guides and sets expectations for risk identification and management practices.
* A high-risk register is maintained and updated regularly by management and clinicians, with concerns discussed is clinical governance committee meetings.
* Designated roles are assigned with the responsibility of reporting SIRS to the Commission.
* Staff confirmed reporting of incidents occur and incidents are registered in an incident management system.

The service has a clinical governance framework in place which is overseen by a clinical governance committee.

* Clear delineation of clinical care roles and responsibilities are in place including best practice clinical care guidelines.
* Clinicians demonstrated knowledge and understanding of antimicrobial stewardship.
* The service demonstrated that it had systems, and processes implemented to manage and monitor restrictive practices. As discussed in Standard 2 and 3, in regard to the oversight of the recording and reporting of the identified mechanical restraint, I find this a result of incorrect application of policy and procedure rather than as a result of lack of processes available to guide staff practice.
* Staff and management could describe the underlying principles of open disclosure and were able to provide practical examples of open disclosure used to resolve complaints.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)