**Performance**

**Report**

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| Name: | BrightCare Support Pty Ltd |
| Commission ID: | 301080 |
| Address: | 222 Ferris Road, COBBLEBANK, Victoria, 3338 |
| Activity type: | Quality Audit |
| Activity date: | 20 November 2023 to 21 November 2023 |
| Performance report date: | 14 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9964 Brightcare Support Pty Ltd  
Service: 28117 BrightCare Support Pty Ltd

**This performance report**

This performance report for BrightCare Support Pty Ltd (**the service**) has been prepared by N Eastwood, 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’s response acknowledging receipt of the assessment team’s report received 11 December 2023.

# 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 | **Compliant** |
| **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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are treated with dignity and respect and encouraged to provide feedback about what is important to them. Consumers from culturally and linguistically diverse backgrounds (CALD) confirmed staff provide care that acknowledges and respects their values and choices. Management described initial and subsequent assessment processes which includes gaining an understanding of each consumer’s culture, preferences, life story and choices. Support workers described how they provide respectful care maintaining consumer dignity, privacy and choice and identifying individual cultural requests. Care documentation identified detailed information related to individual consumer’s cultural background, life story, needs and choices.

The clinical manager undertakes initial assessments and documents information related to choice and preferences in the electronic care plans. The completed care plans include information related to specific care requirements, identified choices and the people involved in the delivery of care. A welcome pack provided to each new consumer contains the Charter of Aged Care Rights, contact information for the service and information regarding advocacy services. The Assessment Team noted a consumer account confirming package inclusions were tailored to include access to ongoing physiotherapy and pilates classes which have improved mobility, decreased pain and provided an opportunity for socialisation.

Management described the assessment process undertaken initially which identifies any form of risk and documents a plan of care to be undertaken by support workers to enable risk whilst maintaining safety. Re-assessment of care is undertaken when requested by the consumer and representative, when a change has occurred and on a regular schedule.

Consumers and representatives were satisfied they receive clear and timely information from the service. Support workers described information related to sensory or cognitive impairment and language barriers contained within each consumer’s care plan, which assists the way they communicate with consumers. Support workers were aware of the availability of interpreter services if required, and of language translation on their phones and access to consumer care plans in consumer homes.

The service has a privacy and confidentiality policy to guide staff in the expected practice. Privacy education is provided to staff during orientation and annually.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Clinical management discussed ongoing assessment and care planning processes and how risk is currently identified and managed. Care file documentation reflect that risks are identified and strategies are implemented, although the service was not utilising validated assessment tools related to falls risk, pain, skin integrity and cognition to identify the severity of risk for consumers. An action to implement validated assessment tools was added to the services Plan for Continuous Improvement.

Welcome packs provided to consumers include information related to advance care planning, if the consumer is open to discussion this is documented in the records or than consumer is referred for further discussion with their General Practitioner.

Strong partnerships between the service and representatives of consumers were evident. Care planning includes information regarding family relationships and contacts the consumer wishes to be involved in care decisions. Care plans were in place for all consumers who confirmed they received a copy when requested. Support workers confirmed care plans are easily accessible on the electronic management system application and management are available to clarify information.

Management indicated along with regular planned 6 monthly reviews, care plans are reviewed in response to changes requested by consumers, changes in care needs, and events such as hospital admission. This was confirmed by a consumer account reflecting changes to care needs following a hospital admission and care planning documentation reflecting these 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the personal and clinical care received. Support workers outlined how they tailor care to the needs of individual consumers and the Assessment Team noted a positive outcome for a consumer who received wound care through the service.

Support workers outlined how they minimise risk when working with consumers and there were comprehensive risk management strategies included in consumer care plans. There was evidence of end-of-life planning with referrals to allied health specialities and assistance with palliative care requirements.

The service has guidelines within their policies and procedures for staff to refer to recognise deterioration and have practice guidelines in relation to physical function, mental state and cognition changes. These processes were reflected in an example of recent example for a consumer and the actions taken by support workers to assist.

Consumers and representatives confirmed staff are aware of their needs and preferences. Support workers described how they record updates to consumer needs in consumer files and a review of documentation demonstrated appropriate sharing of information with other involved parties. Management described processes and examples of referrals to other services. Care documentation demonstrated regular and ongoing contributions from medical practitioners, physiotherapist, speech pathologist, community nurses and other services.

The service has an antimicrobial stewardship policy and reflects optimal management of antimicrobials and minimise the potential for harm. Support workers confirmed their use of Personal Protective Equipment (PPE) which was confirmed by consumer accounts.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed supports received were safe and effective, optimise independence, well-being, and quality of life. Support workers described how they research and facilitate access to activities of interest and a review of documentation confirmed services provided are those suited to consumers.

Consumer care documentation included considerations of emotional, spiritual and psychological well-being of consumers. Support workers described how they provide support to consumers and representatives were confident that support workers would be able to identify when further emotional support was required. Consumers and representatives confirmed consumers are assisted to attend the weekly social group or other activities including going out for coffee, shopping and attending activities they prefer.

Management reported the service ensures information about consumers services is shared between those responsible for their care. They said all support workers send their progress notes electronically to the service and management review them daily. Referrals are made to alternate health services such as allied health practitioners and arrangements are also made for consumers to have access to other social groups relevant to cultural needs.

The Assessment Team noted the absence of a food handling policy, following feedback management added an action to the Plan for Continuous Improvement (PCI) to create and implement a food handling policy and requirement for staff who handle food to have the appropriate food handling qualification.

Consumers and representatives confirmed they have accessed mobility and other aids through their home care packages. All indicated the equipment was safe and suitable and support staff explained equipment issues are reported to management.

# 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers who attend the monthly social support group described attending a community centre with easy access, large toilets, comfortable chairs, lots of natural light and heating and cooling. They described the environment as welcoming and one consumer described enjoying seeing mothers and babies attending playgroup in another part of the building.

Managers and support staff described the risk assessment process undertaken prior to booking the community centre facilities. An assessment is carried out to ensure cleanliness, accessibility, equipment availability and maintenance. Maintenance requirements are escalated to local council staff and cleaning attended prior to attendance.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives are encouraged to provide feedback, by advising them to contact the service with any concerns and providing feedback forms in the information packs provided at intake. Management explained the service receives feedback from consumers and representatives when they visit them or via telephone. Following feedback from the Assessment Team regarding recording of feedback, management provided an updated feedback register.

The Assessment Team reviewed the welcome pack consumers receive during onboarding which contains a comprehensive home service agreement and information on how to provide feedback and complaints as well as how to contact the Aged Care Quality and Safety Commission.

Most consumers and representatives confirmed their satisfaction with how the service manages feedback. The Assessment Team noted an example of dissatisfaction with communication by the service and concerns regarding support worker attendance and conduct. Management described how the feedback had been resolved and provided an apology to the consumer. While the service currently has no complaints documented on the register, they have demonstrated proactively seeking feedback from consumers through conducting surveys.

Management described that although the service has not received a significant number of complaints or feedback, they do have a process in place for analysing and trending complaints data.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representative were satisfied that staff are reliable and would arrive on time. The service demonstrated how they align consumers with staff and showed shifts are allocated to regular staff. Management described how the service undertakes workforce planning to understand the number of staff they require through forecast planning of staff requirements, strict hiring requirements, and the use of sub-contractors to ensure enough staff.

There was evidence to support respectful interactions with consumers which was supported by staff and consumer accounts and observations. On commencement staff, and volunteers, are provided with a handbook, code of conduct agreement and a privacy and confidentiality agreement which are discussed during the induction process. Documentation reviewed includes position descriptions for all roles within the service, which include minimum qualification requirements for each role and conditions of employment.

Training is delivered in various forms including conducting information sessions from industry partners. Staff are updated of any legislative changes through the mobile phone application or during staff meetings. Management reported performance appraisals are conducted every six months. They provide staff feedback and if any issues are raised relating to their performance, these are discussed, recorded, and documented on staff profiles. New staff have a three-month probation review as a casual before they are transitioned to a permanent part time role.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described how the service supports feedback from consumers and representatives through conducting surveys and ongoing discussions. They advised they conduct assessments of each consumer and discuss their individual needs and goals aligning with their budget.

The Assessment Team reviewed the Plan for Continuous Improvement (PCI) and noted general information based on consumer feedback and information from management. Following feedback to management on the limited information contained in the PCI to enable the service to analyse trends, the service updated the PCI to include detailed information under relevant standards reflecting identified gaps at the service for action.

Management explained the service ensures a culture of safe and inclusive quality care through the support of the clinical care director. The service identifies consumers at risk during the screening assessment at intake and throughout a consumers care when any changes are identified. There are strategies in place to provide oversight of potentially vulnerable consumers through the clinical care director, who is responsible for overseeing the clinical needs of consumers.

Management reported all staff have access to detailed information through the electronic health information management system to assist staff to understand their key responsibilities and provide information related to consumers conditions, needs and preferences. While the PCI contained limited information, management updated and implemented a revised version following feedback from the Assessment Team.

The Assessment Team noted the home service agreement stated pricing arrangements were reviewed annually. Following a review of consumer statements, the assessment team identified the service has been reviewing pricing arrangements more frequently. As a result of feedback from the Assessment Team the service updated the PCI to reflect a review of the home service agreement price changes.

The service maintains adequate records of competency and qualifications for staff, located within the electronic information system. The Assessment Team noted the subcontractor’s agreement did not include a requirement for subcontractors to provide current registrations or qualifications and relevant insurances or licences to ensure delivery of quality care and services to consumers. Following feedback from the assessment team, the service incorporated into the updated PCI, a clause to ensure all subcontractors to provide these and maintain necessary competencies to continue performing services.

Management proactively seeks and receives updates from relevant regulatory bodies including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission, with information distributed to staff and consumers as appropriate. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change. The service also has systems and processes in place to ensure if complaints and feedback are received, they are captured and recorded in the registers. Modifications were made to the feedback register to expand the extent of information being recorded at the time of the Quality Audit.

The service has a risk management framework with Risk Management Policies and processes for managing high-impact or high-prevalence risks associated with care of consumers. The Assessment Team identified falls risk assessments, pain and skin integrity assessment forms were not completed for consumers discharged from hospital. Following feedback from the Assessment Team, the service updated the PCI with actions to ensure these assessments are being conducted, including a review of the current risk management policy to include serious incident response scheme incidents.

Management reported the service ensures clarity of roles and responsibilities through defined position descriptions outlining specific responsibilities and there is a clinical governance framework incorporating care considerations.

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)