**Performance**

**Report**

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| Name: | Brodribb Home Ccp Service |
| Commission ID: | 700139 |
| Address: | 13 Goggs Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Quality Audit |
| Activity date: | 11 September 2023 to 14 September 2023 |
| Performance report date: | 17 October 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: 153 Brodribb Home Incorporated

Service: 18113 Brodribb Home CCP Service

**This performance report**

This performance report for Brodribb Home Ccp Service (**the service**) has been prepared by E Blance, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Standard 4 Requirement 4(3)(f) was not applicable to the service and therefore was not assessed as part of this performance report.
* Standard 5 was not applicable to the service and therefore was not assessed as part of this performance report.
* Other information known by the Commission.

# 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 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 find this Standard compliant.

Consumers and representatives say they are treated with dignity and respect and feel valued as an individual. Staff demonstrated they ensure each consumer’s dignity is respected. Interactions by staff with consumers was observed by the Assessment Team as respectful. Care planning documents detail information regarding consumers’ backgrounds, personal preferences, identity, and cultural practices.

Consumers and representatives say staff understand their needs and preferences and services are delivered in a way that makes them feel safe and respected. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals. Assessment processes capture specific cultural requirements. Diversity training is available for staff.

Consumers feel informed of the services available, are supported to make their own decisions about the services they receive, and to be as independent as possible. Staff demonstrated awareness and understanding of individual consumers’ communication needs, choices and preferences.

Consumers and representatives feel consumers are listened to and staff understand what is important to consumers and respect the choices they make. Consumers are supported in making choices to live a life of their choosing. Procedures guide staff in managing risk for consumers in consultation with consumers.

Staff and management provide information to consumers regarding services which enables consumers to exercise choice. Consumers are provided information on commencement at the service including care planning documentation, complaint procedures including external contact information, advocacy numbers, translation and relay service information and the Charter of Aged Care Rights. Information is updated when there are any changes in care and services. Information is also provided in other languages if required.

Consumers feel their privacy is respected and personal information is kept confidential. Information about how personal information is used is outlined in the home care agreement. Information is stored in a secure electronic database with limited role-based access. Access to electronic information is limited by role and is password protected. Policy and procedures support privacy and confidentially. Consent is sought from consumers prior to information being shared with brokered services.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

# 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 find this Standard compliant.

Assessment and planning processes include identifying risks to the consumer’s health and well-being. Risk assessment tools are used to identify risks to consumers’ health and well-being. Activities considered a risk have a risk assessment. Consumers say they are receiving the care they need. Care planning documents guide care staff on how to deliver care and includes risk mitigation strategies. Policies and procedures related to assessment and planning guide staff practices.

Care planning documents include needs, goals and preferences, including Advanced Health Directives (AHD). Staff have access to the consumers’ care plans at the point of care which contain information to ensure delivery of care to consumers.

Consumers and representatives say they are involved in the assessment and planning of care. Assessment processes include using verified assessment tools and allied health professionals when needed for specific assessments. Information is stored in the organisation’s electronic care management system (ECMS), where staff can access these assessments and plans.

Consumers and representatives are informed of any changes to their care plans with consumers saying they have access to their care plans, in their in-home file. Staff have appropriate access to consumer information. Case managers are informed by staff of changes in the consumer’s condition or needs and information is updated on the consumer’s care planning documents.

Care and services are regularly reviewed or where circumstances change, and a full care planning case conference is held annually. Policies and procedures guide staff practice for the review of a consumer. Consumers and representatives say the service discuss changes and communicate regularly with them about meeting their changing needs.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

# 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 find this Standard compliant.

Consumers and representatives say they receive clinical and/or personal care that is safe. Staff demonstrated an understanding of consumers’ goals and preferences. Staff described how they ensure best practice for consumers’ care. Care documentation, including assessments, care plans, progress notes and relevant correspondence, reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Policies, procedures and assessment tools guide staff practice in delivering personal and clinical care. The service has integrated with the organisation’s residential facility to ensure clinical and personal care is reviewed and monitored effectively.

Risk assessments are undertaken for high prevalence or high impact risks to create strategies to minimise their occurrence as well as manage these risks. Staff demonstrated knowledge of risks applied to individual consumers and the strategies implemented to manage those risks. Policies and procedures are available to all staff on high impact or high prevalence risks associated with the care of consumers.

Advance care plans are in place where relevant, and consumers say the service have discussed their end of life wishes. The service supports consumers who are requiring end of life care and the service is working towards being able to palliate consumers in their homes. The service uses external support services including local palliative care teams, local hospices, hospitals and consumers’ medical officers to deliver end of life care to ensure all consumers are comfortable and their dignity is preserved.

Consumers and representatives say staff are proactive in recognising changes and reporting these changes back to case managers and the clinical team. Care documentation and progress notes reflected changes in care needs.

Consumers and representatives say staff work together to meet their personal and clinical care needs. Care planning documents are available in the consumer’s home and on the ECMS. Care staff have access to electronic information. The service uses external providers for allied health assessment and delivery. Allied health professionals say they receive the information required to undertake assessments and services. Providers have access to information so they can deliver services.

Consumers and representatives say the delivery of care, including referral processes, are timely and appropriate. Consumers have access to a Medical Officer and other health professionals when they need it. Referrals are sent to appropriate parties, such as the clinical team which includes a Nurse Practitioner (NP), Medical Officers and allied health professionals. Recommendations from these health professionals are incorporated into care planning documents.

Consumers and representatives could describe how clinical and care staff prevent the spread of infections including hand washing, the use of hand sanitiser and Personal Protection Equipment (PPE). Screening tools, PPE and washing of hands and using hand sanitiser is used to prevent infection and spread of communicable disease. Staff have been trained in reducing the risk of infections.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

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

Findings

I find this Standard compliant.

Consumers and representatives say the services and supports consumers receive help them to maintain their quality of life and independence. Staff have an understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documents are individualised and outline the services and supports to be provided.

Consumers and representatives say services and supports for daily living promote the emotional, spiritual and psychological well-being of consumers. Care planning documents outlined information about the consumer’s emotional, spiritual and psychological wellbeing. Staff demonstrated examples of how the well-being of consumers is supported including taking the time to have a conversation with consumers and listening. Staff report any concerns about a consumer’s emotional or psychological well-being to management.

Consumers say they are provided with opportunities for social interaction and social connection through the supports they receive. Staff provided examples of being flexible in providing social support based on what the consumer’s preference is for the day. Care planning documents provide information about each consumer’s background and what their interests may be.

Consumers and representatives say information about their needs and preferences is shared within the service and with others involved in their care. Consent forms are used in relation to information sharing. Consumers and representatives say staff have a good knowledge of their needs and preferences. Information about the consumer’s care and services is available in the consumer’s home. Care planning documents have sufficient information to guide staff in delivering care and services in line with the consumer’s preferences.

Consumers and representatives say they are satisfied with the services provided by organisations the consumer has been referred. Process for referrals to other organisations and individuals involved in the consumer’s care are available to staff. External services used ensures consumers can access a broad range of supports if needed.

Assessments are completed where there is an identified need for home modifications to support independence, safety and well-being, including demonstrations on how the equipment is to be utilised. Processes are in place to ensure the equipment is clean, safe and suitable for the consumer to use. Staff are aware of processes should unsafe or ineffective equipment be found in a consumer’s home. Vehicles which are used to take consumers to group social support and on social outings are monitored for safety and compliance.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

# 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 find this Standard compliant.

Consumers and representatives say consumers are encouraged and supported to provide feedback and make complaints. Consumers can raise concerns with staff directly, via surveys, monthly discussion groups and during care planning reviews. Consumers and representatives say they are comfortable in raising concerns or feedback with management and were aware of other agencies they could contact to raise a complaint.

Consumers and representatives are provided with information on how to access advocacy services, the consumer’s right to contact the Commission to make a complaint, as well as information on how to access translation and relay services for assistance if required. Consumers and representatives say they are comfortable in raising concerns or feedback with management and were aware of other agencies they could contact to raise a complaint.

Open disclosure is used throughout the complaints process and there is a clear process to record, respond, monitor, and manage feedback and complaints to meet consumers’ needs. The Complaints and Feedback Register ensures that complaints are trended, all complaints are collated, tracked, updated, finalised, and reported to the leadership team. Open disclosure policies and procedures are in place.

Consumers and representatives say the service have made changes to improve care and services after receiving feedback and complaints. The service encourages consumers to make suggestions for improvements. Feedback provided by consumers is effectively monitored and actioned where appropriate.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

# 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 find this Standard compliant.

Consumers and representatives say the workforce is sufficient to ensure they receive safe and quality care. The number and mix of members of the workforce is sufficient to deliver safe and quality care and services. The service uses part time and casual care staff and has brokered providers for allied health services to ensure there is continual coverage of care staff. The service is integrated with the organisation’s residential facility to provide 24-hour 7 day a week clinical coverage for all consumers. Staff and management reported there is a sufficient number of staff to cover services.

Consumers and representatives say staff are kind, caring and respectful of each consumer’s identity and preferences for service delivery. Management and staff know each consumer’s background as well as their individual preferences and strategies used to make consumers feel respected and provide consumer-focused care. Care planning information details consumer’s preference of how to be addressed by care staff.

Position descriptions including the qualifications and knowledge requirements for each role guides the recruitment process. Brokerage contracts are monitored including the required documentation and qualifications of brokered staff delivering services. Monitoring processes ensure the competency and currency of qualifications for staff. Staff are supported by the service during induction by other more qualified staff. The service has processes to monitor regulatory compliance requirements of staff. Consumers and representatives expressed confidence in the workforce and that the workforce know what they are doing, and services are delivered in accordance with their individual needs and preferences.

Staff are recruited, trained, and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training, buddy shifts, and competency assessments prepare care staff for their role. Staff confirmed training is delivered, they receive ongoing mentoring, and management are available to provide support. Staff have access to online training. Training includes medication management, elder abuse, manual handling, infection control and dementia awareness. Clinical staff undertake annual medication competency training. Training needs are identified via various methods including internal audits, consumer feedback, performance reviews and through observation.

Consumers and representatives say the service is in regular contact and they are comfortable providing feedback on staff performance and management is responsive to their feedback. Staff performance is monitored and reviewed during probation, on an ongoing basis and through annual discussions on performance. Individual performance concerns are discussed, and care delivery is monitored.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

# 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 find this Standard compliant.

Consumer experience surveys and/or annual care planning reviews gauge consumers’ satisfaction with the service and suggestions for improvements. Monthly discussion groups are held at the organisation’s retirement villages and consumers receiving home care services are invited and supported to attend. Meetings also include education sessions for consumers that have been suggested by consumers/representatives. A monthly newsletter is provided to consumers and representatives with information encouraging consumers to provide feedback and make suggestions for improvement.

The leadership team remains informed of the service’s operations through regular meetings and performance reports. Reports provided to the service’s governance meeting members (Board) include relevant details to enable the monitoring of safe and effective services. Meeting agendas and minutes for management quality meetings, clinical governance meetings, Board meetings evidenced that feedback related to the delivery of safe and inclusive care are communicated to the governing body. The performance of brokered providers is monitored via consumer feedback.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Information about the consumers’ care and services is accessible and staff have access to clear and detailed information to help them understand their roles and key responsibilities. The organisation has a Continuous Improvement Plan that monitors critical areas for improvement and includes planned completion dates and progress notes. The organisation has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. The organisation provides consumers with individual budget updates and monthly statements and have processes to manage unspent funds. Management and staff are provided with a position description which provide a clear description of the roles and responsibilities. The organisation supports and develops its staff to deliver safe and quality care and services. Management receives updates via relevant regulatory bodies and information is distributed to staff, and consumers as appropriate. Policies and procedures are updated to reflect legislative or regulatory changes, as required. The organisation has systems and an open disclosure process to document, analyse and improve outcomes of feedback and complaints.

The organisation has a risk management framework to manage and respond to high-impact or high-prevalence risks. Incidents both clinical and non-clinical are recorded in incident registers, which are then analysed and trended. The service identified vulnerable clients including consumers who are at risk of falls, living alone and consumers living with dementia. All staff receive training in identifying abuse and neglect of consumers and reporting requirements.

The service has a clinical governance framework and clinical incidents are discussed at monthly quality meetings and the service now has continual access to clinical staff to provide care and advice to case managers. A Quality Care Advisory Committee (QCAC discuss clinical concerns for both the service and residential services for the organisation. The QCAC provides ongoing strategic guidance for clinical matters to the service and the Board.

Clinical incidents are reported through the Incident Management System (IMS) and alerted to case managers, management, and clinical staff. Processes to improve clinical care are identified and reviewed by the service and management to ensure quality clinical best practices.

The service has policies and procedures relating to clinical care and these are being reviewed by the QCAC to provide a consistent approach to clinical care in home services. Clinical staff and management could demonstrate knowledge of antimicrobial stewardship, minimising the use of restraint and the use of open disclosure.

I have considered the information from the Quality Audit report and the feedback of consumers and representatives about consumers’ experience within the service and I find this Standard compliant.

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)