**Performance**

**Report**

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| Name of service: | Chorus Home Care Services |
| Service address: | 43 Planet Street CARLISLE WA 6101 |
| Commission ID: | 500097 |
| Home Service Provider: | Chorus Australia Limited (Care Options Incorporated) |
| Activity type: | Quality Audit |
| Activity date: | 3 March 2023 to 8 March 2023 |
| Performance report date: | 6 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Chorus Home Care Services (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Care Options Care Packages, 19125, 43 Planet Street, CARLISLE WA 6101

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers Version 1.3 – January 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is demonstrating that consumers choice and dignity is respected while delivering culturally safe care to each consumer. Consumers are being supported to make decisions about their care and services and maintain relationships of choice. The Provider is identifying where consumers choose to take risks and supporting them in their choice to take the risk and ensuring privacy and confidentiality is provided to consumers

Requirement 1(3)(a)

The service demonstrated that it treats each consumer with dignity and respect, with their identity, culture and diversity valued. All consumers and representatives interviewed said that the staff treat them with respect and they feel valued. Staff spoke about the consumers respectfully and in a way that showed they knew the consumers and what is important to them when providing care and services. Consumer care documentation reviewed shows the use of inclusive and respectful language.

Requirement 1(3)(b)

The service demonstrated that care and services they deliver for consumers are culturally safe. Staff demonstrated awareness of what this means to the consumers. Care documentation reviewed showed cultural preferences are discussed and recorded. Staff complete training in cultural safety during induction and consumers are asked about their cultural needs and expectations during their onboarding assessment.

Requirement 1(3)(c)

The service demonstrated that each consumer is supported to make their own choices and decisions about their care, including when family, friends, carers and others should be involved, and maintain relationships. The representative of one consumer said that she enjoys socialising and spending time with her friends and family. He said that the service helped her join a social group about 6 months ago and he has noticed a big improvement in her. Another consumer said that the service helps him with transport to appointments and he has lots of friends he can catch up with.

Requirement 1(3)(d)

The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. Consumers said that they can make decisions and do things independently and staff respect those decisions. Staff described how they support consumers to take risks and to do things important to them. One consumer said he is 80 years old, a bit unsteady on his feet but he still likes to go for a walk down the road on his own. When interviewed staff said that they discuss options with consumers and help them to connect with external programs that offer what the consumer wants. Staff said that if, for example, a consumer had a fall, they would encourage the consumer and organise access to physiotherapy to help them reach their goals.

Requirement 1(3)(e)

Consumers said that they have sufficient information about the changes within the service, information about fees and the services available. They said that the information is easy to understand. Consumers said that there have been communication issues in the past, but this is improving. Staff interviewed said that they know the needs of consumers and tailor the information and messaging accordingly. Review of care documentation showed that specific communication needs of consumers are recorded. The representative of one consumer said that the account statement they receive is easy to understand and the service sends newsletters and emails with updates. When interviewed staff said that they have a consumer who is blind who usually doesn’t answer the phone and his wife gets anxious when speaking over the phone so the staff member will contact the consumer’s daughter via email with information and updates for the consumer.

Requirement 1(3)(f)

The service demonstrated that they have policies and procedures in place to ensure consumer information is kept confidential. Staff demonstrated how they maintain privacy and confidentiality when providing services. Consumers said that they felt that their information was kept confidential, and that staff respected their personal privacy when delivering care and services. Consumers and representatives interviewed did not raise any concerns about their information being kept confidential. They said staff always maintain their privacy

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six specific requirements have been assessed as 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

The Assessment Team reports that the Approved Provider is conducting initial and ongoing assessments and planning for care and services in partnership with the consumer and others who they wish to be involved. It is discussing and identifying consumer needs, goals and preferences, including end of life planning. The Provider is also effectively documenting and communicating outcomes from assessments to the consumer and where care and services are provided. reviewing support plans when there are changes in a consumer’s care needs, when a consumer requests and during the consumer’s annual review.

Requirement 2(3)(a)

The service demonstrated it has a comprehensive assessment and care planning process, supporting the service to deliver safe and effective care and services. Three consumers and 5 representatives indicated they are satisfied assessment and planning results in safe and effective care. One consumer said they received a folder when they first started with the service. Staff could describe how assessment and planning is conducted and how it leads to the creation of support plans and service plans used by the support workers. The service uses validated assessment tools. Support workers could describe how they use support plans to guide the delivery of care and services to consumers. The Assessment Team sighted the assessment tools used by the service. Management said, and documentation confirmed, the service works with the customers to ensure care goals balance with the consumer’s preferences and budget. The service has implemented a community of practice for staff to obtain guidance around assessment and how to address risks and priorities for consumers awaiting a higher level of care. One consumer currently has a Level 2 Home Care Package (HCP). The service referred her to ACAT for a review to be reassessed for a higher package as her care needs have increased.

Requirement 2(3)(b)

The service demonstrated it has processes to identify consumer-centred needs, goals and preferences. Consumers are given the opportunity to discuss advance care planning and end of life planning. Management stated improvements were made recently to identify and record goals and preferences for consumers but, indicated there still could be some gaps. Many support plans have been updated but, the service is still in the process of updating all support plans to meet the identified improvement. The Assessment Team sighted support plans with needs, goals and preferences included. Staff were able to describe what is important to consumers in how their care is delivered. Three consumers stated staff know their preferences and the consumers receive the care and support they need and want. One consumer could not recall discussing end of life with the service but, said they already have plans in place and they just need to ‘fill out the paperwork’. One consumer was a consumer at end of life. The support plan included information about how she wanted to be supported during this time. There were multiple communication entries with family and the service when she was nearing end of life, as well as information from the brokered service providing the end of life care for the consumer.

Requirement 2(3)(c)

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to involve, as well as other organisations and individuals and providers of other care and services involved in the care of the consumer. Three consumers and 5 representatives indicated they were involved in care planning discussions. A review of 5 consumer files showed assessments are completed and support plans are developed in consultation with the consumer and their representative where appropriate. The service has a referral policy that guides staff in forwarding timely and appropriate information about a consumer, with their consent. The Commitment Lead stated the service always asks the consumer who they want involved in care planning and assessment and ensure appropriate documentation is obtained (for example, guardianship paperwork) and ensure consent is obtained from the consumer prior to sharing information with others. One consumer who was on palliative care was managed by another provider. This was arranged by the service, handing over documentation and communication as required, with appropriate consent and paperwork in place. The service has a brokerage agreement with the other provider to provide palliative care services when required.

Requirement 2(3)(d)

The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in support plans that are readily available to the consumer and where care and services are provided. Three consumers confirmed they have access to their support plan and are involved in the discussions. Support workers stated support plans are in place and available to them through their mobile phones and in hard copy files in the consumer’s home or through the computer network in the office. Management stated any changes made to a support plan are made after discussion and consultation with the consumer. Updates are made to the electronic record and the support plan in the home will be updated as soon as possible. Management said they are investigating the option of implementing a consumer-focused application for electronic care system so consumers will be able to access their electronic support plan directly from the system if they wish. One consumer said she received a folder when she and her husband first connected with the service. She said the support workers are aware of the care and services plans and what is expected for each of the consumers. A support worker who provides support for her said they know what needs to be done. The support plan is accessible through the mobile phone application and they can call the office if they need additional advice/information.

Requirement 2(3)(e)

The service demonstrated care and services are regularly reviewed for effectiveness and when circumstances change or incidents impact on the needs, goals and preferences of the consumer and when consumers request. One consumer discussed recent deterioration in the consumer’s health and how the service is assisting to ensure the consumer is reviewed by specialists. Two consumer files reviewed showed evidence of the service referring the consumers for review of their package assessment level following identified deterioration of the consumers’ health. Management stated triggers for reassessment can include return from hospital, request by a consumer, feedback from a support worker, identification of deterioration.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as 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

The Assessment Team reports that the Approved Provider is providing safe and effective personal and clinical care tailored to consumer needs. It is also identifying and recording high impact and high-risk issues for consumers through assessments using validated best practice tools and recognising and addressing consumer needs, goals and preferences nearing end of life making timely and appropriate referrals to individuals, other organisations and providers of other care and services. The Provider is minimising infection related risks with policies and processes in place to guide staff in the use of standard and transmission-based precautions to reduce the risk of infections and to promote appropriate antibiotic prescribing.

Requirement 3(3)(a)

The service demonstrated personal and clinical care is tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the care they receive. The service demonstrated it is using best practice clinical and personal care. Nine consumers and representative indicated they are generally satisfied with the personal and clinical care they receive. One consumer’s representative said the nurses were very good and knew what they were doing and made the consumer feel comfortable. The representative indicated the personal care provided to her husband is tailored to his needs and the staff are very kind and gentle with him when they shower him twice a week. Support workers interviewed could describe the clinical and personal care they provide to consumers. Support workers confirmed the service is focused on ensuring they provide care ‘with’ the consumer, not ‘for’ the consumer. This is the terminology and philosophy the service has implemented and is reflected in documentation. The support workers also explained how they share insights and information about changes to consumers at regular meetings to ensure appropriate personal and clinical care is provided to consumers. Management confirmed how the local areas work to meet the needs, goals and preferences of the consumers in their area. The service has a comprehensive suite of policies and procedures related to the provision of clinical care.

Requirement 3(3)(b)

The service demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. Systems and processes are in place to assist staff to manage risk and to ensure clear instructions are provided to staff to minimise the effect and number of risks to consumers. One consumer stated he advised the service he experienced a fall recently (on a weekend). The consumer advised the service 5 days later and asked the support worker to arrange for a nurse to dress the wound. This request was actioned. The support workers who were interviewed demonstrated knowledge of consumers with high-impact or high-prevalence risks. Management advised annual or as required assessments are conducted with consumers. Assessments include consumer vulnerability screening, falls risk assessments and pressure injury risk assessments. The service has a team of employed registered and enrolled nurses who are available to respond to high-impact or high-prevalence risks and will review the consumer’s care needs after each incident. Documentation reviewed showed risks such as falls, wounds and pressure injuries are recorded on the consumer’s support plan. The service has a process for reporting incidents or hazards for review and analysis. These incidents and hazards are reviewed and discussed at the local level and strategies implemented to mitigate further occurrences. The incidents and hazards are also referred to head office for overall analysis to identify any systemic issues which could be addressed.

Requirement 3(3)(c)

The service demonstrated needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and their dignity respected. Three consumers stated they have advance health directives in place and another consumer and a representative said they have plans in place but, have not completed the paperwork yet. Management stated as part of review processes, deterioration or return from hospital can be triggers to revisit end of life planning and response for consumers. The service will liaise with a specialist palliative care service. Where known, care planning documents contain consumer end of life needs and preferences. The service will ensure end of life needs are met, comfort is maximised, and dignity is preserved. The service provides information to the consumer about end of life planning and advance health directives. Review of documentation showed end of life preferences are recorded if the consumer wishes to discuss it. There are processes in place for the service to connect consumers with specialist palliative care providers when required.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider is not complying with requirement

Requirement 3(3)(d)

The service demonstrated deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are in place to support staff to recognise and respond to a change or deterioration of a consumer’s function, capacity or health condition. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Support workers confirmed consumers are reassessed regularly, including after an incident, return from hospital or if there is deterioration. Support workers said if they notice a consumer is deteriorating, they will record the information in an update note and the office will arrange a reassessment as needed. They also can call the nursing team directly if they have any concerns. An incident report will also be completed. Two support workers said they can quickly identify if a consumer is feeling down and not themselves as they know the consumers. Reporting will occur in these instances too. Support workers said they have access to policies/procedures/documentation on the mobile phone application and undertake mandatory training and regular training which assists them to identify deterioration or changes. Discussions are held weekly at the local level where changes to consumers can be discussed and addressed.

Requirement 3(3)(e)

The service demonstrated there are communication systems in place to ensure a consumer’s condition, needs and preferences are documented and communicated with the organisation and with others where responsibility for care is shared. Three consumers and representatives said they have access to their support plans and the plans are reviewed regularly. The consumers and representatives are satisfied the staff know what they are doing and have access to the support plans. Management said all staff have access to support plans and service details through the mobile phone application and through the computer system. There are also weekly meetings in the local areas to provide opportunities to share updates about consumers with staff. These meetings are also used to ‘brainstorm’ possible solutions to consumer care and service needs. Any suggested changes are discussed with the consumer and the support plan will be updated if changes are agreed. Management stated there is an action as part of the service’s continuous improvement where the service is working on a peer review process to ensure each local area has up to date plans as quickly as possible. The customer advocates in the local areas complete the reviews and the local leads also need to be aware of any changes. The improvements to the processes include a new review document to be implemented by the end of March 2023, with all new reviews being conducted through the new process. Management said the new process will limit errors in documentation.

Requirement 3(3)(f)

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described processes to refer consumers through a documented referral process and internally to the nursing team. Two consumer files reviewed showed referrals to the nursing team for wound management. One of the consumer’s care documentation showed referral to a specialist palliative care. Management described the process to refer consumers for review including to the in-house nursing team as well as external specialist services. The service has processes in place to ensure timely referrals are made. The service has agreements with various preferred providers who can receive referrals for action. Internal assessments will trigger the need for a referral to another organisation. A referral form is completed and submitted. The specialist receiving the referral will undertake an assessment and provide a report to the service. The service will discuss the outcome of the specialist assessment with the consumer and factor the recommendations into the consumer’s budget if the consumer wishes to proceed. Referrals will be made within 48 hours of identification and the service can ask the other organisation to prioritise the referral if the need indicates. The service has policies and procedures in place to support timely referrals. The Assessment Team sighted copies of brokerage agreements with various organisations including specialist palliative care services

Requirement 3(3)(g)

The service demonstrated it minimises infection related risks using standard and transmission-based precautions to prevent and control infections. Staff confirmed they have completed training on infection control measures. Support workers confirmed they have completed training on infection control and use of personal protective equipment (PPE). They stated they follow standard precautions when caring for consumers. Staff stated there are PPE kits and spill kits at all local areas and staff have access to PPE including masks and hand sanitiser for transporting in their cars. Management said staff can collect additional PPE from their local area office. The service also delivered PPE to various staff. The service placed a notice on its website advising consumers services will continue through an outbreak and not to be concerned if staff arrive in full PPE. The local leads and consumer advocates also contacted consumers directly to inform them of infection control measures put in place because of COVID-19. Management said all staff complete online infection control training. The Assessment Team sighted the training programs available for staff on the services electronic training system. The service messaging to staff is, if they are not feeling well, do not come to work. Management said the service does not prescribe antibiotics. However, the service has a clinical framework and if the service is supporting a consumer with medications, they ensure full courses of antibiotics are completed by the consumer if prescribed. Management said they will provide more information to all consumers about use of antibiotics.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is delivering safe and effective services and supports for daily living which are meeting the consumer’s needs, goals and preferences and optimise the consumer’s independence, health, well-being and quality of life. Consumers are being supported to participate in their community, do things of interest to them and maintain personal relationships and promoting each consumer’s emotional, spiritual and psychological well-being. The Provider is communicating needs and preferences of the consumer within the service and with others where responsibility for care is shared. ensuring timely referrals are made, assessments are undertaken and equipment provided meets the needs of the consumer

Requirement 4(3)(a)

The service demonstrated consumers gets safe and effective services and supports for daily living that meets the needs, goals and preferences of the consumers and optimises their independence, health, well-being and quality of life. Staff demonstrated they know the consumer and their preferences. The service has processes in place to identify and record consumer needs, goals and preferences. One consumer’s representative said her respite service is very important to her. She has 2 respite services each week when support workers visit to take care of her husband while she has a break. Support workers confirmed goals and preferences are recorded in the support plans and they will ask the consumer what they want done and how they want it done. Management said the service works with the consumers to identify what they want to do and what services they would like. The messaging is around ‘do with’, not ‘do for’ the consumer. Training programs are also presented with this same philosophy. Staff interviewed were able to explain how this messaging and philosophy is applied in practice. For example, the wording in planning documents was changed to identify what the consumer wants to do and how. A review of support plans showed specific goals for each type of service delivered following consultation with the consumer/representative including how this will be achieved. Management stated the service is in the process of ensuring goals and preferences are in all support plans. This is an ongoing process.

Requirement 4(3)(b)

The Provider demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Support workers and management demonstrated how they support consumers emotionally and promote their psychological well-being. Twelve of 12 consumers/representatives interviewed indicated that support workers know them and provide them with appropriate support to meet their emotional, spiritual and psychological well-being. For example, one consumer’s representative said the consumer receives multiple services, including social group outings. The representative said the social group is the best thing for the consumer and they have noticed a big difference in the consumer since attending these group outings. Staff discussed the groups services (where the service takes a group of consumers on outings to various locations). Staff indicated these groups are social support outings, arranged so consumers can engage with others and increase their psychological well-being. One support worker discussed how one consumer was identified as feeling low and tending to be isolating herself. Staff had noticed the consumer was quite low and isolated – ‘very much a home body’ who didn’t want to do anything. The staff discussed in a group how they could help the consumer. It was suggested the consumer would benefit from being including in social group outings. This suggestion was discussed with consumer who agreed to try the service. Staff have noticed a positive change in the consumer and said the consumer is ‘loving it’.

Requirement 4(3)(c)

The service demonstrated services and supports for daily living assist each consumer to participate in their community, have social and personal relationships and do things of interest to them. The service demonstrated consumers are supported to do things that are of interest to them. One consumer said the services she and her husband receive allows them to stay living at home together for as long as possible. She said this is her preference. Support workers demonstrated an understanding of individual consumer needs and preferences and provided examples of how they encourage and support consumers to keep up their interests and how they reduce consumer’s feelings of isolation. For example, a volunteer described how they support consumers to attend weekly lunches. The volunteer indicated spending time with the consumers and taking them to lunch helps the consumers to do things of interest to them and maintain social relationships. Consumer care planning documentation reviewed included preferences and agreed upon strategies to support consumers to do things of interest to them, have personal and social relationships and participate in their community.

Requirement 4(3)(d)

The service demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared but is also kept private and confidential. Consumers and representatives said support workers know their service needs and they don’t need to repeat information or direct them about what is to be done. However, one consumer, mentioned the standard of work provided by some support workers was not as high as it should be. This issue was discussed with management who advised the Assessment Team that the service is regularly consulting with the consumer to address concerns she raises with the service. All support workers interviewed stated they have access to information about consumer’s specific needs and preferences through the password protected electronic management system available through the mobile phone application or on the computer network in the offices. Management said the service ensures information about the consumer is shared where responsibility for their care is shared by the use of the mobile phone application, regular team meetings, and by having appropriate referral processes and brokerage agreements in place to share relevant information where consent is given.

Requirement 4(3)(e)

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described the process to refer to an external provider. One consumer described the respite arrangements in place for her. When she and her husband moved to a new house in a new local area, the service was unable to provide respite services with employed staff from the service. A brokered arrangement was offered to the consumer. The consumer accepted the arrangement and is very happy with the support workers who attend from the brokered service. The service has since spoken with the consumer to offer respite services by employed service staff. However, the consumer said she is happy with the current arrangements and does not want to change - ‘the staff know my husband’. Management discussed the service’s referral processes which are completed through brokerage agreements and detailed processes. The service has policies and procedures in place to ensure appropriate registrations and insurances are in place for the brokered services. The service has consent processes in place to identify how and to whom consumer information will be shared.

Requirement 4(3)(f)

Not applicable

Requirement 4(3)(g)

The service demonstrated, where equipment is provided, it is safe, suitable, clean and well maintained. Equipment provided for consumers is fit for purpose and tailored to their specific needs. All consumers/representatives who had equipment purchased from their HCP funds were satisfied with the equipment purchased and confirmed allied health assessments were completed to assess suitability prior to purchase. Support workers said they would report hazards or incidents through the service’s incident reporting system if they saw unsafe equipment. Management said equipment is checked regularly and referrals are sent to the OT for further review if required. Staff are trained to use specific equipment safely, including hoists. Management also said the service has an approved suppliers list. Equipment is recommended by an OT as suitable for individual consumers after assessment. The OT usually recommends a trial period before purchasing new equipment to ensure it meets the consumer’s needs. The Assessment Team sighted the approved supplier list which details the services/goods available through the supplier and links to relevant online referral or enquiry forms.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

# 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

The Quality Standard for the Home Care Packages service is not applicable as the Approved Provider does not have a 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

The Assessment Team reports that the Approved Provider is encouraging consumers and representatives to give feedback and make complaints. The Service is providing information on how to give feedback, make a complaint and how to contact other external organisations for support if required. acting on complaints and using open disclosure in the resolution of complaints. using feedback and complaints to improve their services to consumers.

Requirement 6(3)(a)

The service demonstrated that consumers are encouraged and supported to provide feedback and to make complaints. Interviews with consumers and representatives confirmed that they have been provided with information on how to lodge feedback and complaints.

Requirement 6(3)(b)

The service demonstrated that consumers are made aware of and have access to advocacy and language services, and other methods to raise and resolve complaints. Consumers confirmed they can ask for support and are aware of how to contact others to support their concerns.

Requirement 6(3)(c)

The service was able to demonstrate that appropriate action is taken in response to feedback and complaints, and open disclosure is used,

Requirement (3)(d)

The service demonstrated that feedback and complaints are recorded, reviewed and used to improve the quality of their services and care provided to consumers. Consumers described how their feedback had improved services. Staff and management described recent improvements following feedback received.

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has complied with the Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as 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

The Assessment Team reports that the Approved Provider is ensuring that the workforce is planned to enable the delivery and management of safe and quality services to consumers. A competent and skilled workforce has been engaged to ensure the delivery of quality services to consumers. Induction and support are given to the workforce on commencement and ongoing, and regularly reviewing and monitoring the performance of each member of staff.

Requirement 7(3)(a)

The service demonstrated that the workforce is planned to enable the delivery and management of safe and quality services that meet the consumer’s assessed needs and preferences. Management described how the service has been proactive in managing the sector-wide staff shortages arising from the COVID-19 pandemic to ensure that this does not affect its ability to provide safe and quality care to its consumers.

Requirement 7(3)(b)

The service demonstrated that the workforce is kind, caring and respectful towards its consumers. Staff and management spoke about consumers in a respectful manner when interviewed by the Assessment Team.

Requirement 7(3)(c)

The service demonstrated that the workforce is competent and has the skills and knowledge to effectively perform their roles. Consumers said that they are happy with the quality of the staff.

Requirement 7(3)(d)

The service demonstrated that the workforce is recruited, trained, equipped and supported to effectively deliver outcomes required by these standards. Management described the recruitment and onboarding processes including that all staff must completed mandatory training relevant to the role. New staff join an experienced staff member for 3 to 5 shifts where appropriate and receive ongoing support and training.

Requirement 7(3)(e)

The service demonstrated regular monitoring and review of staff performance. Staff and management explained that processes are in place for performance reviews as required under these standards. Consumers said that the staff often ask them about the service and encourage feedback about the staff. Staff said they undergo performance reviews with their team leader and training opportunities discussed. They said they have weekly catch-ups, workshops and one-on-ones with management where any issues can be discussed and resolved. Management said that they carry out desktop reviews and work with Locals, team leaders and staff to better understand performance and training needs of staff. Management are currently streamlining their systems, so all information can be in one place in an online portal that staff can access via mobile phone, or from home.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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| Organisational governance | | HCPC |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is engaging with consumers in the development, delivery and evaluation of care and services whilst promoting a culture of safe, inclusive and quality care. Effective organisation wide governance systems that provide guidance to staff is being maintained. The Provider is maintaining an effective risk management system to identify and reduce risk for consumers.

Requirement 8(3)(a)

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers interviewed said that there has been consultation in how their services are delivered, with their choices and preferences considered. Consumers interviewed were happy with the service and are satisfied that they are included in the planning of services received and their feedback is encouraged. One consumer told staff that she prefers female care workers, and this was included in her support plan. Staff said that there are regular reviews of consumer services and assessments are completed in consultation with consumers, representatives and others.

Requirement 8(3)(b)

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Consumers and representatives interviewed said that they feel safe and included when they are provided with care and services, and the staff are knowledgeable and professional. Staff described how vision impaired consumers are provided information in larger font on A3 paper, so they can read the information and are not excluded from any updates. Management said that the Board is active at a committee level, for example with the Risk and Audit committee. Reports are provided following analysis and interrogation of the issues register, and feedback from the Board can lead to permanent change leading to best practice.

Requirement 8(3)(c)

The service demonstrated there are effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service governance board is made up Executive Management, and several committees, including an Audit, Risk, Compliance and WHS Committee, Finance Committee, Nominations, Remuneration and Governance Committee. The Assessment Team viewed a number of documents and the service Standards Self-Assessment register (the register) which showed that the committees and board are meeting regularly throughout the year.

It was noted that the register was comprehensive covering all the Standards. Management said they have prioritised some improvements including review and updating of the organisational incident management and reporting systems. The Assessment Team sighted the Board Governance Health Check Report which included suggestions for improvement to be considered by the board, one being that there is a lack of diversity within the current board. The suggestion was to include people with a disability, ethnic backgrounds, younger people and those with clinical and lived experience. The recommendation was to ‘Develop and implement a Board succession plan which commences in 2022, enabling the transition to a “Chorus-experienced” Board in 2026’.

Consumers have access to relevant information to enable them to exercise choice, including care plans, charter of rights and avenues to make complaints and provide feedback. Staff said they are happy with the upcoming changes and feel it will make their job easier and will have more time to spend with consumers. Improvements noted by the Assessment Team included increased use of the electronic care system to centralise information as part of regulatory requirements for SIRS, incident management and collation of feedback and complaints.

Management said that they use the HCP dashboard to check any unspent funds which is updated every month. The information filters down to Locals where they have weekly meetings for all staff to discuss the funding for each consumer.

Requirement 8(3)(d)

The service demonstrated that consumer risk is monitored, and the organisation acts quickly to mitigate risk and prevent ongoing harm through assessment, review and follow up actions. Support workers demonstrated awareness of elder abuse and their responsibilities in reporting any suspected or actual incident of abuse. The service has policies and procedures to support consumers to live their best life. Support workers showed an understanding of what elder abuse is and confirmed that they have completed training on how to recognise elder abuse and neglect and how they should report instances of these. Management demonstrated there are systems in place for assessments to be completed using validated clinical assessment tools and other available information to identify high impact and high prevalence risks.

As part of the initial assessment and reviews, the service uses a vulnerability screen to identify any high impact or high prevalence risks for the consumer. The screening tool is used to identify strategies to reduce the risks and these are included in the support plan. The service supports consumers to live the best life they can through regular consultation and review, discussing how they want their care to be provided and agreeing on how risks might be managed. The service has an incident management system and is in the process of making improvements to the analysis and reporting processes from this system to provide better oversight of incidents for the board’s information. Staff confirmed they have received training on how to report incidents.

Requirement 8(3)(e)

The service demonstrated it has a clinical governance framework in place that guides and sets out responsibilities and accountabilities and how the service delivers safe and quality clinical care for consumers. The framework includes processes for open disclosure, minimising the use of restraint and antimicrobial stewardship. The framework includes roles and responsibilities of all staff in relation to clinical and non-clinical governance. Support workers interviewed said restraint is not used on any consumers in the service. They showed an understanding of what restrictive practices look like in practice. Management said all staff complete training on restrictive practices and reporting requirements. Management said the service has a culture of open disclosure and acknowledging incidents and apologising when things go wrong. Management stated improvements to reporting and analysis of clinical governance matters has been identified as an improvement being addressed by the service. A newly appointed board member identified improvements for reporting to the board. The service is in the process of making the required changes to meet the board’s expectations. The service has infection prevention and management policies and procedures in place. The service has escalation processes in place in the event of an outbreak. The service has access to PPE, hand sanitiser and rapid antigen testing kits, with spill kits and outbreak kits available at each of the local areas. COVID safe planning is in place for each local area. During the height of the pandemic, the service held regular COVID committee meetings.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

1. The preparation of the performance report is in accordance with section: s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)