**Performance**

**Report**

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| Name: | Coburg Home Services T/A Esse Care |
| Commission ID: | 301109 |
| Address: | Unit 207, 189E South Centre Road, TULLAMARINE, Victoria, 3043 |
| Activity type: | Quality Audit |
| Activity date: | 7 February 2024 to 8 February 2024 |
| Performance report date: | 5 March 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 532 Coburg Aged Care Pty Ltd  
Service: 27808 Esse Care  
Service: 26645 Twin Parks Aged Care Centre

**This performance report**

This performance report for Coburg Home Services T/A Esse Care (**the service**) has been prepared by Nicola 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 to the assessment team’s report received 1 March 2024.

# 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 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

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 reported they are treated with respect, dignity and staff value their identity, culture, and diversity. Staff demonstrated an understanding of consumers’ preferences, choices and culture including how they consider this information in the provision of care. Management discussed how they support consumers from culturally and linguistically diverse backgrounds. Care documentation reflected consumers’ preferences with inclusive language used. The service’s plan for continuous improvement indicated key documentation is being translated into common languages spoken by consumers.

Staff discussed the importance of supporting consumer independence and choices during care provision. This was confirmed by consumers and representatives who reported they have regular and consistent communication with case managers about their choices, decisions, and connections. Care documentation reviewed detailed information regarding consumers’ relationships of significance, needs and preferences. The Assessment Team noted information is provided to consumers to support their choices.

The Assessment Team noted risk assessments are completed in accordance with the service’s policy and following consultation with consumers, representatives, and clinical staff. This was confirmed by clinical staff who indicated consumers are involved in problem-solving solutions to reduce or mitigate risk where possible. Consumers and representatives expressed satisfaction that they are supported to take risks.

Consumers and representatives reported they receive clear and timely information from the service and case managers. Case managers described consumers’ preferences for delivery of information, including methods of communication for consumers with memory loss, sensory impairment or from linguistically diverse backgrounds.

A review of documentation noted regular communication with consumers and their representatives, signed and dated consent forms to share consumer information, with documentation informing if consent had been withdrawn. Case managers described the process of completing privacy and confidentiality documentation during the initial assessment process. Consumers and representatives expressed satisfaction that the privacy and confidentiality of their information is maintained.

The Approved Provider submitted a response with further evidence of progress toward improvements discussed during the Assessment Teams Attendance. I note the service’s ongoing commitment to continuous improvement and the proactive approach where recommendations and observations were made by the Assessment Team.

# 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.

Consumers and representatives confirmed the service seeks to understand consumer needs and preferences by completing care plans and assessments. Support workers described how they access care plans, service requests, policies, and procedures to guide safe and effective care. Case managers described using information from various sources to guide the assessment and planning process including how risks are considered, assessed, and documented in consultation with consumers. Consumer care documentation reviewed confirmed assessments and plans were consistently completed. The service’s policy was noted to utilise a consumer-focused approach.

Consumers and representatives expressed satisfaction that care and services are reflective of their needs and preferences. Most consumers and representatives could recall discussions regarding advanced care planning and end of life wishes. These discussions were consistent with care documentation reviewed by the Assessment Team. Case managers explained they promote informed decision making about goals and advance care plans by providing opportunities for discussion.

Case managers described frequent contact with consumers and others the consumer wishes to be involved in their care. Staff described how they work with consumers and other organisations to ensure care is coordinated, responsive and aligns with consumer needs and preferences. Consumers and representatives confirmed involvement in assessments and planning of services. Management discussed policies which provides guidance on working in partnership with consumers.

Care planning documentation reviewed by the Assessment Team was concise and comprehensible. Staff advised consumers’ care plans are accessible with consumers provided a copy of their initial and subsequent care plans. This was consistent with information provided by consumers and representatives.

Consumers and representatives described regular and ongoing contact with the service including when their circumstances change. The schedule of consumer care reviews was discussed by case managers including instances which would result in a reassessment. Regular reviews of care plans were observed in consumer care documentation by the Assessment Team.

The Approved Provider submitted a response with further evidence of progress toward improvements discussed during the Assessment Teams Attendance. I note the service’s ongoing commitment to continuous improvement and the proactive approach where recommendations and observations were made by the Assessment Team.

# 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 expressed satisfaction that the personal and clinical care they receive is tailored to their needs. This was noted in consumer care documentation reviewed by the Assessment Team with care plans demonstrating the use of available evidence-based practice. Support workers discussed how they support consumers’ personal care needs in accordance with care plans. Case managers described the process of assessing consumers’ needs including when clinical or complex needs are identified.

Consumer documentation reviewed demonstrated that high-impact or high-prevalence risks associated with care are identified in consultation with clinical and allied health professionals. Interventions to manage and mitigate risks were noted to be developed, documented and available. Case managers described how risks are assessed, mitigation strategies planned and monitored in consultation with consumers. Support workers discussed potential risks associated with care and outlined how they minimise risks. The Assessment Team noted information from medical professionals was inconsistently recorded in consumers’ diabetic management plans. Feedback was provided by the Assessment Team with management advising this would be followed up by case managers.

The Assessment Team noted consumers’ end of life goals are documented as part of the service’s initial assessment with advance care directives documented if these are in place. This was confirmed by the Assessment Team following reviewing documentation. The service does not provide palliative care services, however, support is provided to consumers who wish to receive palliative care at home by a third party service. This was consistent with the service’s policy.

Staff discussed the process of reporting changes to consumer clinical or personal care needs and considerations when completing reviews following deterioration being identified. Consumer care documentation identified regular assessments and reviews are completed to identify deterioration or change in consumer care needs. Consumers and representatives indicated staff generally know them well and would identify and respond to changes in their condition.

Consumers and representatives expressed satisfaction that their condition, needs and preferences are communicated within the organisation and with others following consent being obtained. Support workers confirmed receiving sufficient information about each consumer and discussed the process of documenting services provided. Appropriate communication to others involved in consumers’ care was observed by the Assessment Team in progress notes.

Consumers and representatives reported the service enables individuals, organisations, and service providers to be involved in consumers’ care. Case managers discussed the process of making referrals. Case managers further noted reports and recommendations from allied health professionals are accessible and result in timely care being provided to consumers. The Assessment Team noted allied health professionals reports and recommendations were incorporated into consumer care plans.

Support workers discussed training completed and strategies implemented in relation to infection prevention. Case managers discussed the process if support workers or consumers are experiencing viral symptoms. Management discussed how the service monitors antibiotic use. The Assessment Team noted the service’s infection control policy contains current guidelines and includes reference to antimicrobial stewardship.

The Approved Provider submitted a response with further evidence of progress toward improvements discussed during the Assessment Teams Attendance. I note the service’s ongoing commitment to continuous improvement and the proactive approach where recommendations and observations were made by the Assessment Team.

# 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 reported satisfaction that the services and supports provided enhance their independence, wellbeing, and quality of life. Support workers demonstrated an understanding of what is important to each consumer and how they incorporate consumer needs, goals and preferences into the service delivered. Consumer care documentation was noted to include information to promote consumer independence. Management advised policies and procedures are in place to guide person-centred care.

Consumers and representatives generally expressed satisfaction that their emotional, spiritual, and psychological wellbeing informs the supports and services provided. Staff described how they assess and monitor consumers’ mood and how they promote a sense of purpose and wellbeing. The Assessment Team noted care documentation details consumers’ emotional needs including goals and supports for consumers experiencing low mood.

Support workers demonstrated an understanding of consumer lifestyle and preferences with this information informing the basis of consumer care plans. Care documentation reviewed was noted to prioritise relationships of significance and outlined activities consumers participated in. This was consistent with reports by consumers and representatives.

Case managers discussed that external service providers’ reports are discussed with consumers and their care plans are updated. Consumers and representatives indicated support and services are well coordinated with support workers having an understanding of their daily living needs. Consumer documentation reflected consumers consent being obtained prior to communicating with others responsible for their care. Management described transparent communication is undertaken to ensure care aligns with consumer needs and preferences.

Consumers and their representatives confirmed they actively participate in discussions about referrals and can specifically request services. Staff discussed the need for consumers to receive care and services from other organisations to guide assessment and review processes. Financial aspects are reported to be discussed and consent obtained from consumers prior to referrals being made.

The service does not directly provide meals to consumers under its program; however, consumers may receive assistance from the service to support their choice of prepared meals and meal delivery. This is reported to be partially funded through consumers’ HCP, with consumers contributing the balance. Support workers also provide meal preparation to consumers upon request. Consumer documentation detailed food allergies and dietary requirements.

Consumer care documentation demonstrated consumers’ needs are assessed to inform equipment purchases with recommendations documented. Evaluation of equipment is completed by the service’s allied health professionals. Case managers indicated consumers verbally communicate their need for equipment or maintenance. This was consistent with consumers and representatives who indicated the service supports them in purchasing equipment and accessing repairs or maintenance when required.

# 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 Assessed |
| 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 Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

This Quality Standard for the Home Care Package service was not assessed as all the specific requirements have been assessed as not applicable.

# 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 confirmed they are supported to provide feedback and make complaints. Case managers described their weekly welfare phone calls as opportunities to facilitate complaints and feedback. Management described the avenues for feedback and complaints available to consumers and representatives and advised as part of the service’s continuous improvement initiative, the program manager performs monthly audits to review consumer satisfaction. The Assessment Team noted an example of a consumer complaint which was resolved to the consumers satisfaction and according to the services policy.

Information related to advocacy support information is included in the consumer handbook for consumers to refer to and described discussing advocacy information as part of initial and subsequent assessment process. A consumer vulnerability register is maintained with access to relevant medical, social, or advocacy service referrals.

Complaints data to identify trends used to inform the service Plan for Continuous Improvement (PCI) is reviewed at fortnightly risk committee meetings and monitored by management. Consumers confirmed that they received an apology when things go wrong and complaints are acknowledged promptly. There was evidence of improvements made following complaints regarding billing overcharges. The service’s PCI reflected remedial actions currently being implemented, including toolbox training completed for case managers to correctly complete consumer purchase orders, and foster a greater understanding of services and items that can be claimed.

# 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 representatives were satisfied with staffing levels and the quality of care and services provided. The service demonstrated staffing levels are sufficient to meet the needs of consumers, and subcontractor staff are utilised as the last resort. Management explained there is an adequate balance of staff from similar cultural backgrounds of consumers, and they endeavour for the roster to reflect consumer and representatives’ preference for support workers from similar cultural background.

Support workers and case managers description of consumers was personalised and demonstrated a good understanding and respect for individual consumers. Management reported they monitor staff interactions through formal and informal feedback from consumers and representatives, and via staff completion of competencies.

Position descriptions specify roles, responsibilities, and qualifications required and the human resources department complete an induction process to ensure completion of employment and qualification checks prior to commencement. The service has signed formal agreements in place for all subcontracted services that reflect the subcontractor has the necessary qualifications and registrations, relevant insurance, and Australian Business Number (ABN) and identification.

Management described required annual mandatory training, as well as monthly mandatory training to be completed. Management demonstrated how staff training needs are identified through regulatory updates, performance appraisals, observations, audits, incident trends, and feedback from consumers, representatives, and staff. The service has policies and procedures to guide management and staff in performance management and disciplinary procedures, which involves formal and informal processes for monitoring and reviewing. This involves an induction program of new employees, day to day work performance monitoring, and formal documented performance appraisals. Initial reviews are conducted within three months of recruitment, and at twelve months. All staff are scheduled for and participate in ongoing annual performance appraisals.

The Approved Provider submitted a response with further evidence of progress toward improvements discussed during the Assessment Teams Attendance. I note the service’s ongoing commitment to continuous improvement and the proactive approach where recommendations and observations were made by the Assessment Team.

# 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.

Consumers and representatives reported they feel supported and are consistently encouraged to provide feedback via phone or through surveys regarding the provision of care and services to feed into broader service improvements. Consumer feedback and survey results are discussed in quality and Board meetings.

Management described the organisational structure that governs the delivery of quality care and services across the service. The Board of directors is responsible and accountable for the service performance in relation to key areas of risk. Organisational sub-committees include a quality improvement committee, and a clinical governance committee.

Support workers, registered nurses, and case managers described having access to detailed information via means of consumer care plans available in consumer homes and service tasks they can access electronically at the point of care via mobile devices. Management described, and documentation review confirmed the process of root cause analysis to identify underlying causative systemic issues and findings are used to facilitate broader improvements in care and service.

Monthly reporting of unspent funds including a review of balances is carried out through discussions with case managers to understand reasons contributing to accumulation of unspent consumer funds. Purchase care plans are completed and costs exceeding a specific amount goes through a process of approval to monitor funds are not spend outside scope and intent of package.

Staff are provided with a position description and demonstrate a comprehensive understanding of their roles and responsibilities. The service demonstrated subcontractors have minimum qualifications/certifications relevant to their role and any indemnity insurance required, including aligning to their Code of Conduct, which is incorporated into the subcontractor agreements.

### The service demonstrated the feedback and complaints register is constructed of complaints and feedback raised by consumers, representatives and staff are documented, with data trend analysed and fed into the PCI.

The service demonstrated effective risk management practices, which encompassed how risks are identified, reported, escalated, and reviewed by accountable staff at service level through a range of meetings and reporting structures. The service maintains an active incident register, and review of monthly clinical governance reports reflects the service has a robust system of analysing incidents and identifying trends. These are regularly reported and discussed at quality improvement and clinical governance committee meetings and discussed at Board level.

The service demonstrated how clinical care and services are governed by its clinical governance framework, along with organisational policies pertaining to restraint minimisation, open disclosure, and antimicrobial stewardship.

The Approved Provider submitted a response with further evidence of progress toward improvements discussed during the Assessment Teams Attendance. I note the service’s ongoing commitment to continuous improvement and the proactive approach where recommendations and observations were made by the Assessment Team.

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