**Performance**

**Report**

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| Name: | Comfort Care Home Services |
| Commission ID: | 301095 |
| Address: | 169 Sunshine Road, WEST FOOTSCRAY, Victoria, 3012 |
| Activity type: | Quality Audit |
| Activity date: | 10 September 2024 to 11 September 2024 |
| Performance report date: | 22 October 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9220 Comfort Care Group Pty Ltd  
Service: 26989 Comfort Care Group Pty Ltd

**This performance report**

This performance report has been prepared by V Stephens, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 8 October 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a)

* Ensure risk assessments are fully completed, adequately documented, and used to inform care planning and delivery.

Requirement 6(3)(c)

* Ensure staff understand and practise the principles of open disclosure.

Requirement 8(3)(b)

* Establish a governing body to oversee the delivery of care and services.

# 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

All sampled consumers and representatives stated consumers are respected and valued. Care managers and staff provided examples of engaging with consumers to understand their needs and how this understanding informs individualised care. Management described utilising community resources and culturally diverse staff for guidance on strategies for providing safe care for consumers. Care documentation reflects the background information and current situation of each consumer, including information about what is important to them.

All consumers and representatives indicated the care and support consumers receive is culturally safe. Management demonstrated an awareness of the cultural needs of their consumers and explained assessment processes which consider cultural background and preferences. Cultural considerations were observed to be embedded within consumer assessments and care plans.

All consumers indicated they are supported to exercise choice and independence in relation to their care, relationships and when others are involved in their care. Management and staff outlined strategies to support choice and independence.

Sampled consumers and representatives were unable to identify areas in which the service supports consumers to take risks. Management explained they are developing a ‘dignity of risk’ form but have not yet commenced using this and discussed a consumer for whom they feel it may be relevant. The Assessment Team identified an example of the service supporting a consumer to engage in their preferred activity where risk is involved. How the service documents risk is examined in Requirement 2(3)(a).

All consumers or their representatives said they receive sufficient and clear information which enables them to make choices. Consumers reported receiving clear information regarding the services they may access, however some consumers stated the monthly statements were complicated and difficult to understand. Management and other staff outlined how they ensure consumers understand their agreements including financial aspects.

All consumers or their representatives indicated they are satisfied the service protects consumer privacy and confidentiality. Support workers discussed the various ways consumer privacy is protected. Management outlined how hard copy records and online information is kept secure.

# 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. | Not 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 recommended Requirement 2(3)(a) was not met as the service did not demonstrate assessment and planning is comprehensive and includes routine consideration of risks to consumer health and well-being. While consumers and representatives said consumers receive the care and services they require, it was found that not all relevant assessments are completed, or if commenced, are partially completed. While care managers and support workers demonstrated an understanding of consumers’ personal circumstances, care plans lacked information regarding risk including the consideration of falls where transportation is offered. Management outlined that staff understand consumer needs well and acknowledged the lack of risk assessment processes, including but not limited to falls and wounds, as areas for improvement. The Assessment Team report provided 3 consumer examples where relevant clinical care risk assessments were either not commenced or not fully completed.

In the plan for continuous improvement submitted as their response to the Assessment Team’s report, the provider states that all relevant assessments including fall and wound assessments will be completed by the end of 2024. While noting that the provider has plans to ensure the currency of risk assessments and care planning, processes are yet to be fully implemented and reviewed for effectiveness. Accordingly, I find Requirement 2(3)(a) is not compliant.

I am satisfied the remaining requirements of Standard 2 are compliant.

Consumers and their representatives stated care and service delivery reflects consumer needs and preferences and advance care planning has been discussed. Clinical staff confirmed consumer needs and goals, and advance care plans are discussed and documented during the initial meeting. The Assessment Team observed notation of these discussions and signed consent in sampled care plans.

Consumers discussed their care and services in a way that reflected their knowledge of which service occurred on what day and with whom. Care managers explained the way they involve the consumer’s representatives if the consumer wishes and how they phone consumers regularly to ‘check in’. Care documentation reflects the people involved in care planning processes including chosen representatives.

Care managers confirmed consumer request or changes in care needs prompt a care plan review. Changes to consumer care plans are uploaded to the electronic management system and are available upon request. The Assessment Team observed care plans were current for all sampled consumers.

Overall sampled consumers confirmed the service contacts and visits them regularly. Each consumer’s services are reviewed as their needs or condition change. Clinical staff responsible for conducting assessments and reviews described visiting consumers regularly to ensure the service meets consumer needs, goals and preferences. The Assessment Team observed up-to-date care plans for all sampled consumers.

# 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

Consumers and representatives interviewed expressed satisfaction with the personal and clinical care received, stating it meets consumer needs and is safe and effective. Support workers outlined how they tailor care to the needs of individual consumers. Case managers said they review progress notes submitted by support workers and encourage phone calls to report concerns or identified change. Consumer care documentation reflects allied health provider referrals, assessments, and recommendations.

Consumer documentation demonstrated high-impact or high-prevalence risks associated with the care of sampled consumers are mostly identified and documented. Interventions to manage and mitigate risks are developed and are evident in consumer care plans. Staff identified and discussed risks associated with the care of individual consumers, including falls, self-medication and changed behaviours. Staff outlined the ways they mitigate and minimise risks, including prompting consistent use of mobility aids and strategies to manage behaviour. Deficits completing risk documentation are assessed in Requirement 2(3)(a).

The service was unable to identify any consumers requiring end of life care. Clinical staff detailed strategies for consumers nearing end of life including the administration of pain medication, engaging specialist assistance, increasing contact from the service and supporting family members.

Consumers and representatives said staff understand consumer care needs well and could identify a change in their condition. Case managers described ways in which they respond to deterioration by referring consumers to an appropriate service. Support workers demonstrated an understanding of consumers and stated they raise any concerns directly with the consumer's case manager.

Consumers and representatives expressed satisfaction that consumer condition, needs, and preferences are communicated within the service and with others where care is shared. Support workers said they receive sufficient information about each consumer. The Assessment Team reviewed care documentation including progress notes, which reflects information is appropriately communicated to others involved in care.

Consumers and their representatives were satisfied that when needed, the service enables appropriate individuals, other organisations and service providers to become involved in care and service delivery. Staff described the process for referring consumers to other health professionals. Management discussed the service requirement for care managers to action requests. Sampled care documentation demonstrated referrals were made in response to an identified need, including to medical officers and allied health professionals. The Assessment Team observed timely referrals and up-to-date progress notes.

Consumers and representatives said they are satisfied with the measures staff take to protect them from infection. Staff said they have completed hand hygiene and personal protective equipment training and understand when to use this equipment.

# 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

All consumers and representatives reported the services they receive help them to maintain independence and quality of life. Staff interviewed described the various activities and outings that were most important to consumers. All staff reported they feel the service is doing all they can to support each consumer’s independence and quality of life. Management stated the service ensures the support they provide optimises consumer independence and quality of life through providing supports as determined by the consumer.

All consumers and representatives expressed confidence staff would recognise if they were feeling low and would support them appropriately. Consumer care documentation included considerations of the emotional, spiritual and psychological well-being of consumers. This includes information related to consumer loss and grief, and psychological considerations for several consumers living with mental health conditions. Support staff described how they would recognise if any consumers were feeling low, and described the various ways they support consumer emotional, spiritual and psychological well-being.

All consumers stated they are assisted to participate in the community and participate in activities they enjoy. Care documentation reflects consumer participation in programs and activities that meet their needs, goals and preferences, and lists people who are important to them.

Consumers said support workers understand their daily living needs and how to provide individual support which is well-coordinated, with continuity of services and personnel. Staff described how consumer information is updated when changes in the consumer’s condition, needs and preferences occur. Care documentation demonstrated communication with others responsible for care, including representatives, staff, and other services.

Consumers stated they had been referred to other care and services as required. Care documentation evidenced timely referrals for several consumers. Management described the referral process when consumers experience a change in their circumstances. Sampled care files demonstrated consumers are actively involved in decisions and referrals.

The service does not directly provide meals to consumers. Consumers can source their choice of prepared meals and meal delivery is partially funded through their Home Care Packages, with consumers contributing the balance. For consumers receiving delivered meals, those interviewed expressed satisfaction with choice, quality, and quantity of the meals. Consumer file documentation included food allergies and dietary requirements.

Consumers and representatives said the service supports them in purchasing equipment and they feel confident the service would assist them in accessing repair and maintenance if required. Support workers said consumer equipment was appropriate, clean and worked well. Care documentation demonstrated suitable equipment and evaluation of equipment occurs.

# 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. | Not 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 recommended Requirement 6(3)(c) was not met as support workers were unable to explain open disclosure processes and noted a lack of training. In addition, staff and management were unable to provide examples of open disclosure while handling feedback and complaints. The Assessment Team report provided a consumer example where open disclosure had not occurred.

In the plan for continuous improvement submitted as their response to the Assessment Team’s report, the provider states mandatory staff training in open disclosure will be provided by the end of 2024. While noting that the provider has plans to improve staff understanding of open disclosure, planned training is yet to be delivered and enhanced processes are yet to be fully implemented. Accordingly, I find Requirement 6(3)(c) is not compliant.

I am satisfied the remaining requirements of Standard 6 are compliant.

Consumers and representatives stated they were comfortable providing feedback and making complaints. Support workers explained how they encourage consumers to provide feedback and escalate complaints to management. Management and staff described how consumers and representatives can provide verbal feedback, complete written feedback forms, or phone or email the service.

Consumers and representatives explained they were aware of various ways to make complaints, including the use of advocacy services if required. Consumers said they can provide feedback to staff in their own language as the service assigns staff according to their language preferences. Staff demonstrated their knowledge of complaint and advocacy services. Management explained information about advocacy and language services is supplied to consumers in the client welcome pack.

All sampled consumers outlined that feedback was acted on immediately and outcomes were provided to them. Support workers were able to explain how feedback was used by the service to improve how care and services were delivered. Management said they trend feedback and complaints data to improve service delivery and follow service policy regarding feedback and complaints. The Assessment Team reviewed the feedback register and management meeting minutes which highlight the service encourages and actions feedback and uses feedback for continuous improvement.

# 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 recommended Requirement 7(3)(d) was not met as while consumers and representatives expressed satisfaction with staff performance, including that staff are well-prepared to care for them, the service could not demonstrate regular training to support staff, nor how staff training needs are identified. Management acknowledged they are developing a staff training calendar and highlighted gaps in staff training.

I have formed a different view to assessors in relation to this requirement. I place great weight on consumer testimony that they are satisfied with the care provided. I also note management explained recruitment processes, outlined pre-employment checks and that new employees undertake ‘buddy shifts’ as part of their orientation. While acknowledging that the service appears to lack a staff training framework, the service’s recruitment practices are employing staff with the required skillset, as verified by consumers. Accordingly, I find Requirement 7(3)(d) is compliant.

I am satisfied the remaining requirements of Standard 7 are also compliant.

The service demonstrated the workforce is planned and the skill mix of the workforce enables the delivery and management of safe and quality care and services. Consumers said that on occasions when staff have been unable to attend, the service contacts them to make alternative arrangements. Management introduced ‘buddy shifts’ for casual staff to ensure familiarity with consumers. Staff stated they have adequate time to complete required tasks during their shifts and are allocated regular consumers.

Consumers and representatives said staff treat them respectfully and with kindness. Consumers outlined that support workers are respectful of consumer culture and diversity. Staff said they are directed by consumers in terms of care delivery preferences. Care planning documentation included individualised information about consumer values, background, and cultural needs.

Consumers and representatives said staff perform their roles effectively and were confident staff are sufficiently skilled to meet care needs. Management outlined the qualifications required by staff. Documentation demonstrated staff have qualifications relevant to their roles which aligns and aligns with their position descriptions.

All consumers said that they are satisfied with how staff undertake their roles and attend to their care needs. The service conducts annual staff performance reviews. Management explained processes for regular and ongoing review of staff performance, and recent reviews were confirmed by support workers.

# 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. | Not 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 recommended Requirement 8(3)(b) was not met as while consumers stated that they feel the service is being managed with their best interests in mind, the service does not have a governing body in place to provide oversight and advice to the organisation, nor a system to demonstrate how the service is accountable for the delivery of safe, inclusive quality services.

In the plan for continuous improvement submitted as their response to the Assessment Team’s report, the provider states it has engaged a consultant and will establish a governing body by the end of 2024. While noting that the provider has plans to establish a governing body, it is yet to do so. Accordingly, I find Requirement 8(3)(b) is not compliant.

The Assessment Team recommended Requirement 8(3)(d) was not met as the service does not have a risk management framework or current risk management policies and processes for managing high-impact or high-prevalence risks associated with the care of consumers.

I have formed a different view to assessors in relation to this requirement. Noting a finding of compliance in Requirement 3(3)(b), I have also considered other evidence presented by the Assessment Team that management explained the organisation’s process for incident management, that incidents are reported in the electronic incident management system and are reviewed by management on a monthly basis to develop and implement strategies to mitigate incident recurrence. In addition, management explained the service conducts environmental and client risk assessment as a part of onboarding and creates a register of vulnerable consumers. Accordingly, I find Requirement 8(3)(d) is compliant.

The Assessment Team recommended Requirement 8(3)(e) was not met as the service does not have an overarching clinical governance framework monitoring systems for clinical care, including anti-microbial stewardship and minimising the use of restraint. In addition, the service’s open disclosure policy is currently subject to review. I have formed a different view to assessors in relation to this requirement. I have considered other evidence presented by the Assessment Team that management monitor infections via incidents and these are discussed at monthly management meetings. The service provides education to staff regarding personal protective equipment use on a regular basis and keeps a record of staff vaccinations. The service does not currently have any consumers subject to restraint. There is insufficient evidence before me to conclude that the service lacks a clinical governance framework. I have also considered that all requirements relating to clinical care in Standard 3 are compliant. Accordingly, I find Requirement 8(3)(e) is compliant.

I am satisfied the remaining requirements of Standard 8 are compliant.

The service demonstrated consumers and representatives are involved in developing, delivering, and evaluating consumer care and services. Consumers said they are comfortable providing feedback about their care and services. Management described how they seek feedback from consumers and representatives through numerous feedback mechanisms.

The service demonstrated it has effective organisation wide governance systems in place for managing and governing all aspects of care and services including information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

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)