**Performance**

**Report**

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| Name of service: | Comm Care Home Care |
| Service address: | 11 Royton Street BURWOOD EAST VIC 3151 |
| Commission ID: | 301032 |
| Home Service Provider: | Comm Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 May 2023 |
| Performance report date: | 20 June 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 Comm Care Home Care (**the service**) has been prepared by M Murray, 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:**

* Home Care Package, 27306, 11 Royton Street, BURWOOD EAST VIC 3151

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

# 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 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)(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

A Quality Audit was conducted from 11 October 2022 to 13 October 2022. A decision was made following the Quality Audit that the approved provider did not meet the Requirements 2(3)(a), 2(3)(b) and 2(3)(e) for this service.

The approved provider submitted a continuous improvement plan outlining a range of activities to be undertaken to address the deficits identified.

At this assessment of performance, the Assessment Team reviewed the service’s continuous improvement plan, other relevant documents and undertook interviews with representatives, care staff and management.

The Assessment Team’s report evidences the planned continuous improvements have been undertaken and ongoing assessment and planning with consumers is occurring and effective. The report notes:

* risk assessments including pain, skin integrity, mobility and complex care are consistently undertaken and used to develop care strategies and guide staff in how to deliver care. Care staff interviewed are aware of risks to individual consumers and discussed how they mitigate these risks when delivering care
* general assessments are consistently identifying what the consumer needs from the service, what goals they have and their preferences for how and when care and services are to be delivered. A representative expressed satisfaction with the collaborative approach of the case manager during the assessment and care planning process
* consumers are consistently asked about advance care planning and end of life planning. Representatives said they have been part of advance care planning discussions and signed copies of plans were evident in consumers’ care documentation
* case managers described the improved assessment and planning process and said a weekly staff meeting allows for discussion on any emerging risks. Documentation review evidenced new assessments being undertaken, care plans being updated and new services being put in place as a result of a change in a consumer’s circumstance.

I am satisfied based on the Assessment Team’s report that the service has returned to compliance with the Requirements outlined in the table above.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

A Quality Audit was conducted from 11 October 2022 to 13 October 2022. A decision was made following the Quality Audit that the approved provider did not meet the Requirements 6(3)(c), and 6(3)(d) for this service.

The approved provider submitted a continuous improvement plan outlining a range of activities to be undertaken to address the deficits identified.

At this assessment of performance, the Assessment Team reviewed the service’s continuous improvement plan, other relevant documents and undertook interviews with representatives, care staff and management.

The Assessment Team’s report evidences the planned continuous improvements have been undertaken and management of complaints is effective. The report notes:

* complaints are consistently managed with the consumer/representative in line with the service’s complaints policy
* the service maintains a complaints register. Information recorded includes the source of the complaint, the nature of the complaint, actions taken to address the complaint and if the complaint has been resolved.
* senior staff described the implementation of an open disclosure policy to guide their practice when things go wrong
* a sample of complaints reviewed demonstrated that actions have been taken to resolve the complaint and an apology extended where harm or potential harm has occurred
* senior staff discussed improved processes of documenting complaints, concerns and outcomes to strengthen the analysis of complaints to inform improvement initiatives
* a recent improvement noted by the Assessment Team was the introduction of a vehicle checklist to ensure cars used to transport consumers are clean and comfortable.

I am satisfied based on the Assessment Team’s report that the service has returned to compliance with the Requirements outlined in the table above.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

A Quality Audit was conducted from 11 October 2022 to 13 October 2022. A decision was made following the Quality Audit that the approved provider did not meet the Requirement 7(3)(d) for this service.

The approved provider submitted a continuous improvement plan outlining a range of activities to be undertaken to address the deficits identified.

At this assessment of performance, the Assessment Team reviewed the service’s continuous improvement plan, other relevant documents and undertook interviews with representatives, care staff and management.

The Assessment Team’s report evidences the planned continuous improvements have been undertaken and management now has clear line of sight to the training of staff. The report notes:

* an enhanced training register is in place to capture the training needs of each employee and when the required training has been completed
* staff said they receive reminders from management if any refresher training is due
* annual training for care staff now includes manual handling, cardiopulmonary resuscitation, responding to serious incidents, infection prevention and control, understanding dementia, professional boundaries and food handling.

I am satisfied based on the Assessment Team’s report that the service has returned to compliance with the Requirement outlined in the table above.

# Standard 8

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| Organisational governance | | HCP |
| 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

A Quality Audit was conducted from 11 October 2022 to 13 October 2022. A decision was made following the Quality Audit that the approved provider did not meet the Requirement 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) for this service.

The approved provider submitted a continuous improvement plan outlining a range of activities to be undertaken to address the deficits identified.

At this assessment of performance, the Assessment Team reviewed the service’s continuous improvement plan, other relevant documents and undertook interviews with management.

The Assessment Team’s report evidences the planned continuous improvements have been undertaken and effective governance and risk management systems are in place to support safe and quality care. The report notes:

* the organisation has implemented a document management system to provide centralised access for all staff to the service’s policies, procedures and forms. The document management system is being managed and maintained by an external third party to ensure that policies, procedures, and forms are kept up to date. A central ‘hub’ for care workers to remotely access relevant documentation is currently in progress.
* management is maintaining a register of subcontracted service providers within its electronic information management system. The currency of agreements and compliance documents are being monitored. Checks to ensure police clearances, company insurances and professional registrations remain current are in place. Electronic alerts flag the upcoming expiry of agreements and compliance items 4 weeks in advance of the expiry date.
* financial governance is overseen by the organisation’s chief executive officer. Case managers are monitoring consumer statements for high amounts of unspent funds and/or overspent funds and this information is provided to the chief executive officer as required for review.
* an enhanced clinical governance framework has been implemented. The framework outlines the service’s role in, and commitment to the delivery of excellent quality, safe clinical care and encompasses the service’s approach to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

I am satisfied based on the Assessment Team’s report that the service has returned to compliance with the Requirements outlined in the table above.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)