**Performance**

**Report**

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| Name of service: | Community Home Care |
| Service address: | 2/159 Priam Street Chester Hill NSW 2162 |
| Commission ID: | 201367 |
| Home Service Provider: | Community Home Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 July 2023 |
| Performance report date: | 21 September 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 Community Home Care (**the service**) has been prepared by A. Grant, 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:**

* Chester Hill Community Home Care Service, 28296, 2/159 Priam Street, Chester Hill NSW 2162
* Brisbane Community Home Care service, 28319, 2/159 Priam Street, Chester Hill NSW 2162
* Community Home Care Service Pty Ltd, 27048, 2/159 Priam Street, Chester Hill NSW 2162

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **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** |

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 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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| 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 service has appropriate Human Resource (HR) policies, procedures and guidelines to enable the monitoring of staff competency. Management advised that all roles require staff members to have appropriate qualifications, experience, and background checks. The Assessment Team noted the service ensures all staff providing support to consumers have as a minimum a Certificate III in Aged Care and are supported to obtain a Certificate IV. Staff providing assessment and reviews must have a Certificate IV in Aged Care. The Assessment Team noted the service assesses all prospective staff at their interview, on the questions of “Why do you think you are suitable to provide care and support to older people?” and “How do you show dignity and respect of a person’s identity, culture and diversity?”. The Assessment Team noted the service employs Registered Nurses and allied health professionals qualified to provide nursing, clinical care and support to oversee clinical practice and to deliver services to consumers requiring clinical care as necessary and/or sourcing appropriate nursing/allied health professional services to deliver these services. The Assessment Team notes the service ensures there are adequate staff with the appropriate skills to provide services to consumers. The Assessment Team reviewed the files of relevant staff, which contained appropriate records of evidence demonstrating their competency.

The service demonstrated that the workforce is trained and equipped to deliver the outcomes required under these Standards. Management stated, and a review of documentation confirmed, that relevant staff delivering aged care must complete training in the following subjects:

* The Aged Care Quality Standards;
* Manual Handling;
* Skin integrity;
* Falls Prevention; and
* Dementia Training.

The Assessment Team reviewed training records for staff, which evidenced that the majority of current staff have completed the mandatory training required. Additionally, the service provided the Assessment Team with its training schedule for the 2023/2024 financial year. Future training topics are appropriate and relevant to the delivery of aged care. Sampled staff stated they feel supported to undertake training and develop their professional skills. Staff noted that the service has recently improved regarding offered training sessions and confirmed that management is responsive to requests for further professional development.

The service has appropriate processes in place to assess, monitor and review staff performance. Formal performance reviews occur annually, allowing the staff member to request additional training and discuss whether they enjoy their role. Additionally, it allows management to identify areas for improvement and discuss performance overall. Management stated that regular informal discussions are conducted with each staff member.

The service provided evidence of formal performance reviews having taken place. The formal evaluation of staff provides management with the opportunity to discuss various aspects of their performance and experience, including:

* Community Home Care Service is committed to supporting staff to improve their efficiency and effectiveness. Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality, professional service;
* Performance development reviews are conducted annually in consultation with the staff and their line manager/supervisor using the Performance Development Review form; and
* Performance development reviews are based on position descriptions and agreed work plans. The aims of the review are:
  + To allow free and confidential discussions about work between the employee and supervisor;
  + To discuss the employee's job performance in the context of their position description;
  + To discuss means of improving work performance including identification of training and development needs or changes to work practices; and
  + Ongoing performance issues are not left to the performance development review but are dealt with as they occur. These issues may, however; be raised in the review as part of the overall assessment of the employee’s performance.

On completion of the performance development review both the employee and the supervisor sign the review form. The staff and the supervisor are responsible for implementing any agreed actions and recording these on the form and in the Training Spreadsheet.

The Assessment Team observed performance reviews that were signed and dated and covered the above mentioned topics.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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

At the last quality audit conducted in November 2022, the assessment team found the service had processes in place overall to address the safety of consumers and staff, such as conducting environmental assessments of consumers’ homes, monitoring support workers driver’s licences, registrations and insurances and appropriate incident and hazard reporting processes were deemed to be in place. The service also had a process to manage the non-response of consumers to a scheduled visit.

However, there were gaps identified with regards to the Board’s lack of understanding of their responsibilities to be accountable for the delivery of safe, inclusive and quality care and services. Monthly reports were not provided to the board that identified any clinical care issues, safety issues/incidents, complaints or workforce issues, including the oversight of subcontracted services. Although clinical care was delivered to consumers, clinical care concerns were not discussed and escalated through the service.

The service has completed a number of improvements in relation to this requirement since the quality audit including:

* CEO held a special board meeting to discuss the issues identified in the quality audit held in November 2022 and to develop a plan of action to address the issues identified by the Assessment Team;
* Discussions of issues identified were included in relevant staff meetings and the action plan was discussed;
* A range of training was provided to staff and board members;
* Development/updating of a number of job description to clearly outline roles and responsibilities and discussion with relevant staff regarding these;
* Development of a clinical governance committee to provide oversight of clinical care, including subcontracted nursing services;
* Reporting now occurs to the board on a number of items including clinical issues, complaints, incidents, finances and workforce issues; and
* Relevant policies and procedures were updated to reflect changes in processes.

Based on discussions with management, staff and an analysis of the information provided including policies and procedures, minutes of meetings, board reports, training registers and continuous improvement plans; the service demonstrated they are now fully accountable for and committed to promoting a culture of safe, inclusive and quality aged care services.

At the quality audit held in November 2022 the assessment team found deficits with regards to Workforce Governance and Regulatory Compliance. There were also some deficits identified regarding reporting of information to the board from a number of areas including finances, continuous improvement, complaints, incidents and workforce issues. These improvements have been documented above. Issues identified regarding Workforce Governance, including training have been addressed in the assessment of Standard 7.

Regarding Regulatory Compliance, although changes were noted as being monitored and input into the VisualCare system, there were issues identified regarding the communication of these changes to the staff, board members, consumers and representatives. The Assessment Team also identified that no staff had completed SIRS training or attended the Commission’s webinar on SIRS. They noted training was planned for 25 November 2022.

Improvements have been implemented and discussions included:

* SIRS training has been provided to staff and board members and review of the training register evidenced this; and
* Communication of changes to regulatory compliance were disseminated to staff through meeting mechanisms and to external staff and consumers through newsletters and letters and email when required. Several examples of newsletters and meeting minutes were sighted by the assessment team that evidenced this had occurred.

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)