**Performance**

**Report**

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| Name: | Country Mile Home Care |
| Commission ID: | 500241 |
| Address: | 3 Morgan Court, AUSTRALIND, Western Australia, 6233 |
| Activity type: | Quality Audit |
| Activity date: | 21 November 2023 to 22 November 2023 |
| Performance report date: | 19 January 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: 8923 Country Mile Home Care Pty Ltd  
Service: 26502 Country Mile Home Care

**This performance report**

This performance report for Country Mile Home Care (**the service**) has been prepared by M Glenn, 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.

# 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 management;

The provider did not submit a response to the assessment team’s report.

# 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 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

Consumers and representatives said consumers are treated with dignity and their culture and identity is respected. Policies and procedures outline responsibilities of staff to treat consumers with respect and deliver culturally safe care. Management considers applicant suitability during recruitment processes to ensure person centred care is provided. Staff knew consumers’ history, background, and preferences, and described how they uphold consumers’ dignity and diversity. Staff are educated on supporting consumers’ dignity and choice and assisting consumers to maintain relationships of importance. Management reported how person-centred care and services are central to the service’s values and is embedded into service delivery. Consumers said they exercise choice and independence, make decisions affecting their health, and maintain relationships with others.

Risks are discussed with consumers and representatives to encourage consumers to live their best life and enjoy freedom of choice. Staff know which consumers are at risk and implement mitigation strategies to ensure consumers’ dignity of choice is respected. Consumers and representatives said consumers are encouraged to be independent and make their own choices.

Management said they have provided resources to consumers and representatives which includes the consumer agreement, charter of rights, fee schedules, client complaints policy and the services provided. Consumers and representatives said consumers receive financial statements monthly and said management are always accessible.

Staff described how they uphold consumer privacy and confidentiality as part of service delivery. Management said staff receive information on privacy and confidentiality as part of contractual agreements, and policies are in place to manage information. Consumers and representatives said staff undertake care and services in ways that respect consumers’ privacy.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Assessment and planning processes consider risks to consumers’ health and well-being and guides staff to provide safe and effective care and services. Advance care planning and end of life planning are discussed if the consumer wishes. An initial intake assessment considers all relevant information and involves the consumer to ensure care and services provided meet the needs of the consumer. Risks to consumers are monitored on an ongoing basis and when events occur, strategies to reduce risks are discussed with consumers, representatives, and staff. Staff regularly communicate with consumers and representatives to ensure the care and services provided meet consumers’ current needs, goals, and preferences. Consumers said care and services are regularly discussed to ensure they continually meet consumers’ needs, goals, and preferences.

Processes are in place to support consumers to access external service providers, including medical officers, nursing services, allied health, meal services, and equipment providers. Consumers and representatives said they can access the services consumers need and when their needs change, additional support is available through external care and services providers.

Outcomes of assessment and planning are documented and effectively communicated with consumers and representatives. Staff have access to support plans kept in consumers’ homes and receive updates to care and services via email and telephone. Some support plans reviewed were brief and did not contain all information known by the care manager and support workers; however, staff were extremely knowledgeable about consumers’ needs, goals, and preferences, and how they liked care and services to be provided. Management advised they are in the process of engaging another staff member to take on the care manager role, which would provide resources to improve documentation. Consumers and representatives said support plans are discussed with them and are kept in a file at consumer homes.

Processes are in place to ensure support plans are regularly reviewed, including when there is an adverse event, a change in consumers’ condition, or personal preference. When staff identify a change to a consumer’s condition, or an incident has occurred, they report it to the manager, complete an incident form, and update documentation. Consumers and representatives said services provided are regularly reviewed and consumers can discuss any necessary changes with staff.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Personal care is individually tailored to the needs, goals, and preferences of each consumer. Whilst clinical care is not provided to consumers, there are systems in place to ensure consumers who require clinical care are referred to external providers. Staff were knowledgeable of consumers’ care requirements and provided examples of how they tailor care to optimise their well-being. Consumers said they get the personal care they need.

Processes are in place to identify and manage risks, and documentation showed identified risks have appropriate mitigation strategies implemented. Emergency contact plans are in place to ensure risks are escalated and appropriate services are contacted. Consumers and representatives said consumers are well cared for, and risks and interventions are discussed to enable them to remain safe.

Relevant health and palliative services are contacted when requested by the consumer to ensure their comfort is maximised. Consumers and representatives confirmed advance care planning and end of life planning are discussed as part of the initial care planning discussion or when consumers wish.

Staff described how they respond to deterioration, including notifying the manager and medical services where necessary. Systems and processes are in place to support staff and documentation showed changes to consumers’ well-being have been escalated and responded to appropriately. Consumers and representatives said they are satisfied with the service’s prompt response to any change or deterioration in consumers’ condition.

Information systems are in place for staff and others who provide care to assist the coordination of care and services to meet the needs and preferences of consumers. Support plans are updated, and all staff have access to information via emails, bulletins, and telephone. Consumers and representatives said they feel consumers’ needs and preferences are effectively communicated between all involved in their care.

Staff advise the manager when they notice a consumer may need additional services or further assessment for a higher-level HCP. Documentation showed timely involvement of other organisations and providers of care. Consumers said the manager advises them of the services provided by the organisation and for those services not provided, they are referred to alternate external providers.

Infection related risks are minimised through infection prevention and control practices which are guided by an infection control policy and training of staff. Staff described how they minimise infection related risks and documentation showed appropriate strategies to minimise infection related risks.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The needs, goals, and preferences of consumers are recorded to guide staff when providing care and services. Staff knew consumers well and provided examples of how they support their independence, well-being, and quality of life. Consumers said they are supported by staff to be as independent as possible and social supports help reduce any feelings of isolation or loneliness.

Staff described consumers’ interests and relationships of importance and support plans are reviewed regularly to ensure services and supports provided continue to reflect consumers’ interests and relationships of importance. Consumers said they can do things they enjoy, maintain social and personal relationships, and can participate in the community as they wish.

Information sharing processes ensure consumers’ condition, needs and preferences are communicated appropriately. Staff provided examples of how information is shared, and documentation showed information is communicated within the service and with external providers. Consumers and representatives said the service communicates with them well and they feel informed.

Staff described the referral process for consumers who require additional support and external service providers are brokered where additional services and supports outside the scope of the organisation are required. Documentation showed referrals are timely and appropriate, and consumers are satisfied with the services provided when being referred to different service providers.

Staff report the equipment needs of consumers to the manager and equipment needs are assessed and purchased within consumers’ funding. Equipment needs of consumers are reviewed regularly at meetings or as required. External providers maintain equipment and consumers said the equipment provided helps them maintain their independence and is safe and comfortable.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

Staff regularly seek consumer feedback and described how they support consumers and representatives to provide feedback. Feedback and complaints are captured electronically and responded to immediately. Consumers and representatives said they are encouraged to provide feedback and complaints and feel comfortable doing so.

Documentation provided to consumers and representatives includes contact details for advocacy services and management described processes to ensure consumers can access these if required. Consumer and representatives said they are provided with information in relation to advocacy and language services and other methods for raising and resolving complaints.

Complaints are actioned immediately, and processes are in place to ensure timely resolution. Open disclosure principles are embedded in staff culture and consumers are satisfied with actions taken in response to feedback and complaints and the open and transparent approach of staff. Documentation showed actions taken in response to feedback and complaints and improvement made to care and services as a result of feedback. Consumers and representatives are happy with changes made to improve the quality of services and care provided.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Staff said rostered hours enable them to provide care and services in line with consumers’ care plans. Systems and processes are in place to ensure the workforce is planned, with the right number and mix of staff, to deliver safe and quality care and services. Consumers said the workforce has the right skills to provide care and services and if another worker is required, the quality of care remains consistent.

Management and staff spoke of consumers in a kind and caring manner and documentation showed staff are trained to provide person centred care. Staff are knowledgeable of consumers and described how they respond to the diversity of consumers’ needs, backgrounds, and identities. Consumers and representatives said staff are kind, caring and respectful of each consumer’s identity, culture, and diversity.

Staff have the relevant qualifications and experience and are supported to perform their roles. The recruitment and selection process includes checks of police clearances, qualifications, and experience. Competency assessments are undertaken as part of staff training with any gaps identified addressed, and systems are in place to determine training needs where deficits are identified. Consumers and representatives said staff are competent in their roles and they would inform management if they had concerns.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Staff described how consumers are empowered to make decisions, remain independent, and choose care and services in accordance with their preferences. Documentation showed consumers and representatives are regularly consulted about issues and are partners in consumers’ care. Consumers and representatives said they are involved in the development, delivery and evaluation of care and services provided to consumers.

An advisory board has been appointed to assist with governance as the size of the service has recently expanded. Reporting mechanisms ensure the management team are accountable for the delivery of quality and safe care and services. The board’s agenda will include review of clinical indicators, incidents, feedback and complaints, workforce, and other key areas of risk to ensure appropriate action is undertaken and a culture of continuous improvement is adopted. Staff said management is supportive, pro-active, and promotes safe work practices which are consumer focused.

Consumers and representatives are provided up-to-date information in relation to care and services. Systems are in place to ensure confidential information is stored in line with privacy requirements. A continuous improvement plan identifies areas for improvement and sets out issues identified, planned action, person responsible, completion date and outcome. Independent financial audits are undertaken and management monitor consumer financial statements, including unspent funds. There are systems to ensure qualified and experienced staff are recruited and performance is monitored, and contractors work within scope of practice as set out in the contractor service agreement. Subscriptions to relevant aged care newsletters and Commission emails ensure the service is informed about regulatory changes. Feedback and complaints are documented and regularly reviewed to identify opportunities for continuous improvement.

Effective systems are in place to manage high-impact or high-prevalence risks associated with the care of consumers. Staff discuss risk management with consumers and representatives and implement mitigation strategies to support consumers’ independence and enable them to live their best life. The service has a risk reporting and management process and staff confirmed they have received training in relation to elder abuse and were knowledgeable about the Serious Incident Response Scheme. An incident management system used by staff records incidents, such as falls and staff described appropriate escalation and reporting processes.

Clinical care services are not offered to consumers, however, policies support consumers to access clinical care if required. The use of antibiotics is discussed with consumers and antibiotics are only prescribed once infection is detected as part of pathology testing. There are no consumers currently subject to restrictive practices and the service does not have a restrictive practice policy. Documentation showed staff have received information relating to restrictive practices and the board is currently reviewing policies and procedures and restrictive practices will be incorporated into the clinical governance framework.

Management said they are open and transparent with consumers and representatives when things go wrong and find solutions or mitigate risk following an incident. An open disclosure fact sheet is distributed to consumers to explain open disclosure and what they can do to help resolve issues. Consumers and representatives expressed confidence in management and said they work through issues to find solutions to issues and mitigate risk as required.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)