**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Dedicated Carers |
| Commission ID: | 201281 |
| Address: | 45 Sun Hill Drive, MERRYWEATHER HEIGHTS, New South Wales, 2291 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 October 2024 |
| Performance report date: | 3 December 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: 7028 Dedicated Carers Pty Limited  
Service: 26520 Dedicated Carers

**This performance report**

This performance report has been prepared by Julia Durston, 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 Assessment contact (performance assessment) – site 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 21 October 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 2

|  |  |  |
| --- | --- | --- |
| 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

Requirement 2(3)(a)

The service was previously found non-compliant in Requirement 2(3)(a) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate assessment and care planning included consideration of risks to consumers health safety and wellbeing. Risk mitigation strategies were not consistently developed and documented for consumers who experience falls, diabetes, have poor skin integrity and are at risk of choking. Staff did not have access to care plan information or systems to guide their practice in relation to managing consumer risks.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including implementation of a new electronic consumer management system (ECMS), containing comprehensive care plans for all consumers and other key consumer information, and training of all staff to use the system.

During the Assessment Contact the Assessment Team found the service had returned to compliance with this requirement. Consumers interviewed said they felt safer due to the care and attention from the registered nurses and support staff that visit them. Care plans reviewed were comprehensive and included detailed risk assessments and mitigation strategies, demonstrated the use of validated assessment tools and initial assessment of consumers’ care needs was conducted by a Registered Nurse (RN) on commencement. Staff confirmed this assists them to have a greater understanding of the consumer and their risks and enables them to provide safe care.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 2(3)(a).

Requirement 2(3)(b)

The service was previously found non-compliant in Requirement 2(3)(b) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate the needs, goals and preferences of consumers, including advance care planning and end of life planning are assessed by the service. Care plans were not individualised to consumers, support staff said they were more guided by consumers and representatives than by the consumer’s care plan when delivering care. Most consumers and representatives did not recall discussions on advance care planning and end of life care.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including implementation of the new ECMS containing comprehensive care plan reviews for all consumers, initiating discussions with all consumers on their advance care preferences and documenting if they did not wish to discuss advance care plans.

During the Assessment Contact the Assessment Team found the service had returned to compliance with this requirement. The consumer’s initial assessment captures information about their needs, ongoing communication with case managers, registered nurses, and support staff, and ensures that individual consumer preferences are kept up to date. Advance care planning is addressed at the initial assessment visit and when care plans are reviewed.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 2(3)(b).

Requirement 2(3)(e)

The service was previously found non-compliant in Requirement 2(3)(e) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate assessment and care planning included consideration of risks to consumers. Risk mitigation strategies were not consistently developed and documented for consumers who experience falls, diabetes, have poor skin integrity and are at risk of choking. Staff did not have access to care plan information or systems to guide staff practice in relation to managing consumer risks.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including implementation of a new ECMS containing comprehensive care plans for all consumers and other key consumer information, and training of all staff to use the system.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Consumers interviewed said they felt safer due to the care and attention from the registered nurses and support staff that visit them. Care plans reviewed were comprehensive and included detailed risk assessments and mitigation strategies, demonstrated the use of validated assessment tools and care planning is conducted by a Registered Nurse on commencement. Staff confirmed that this improves their understanding of the consumer and their risks and enables them to provide safe care.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 2(3)(e).

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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)(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 |

Findings

Requirement 3(3)(a)

The service was previously found non-compliant in Requirement 3(3)(a) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate consumers receive safe and effective care. Support workers had insufficient information to provide effective care. Management were unfamiliar with consumers’ conditions, and care was not tailored to manage identified risks to consumers’ health, safety and wellbeing.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including the implementation of the new ECMS that can be accessed by all support workers, comprehensive care plan reviews for all consumers, entered on the ECMS, and updated policies on care planning, escalation and responsibilities for monitoring change in consumers’ condition by management.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Sampled consumers confirmed staff knew what they were doing when attending to their care needs. Care managers and support staff were able to describe sampled consumers and identify the specific needs, goals and preferences consistent with their care plans.

Based on the weight of the evidence provided, I am satisfied the service is compliant with requirement 3(3)(a).

Requirement 3(3)(b)

The service was previously found non-compliant in Requirement 3(3)(b) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate high impact or high prevalence risks for consumers, including diabetes, shortness of breath, impaired cognition, falls, pressure injuries and pain were always effectively monitored and managed. Staff were not provided with effective strategies to manage high impact high prevalence risks to consumers, and incidents were not recorded or managed through the service’s incident management system.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including the improvements noted in the requirements above and the incident management policy was updated to include responsibilities, investigations, trending and analysis.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Risks such as deterioration, dementia related behaviours, falls and skin tears are managed effectively by the service. Risks are identified within the consumer’s care plan with documented mitigation strategies. Staff were able to identify consumers with high impact high prevalence risks and the care and mitigation strategies they provide to manage and minimise the risks to consumers’ health safety and wellbeing.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 3(3)(b).

Requirement 3(3)(d)

The service was previously found non-compliant in Requirement 3(3)(d) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate that deterioration or changes to a consumer’s condition are recognised or responded to in a timely manner. The service lacked effective systems and processes to ensure effective escalation of consumer deterioration and management. Management were unaware of medical officer recommendations for consumers’ care.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including the improvements noted in the requirements above, staff training was delivered on detecting consumer deterioration, case managers and support staff received training on using specialist reports and recommendations to inform care planning.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Progress notes showed that staff effectively escalated deterioration of two sampled consumers in line with the service’s policy. Consumers were reviewed by registered nurses with appropriate referral to the medical officer and delivery of effective care strategies to manage the consumers’ condition.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 3(3)(d).

Requirement 3(3)(e)

The service was previously found non-compliant in Requirement 3(3)(e) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate that consumers’ condition, needs and preferences are

documented and communicated within the organisation. Staff did not have access to the care planning system, the service lacked systems and processes to ensure relevant information about the condition of consumers’ is communicated between those responsible for their care planning, policies and procedures did not cover the process for staff to communicate relevant information about consumers’ care needs.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including improvements noted in the requirements above, updating the policies and processes for information management, and providing training for case managers and staff on information management and care documentation review.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Several care plans, progress notes, case management notes, and allied health reports reviewed showed the information appeared relevant, sufficiently detailed, and incorporated information from allied health as well as internal sources. Support staff and registered nurses confirmed care planning documentation is accessible and has sufficient detail to enable them to effectively support consumers.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 3(3)(e).

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Requirement 7(3)(d)

The service was previously found non-compliant in Requirement 7(3)(d) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The service did not provide role specific training, or a buddy system to support new staff, and did not maintain records of training completed by staff.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including providing role specific training for case managers and staff on information management and care documentation review. A comprehensive orientation program has been implemented, including a buddy program and checklist, and a new register for qualifications, including police checks and internal training completions.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Consumers advised they were satisfied clinical care staff had the necessary skills and experience to provide them with care in their homes. A care worker employed in the last year confirmed they had attended onboarding training, received a job description, and had clear instructions on their role and responsibilities. The Assessment Team sighted the electronic staff files and staff qualifications register. All training records were uploaded and recorded in the staff files register. Documentation showed staff receive ongoing support through performance reviews, monthly meetings, toolbox sessions, specific training and one on one support provided by clinical care staff.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 7(3)(d).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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 |

Findings

Requirement 8(3)(c)

The service was previously found non-compliant in Requirement 8(3)(c) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate its information management and workforce governance systems were effective. The service did not have an information management policy. The organisation was in transition from hard copy to online consumer records. The organisation did not have a workforce governance policy or procedures, training needs assessment for staff was not completed and recently recruited staff had not received training.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including the implementation of new more effective information management systems and staff are able to access the consumer information they need to provide effective care and services. All ECMS information is regularly updated. The organisation has workforce governance systems in place and demonstrated job roles are assigned clear responsibilities and accountabilities.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. Sampled consumers advised they receive information in relation to their package, including but not limited to their care plan, service agreement, the

Charter of Rights, monthly invoice and newsletter from the service provider. Consumer information in initial assessment and care planning documentation was current, all reviews were up to date and assessment forms, care plans, risk assessment and checklists completed and individualised to inform the delivery and care and services to consumers. Clinical care staff are provided a laptop to allow for immediate entry of information following assessment and review of consumers.

The service has implemented a comprehensive induction and onboarding program that. clearly delineates roles and responsibilities. delivered to existing and new care workers. The service has in place recruitment and workforce policies and procedures, and staff confirmed they have annual performance reviews.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 8(3)(c).

Requirement 8(3)(d)

The service was previously found non-compliant in Requirement 8(3)(d) following a Quality Audit from 21 March 2024 to 22 March 2024. The Performance Report dated 27 June 2024 found the service did not demonstrate effective risk governance systems and practices, including policies and procedures for identifying and responding to abuse and neglect of consumers, managing and preventing incidents and supporting consumers to take risks to live their best life. Staff had not received training on elder abuse and neglect.

During the Assessment Contact conducted on 15 October 2024, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance, including the implementation of the new ECMS for incident recording and management. Staff received training on the new Clinical Incident Management Policy, including the Serious Incident Response Scheme (SIRS). Risk assessment systems were developed to identify and mitigate potential risks to consumers’ health safety and wellbeing and to live their best life.

During the Assessment Contact, the Assessment Team found the service has returned to compliance in this requirement. In relation to high impact high prevalent risks associated with the care of consumers, sampled consumers advised that they are provided with high quality care, confirmed they had received weekly visits by the RN and the attentiveness of care staff. There is an effective risk management framework in place, and consumers are clinically assessed on commencement by a registered nurse to identify their high impact high prevalence risks. Care staff provided examples of their tasks and corresponding risk mitigation strategies, and how these are recorded in the ECMS for their reference prior to providing care and services to specific consumers. Risk assessments are conducted for each consumer and risk mitigation strategies documented and implemented by case managers and communicated to care staff for their implementation. In relation to identifying and responding to the abuse and neglect of consumers, the service has developed a policy and procedure and staff training on elder abuse and neglect was delivered in a Toolbox session in July 2024.

In relation to managing and preventing incidents, incidents and near misses are recorded on the new ECMS and the consumer’s file. The incident register showed incidents are recorded, investigated, mitigation strategies developed and reviewed in accordance with the organisation’s policies and procedures. Care documentation showed the service communicates with consumers and/or their representatives re incidents, and they are involved in the identification of mitigation strategies, as appropriate. Management demonstrated understanding of their responsibility and outlined the steps they would take to report to SIRS incidents.

Based on the weight of the evidence provided, I am satisfied the service is compliant with Requirement 8(3)(d).

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)