**Performance**

**Report**

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| Name: | Empower Home Care |
| Commission ID: | 300900 |
| Address: | 6/146 Epsom Road, ASCOT VALE, Victoria, 3031 |
| Activity type: | Quality Audit |
| Activity date: | 8 November 2023 to 9 November 2023 |
| Performance report date: | 14 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 7239 Empower Home Care Pty Ltd

Service: 26331 Empower Home Care Pty Ltd

**This performance report**

This performance report for Empower Home Care (**the service**) has been prepared by N Eastwood, 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.

# 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 others.

# 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 5** Organisation’s service environment | **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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described being respected and valued. Examples of dignity and respect including taking the time to understand consumer differences and individualised care were provided by staff. A review of care documentation reflected inclusion of background information and diversity including food choices, preferred language and individual goals.

There is access to an interpreter service as required and care documentation reflected information about cultural aspects and language requirements. The Assessment team observed a weekly social group noting the provision of foods for consumers from diverse backgrounds and consideration to cultural practices such as seating arrangements for men and women.

All consumers and representatives expressed satisfaction that they are supported to make choices, decisions, and connections. A review of care documentation demonstrated risks are identified, however strategies to mitigate individual risk are not always implemented. Management acknowledged this an area for improvement and committed to creating a relevant document to capture where recommendations are refused by a consumer.

Management described at least monthly discussions with consumers and representatives either face to face or by telephone to ensure current information is shared. The consumer home care agreement includes privacy and confidentiality information and the staff welcome pack includes a copy of the policies and procedures related to consumer privacy and confidentiality.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service seeks to understand consumer needs and preferences through the care planning and assessment process. Clinical management discussed ongoing assessment and care planning processes and how risk relating to mobility and skin integrity is assessed and managed supported by the use of validated assessment tools.

A review of care files reflected advanced care planning is raised with consumers however, the Assessment team noted that due to religious reasons most of the consumers had chosen not to include this information. A consumer representative confirmed they had been provided a copy of the care plan and noted that regular reviews ensured goals and needs are met.

Strong partnerships between the service and representatives of consumers were evidenced. An information sharing document reflects the family members and health professional’s consumers choose to have involved in their care.

Current care plans were in place for all consumers with copies provided. Support workers confirmed they can easily access care plans in the home and are always able to access management to clarify information. The Assessment Team noted timely updates to care plans where changes in condition occur and increase to service provision to accommodate increased needs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service was not providing clinical care at the time of the Quality audit, however consumers who received personal care expressed satisfaction with the care received. There was evidence of ensuring preference for carer gender was respected and ongoing contact with representatives to ensure care needs are being are individualised and met.

Support workers described how they minimise risk when working with consumers, and there was evidence of comprehensive risk management strategies included in consumer care plans. Specific examples were provided to assist with falls risks at the social group by monitoring the environment, encouraging mobility aids and ensuring a care worker is with the consumer when they are ambulating outside.

There was evidence of adequate identification, referral and assistance with accessing palliative care services. Support workers described how concerns are escalated and documented and a review of care files demonstrated appropriate intervention in response to deterioration.

Consumers and representatives confirmed staff know their needs and preferences. Support workers described how they are updated verbally by management and sent updated care plans to include in consumer files kept in the home.

There was evidence of referrals to occupational therapy and physiotherapy to maximise consumer function and safety and enhance independence. Management confirmed that where identified, medical practitioner input is arranged by the service suggesting this is arranged by consumer representatives, if additional allied health input is required a brokered service for speech pathology and dietitian can be arranged. There is also access to a local residential respite service as required.

The Assessment Team noted adequate Personal Protective Equipment (PPE) supplies during the social group with staff using gloves and hair covering. Masks were available for consumers and staff use as well as access to hand sanitisers and tissues on consumer tables.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed supports received are safe and effective, and optimise independence, well-being, and quality of life. Support workers described matters and activities of importance to consumers and how they support them with these. Consumer care documentation included considerations of emotional, spiritual and psychological well-being of consumers.

Support staff described the service encourages consumers to participate in activities they enjoy and will arrange support so they can continue to do this. Care documentation reflected consumer participation in programs and activities to meet goals and preferences and the Assessment Team observed consumers engaged with the activities, enjoying food and participating in discussions at the social group.

Care documentation demonstrated communication with others responsible for care, including representatives, staff and other services as appropriate, occurs with consumer consent to ensure services are coordinated. Support workers explained they have a list of consumer food alerts including allergies with them at the support group which they refer to and each consumer is contacted prior to attendance to confirm food and activity preferences and changes.

There is a referral process in place where there is a change in circumstances and as requested.

The provision of meals to consumers included options other than the cultural food on offer and care planning documentation reflects the dietary needs and preferences of consumers. Individual requests are catered for and special events celebrated with additional food items.

Access to equipment through the relevant home care packages and recommendations made by allied health professionals is also available with case management support.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service facilitates a welcoming environment with access to a social group which includes provision of a meal and activities. The Assessment Team observed staff engaging with consumers, the service environment was welcoming, well lit, and provided signage for bathrooms to assist with consumer independence in navigating the service environment.

Staff explained they ensure the safety of consumers at the community centre by checking for safety issues such as wet floors and encourage consumers to use their mobility aids. The building maintenance is conducted by the owner of the building and the service contributes by ensuring all equipment is cleaned and returned after use.

Management reported for consumers requiring equipment, an assessment is arranged by an allied health practitioner to determine the most appropriate item. Staff reported the community centre management is responsive to maintenance issues the service staff report.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are encouraged and supported to provide feedback and complaints as well as contributing to a feedback survey regarding the services they receive. Management explained regular contact with consumers is maintained with visits during the social group and telephone enable the provision of feedback and complaints.

Consumers and representatives reported they feel safe raising concerns, noting staff have provided them brochures with information about advocacy services and other ways they can make a complaint, such as contacting the Aged Care Quality and Safety Commission. There is evidence of the service accepting where mistakes are made and the practice of open disclosure principles.

While the service currently has no complaints documented on the register, they have demonstrated proactively seeking consumer feedback through quarterly surveys. Management acknowledged feedback regarding home care package inclusions and were considering further actions to best to address this.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described how the service undertakes workforce planning to understand the number of staff they require through forecast planning of staff requirements, strict hiring requirements aimed at quality workforce growth, and the use of brokered services. Management advised there had been no unfilled shifts in the previous month and there was evidence that the service aligns consumers with staff to meet their cultural needs and background.

Consumers and representatives confirmed staff are kind, gentle and caring when delivering care and services. This was supported by individual examples describing staff to be like family and taking good care of the consumers.

Management advised during induction, staff must have minimum qualifications, first aid and cardiopulmonary resuscitation (CPR) certificate, provide current checks, and evidence of vaccination. They advised all staff are provided with a position description of their role and the mobile phone application guides practice relating to their specific role such as responding to falls, deterioration of a consumer, and domestic assistance.

The workforce is kept updated and informed of changes to legislation through a staff communication platform. The Assessment Team reviewed the training schedule which reflected training conducted for staff including Serious Incident Response Scheme and Diversity and Culture in Healthcare.

Staff reported participating in annual appraisals with management regarding performance to ensure their competencies in their respective roles and undertake annual mandatory training. They also participate in training programs specific to their roles such as safe food handling in the home.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service attempts to be transparent with consumers regarding the care they can provide and ensure consumers understand the service requirements. They explained the service ensures a culture of safe and inclusive quality care through the support of the clinical director which is reported back through management meetings.

There are policies and procedures to support and guide management and staff as well as a risk assessment tool under development. Staff reported having access to detailed information through the electronic health information management system or through a hard copy of consumer care plans. The information provided assists staff to understand their roles and key responsibilities, and provides information related to the consumer conditions, needs and preferences.

Management acknowledged the PCI required further detail and commenced a version which would reflect more detailed information and allow greater trending of analysis of specific actions, and identification of relevant requirements and standards. The service provides consumers with individual monthly statements and has processes to manage unspent funds. Unspent funds are monitored through monthly review and consultations take place with consumers providing options on how funds can be utilised.

The service maintains adequate record of competency and qualifications for all staff in hard copy format and are in the process of transferring this information to their new electronic system, where it will provide alerts when any relevant qualifications or registrations require renewing. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change and care communicated to staff. Feedback and complaints are recorded, with the service making improvements to the detail and type of information captured following feedback from the Assessment Team.

Management described strategies and procedures taken to manage and support consumers around risks that align with their policy. Management described the service’s process for identifying risks associated with the care of consumers involves conducting a home safety risk assessment, and assessing risks, that are incorporated into the care plan for staff to access.

There are policies and procedures in place for antimicrobial stewardship, minimising use of restraints and open disclosure which is supported by the induction process and staff handbook where these are provided to staff.

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)