Empowered Ageing

Performance Report

|  |  |
| --- | --- |
| **Address:** | 5 Valencia StreetDURAL NSW 2158 |
| **Phone:** | 1300 105 106 |
| **Commission ID:** | 201276 |
| **Provider name:** | Empowered Ageing Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 12 August 2022 to 16 August 2022 |
| **Performance report date:** | 20 September 2022 |

# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Empowered Ageing, 26643, 5 Valencia Street, DURAL NSW 2158

# Overall assessment of Service

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
| Requirement 1(3)(c)  | HCP | Compliant |
| Requirement 1(3)(d)  | HCP | Compliant |
| Requirement 1(3)(e)  | HCP | Compliant |
| Requirement 1(3)(f)  | HCP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP  | Compliant |
| Requirement 2(3)(a) | HCP | Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
| Requirement 2(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Compliant |
| Requirement 3(3)(a) | HCP | Compliant |
| Requirement 3(3)(b) | HCP | Compliant |
| Requirement 3(3)(c)  | HCP | Compliant |
| Requirement 3(3)(d)  | HCP | Compliant |
| Requirement 3(3)(e)  | HCP | Compliant |
| Requirement 3(3)(f)  | HCP | Compliant |
| Requirement 3(3)(g)  | HCP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP  | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Not Applicable  |
| Requirement 4(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP  | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | HCP  | Compliant |
| Requirement 6(3)(a) | HCP  | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c)  | HCP | Compliant |
| Requirement 6(3)(d)  | HCP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP  | Not Compliant |
| Requirement 7(3)(a) | HCP  | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c)  | HCP | Not Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
| Requirement 7(3)(e)  | HCP | Not Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP  | Not Compliant |
| Requirement 8(3)(a) | HCP  | Compliant |
| Requirement 8(3)(b) | HCP | Not Compliant |
| Requirement 8(3)(c)  | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e)  | HCP | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; 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.
* the provider’s response to the Quality Audit report received 15 September 2022

# STANDARD 1 Consumer dignity and choice

#  HCP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers interviewed by the Assessment Team described support workers as kind, caring and respectful, and said they understood their individual preferences and cultural background and described how this is considered when delivering services, for example when preparing meals. Consumers interviewed by the Assessment Team stated they also felt respected and valued by all office staff.

Evidence analysed by the Assessment Team showed consumers are informed of their right to be treated with respect and their identity, cultural and diversity valued. Evidence analysed by the Assessment Team showed this is recorded in their service agreement and through the Charter of Aged Care Rights, which is provided to all consumers.

Consumers and/or representatives interviewed by the Assessment Team stated office and care staff understand the consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. Evidence analysed by the Assessment Team showed care plans demonstrated the service documents of a consumer has specific cultural needs and culturally specific personal care requirements. The Assessment Team noted interpreters are also used as needed. During interviews with the Assessment Team care staff and office staff were able to describe what culturally safe care was and how they tailor services for consumers.

Consumers and/or representatives interviewed by the Assessment Team stated they are supported to exercise choice and independence and do this by self-managing their package. Consumers and/or representatives interviewed by the Assessment Team stated they source their own regular support workers and communicate directly with them regarding setting details around their service delivery days and times. Consumers and/or representatives interviewed stated they advise the office staff who their support workers are and what hours they set with them to deliver services. Consumers and/or representatives stated during interviews if they wish to receive more hours they will advise the office staff at that point a review of the consumers budget is completed to see if it can accommodate this. Evidence analysed by the Assessment Team showed the provider is generally not involved in sourcing care staff, although does check support worker credentials and upload them into the database. Evidence analysed by the Assessment Team showed the office staff also assist where consumers need help in sourcing support workers or where complaints are identified.

Consumers and/or representatives interviewed by the Assessment Team described how the care and services they receive support them to remain living at home and how they are encouraged to do things independently. Consumers interviewed by the Assessment Team stated their support workers understand what is important to them and respect the decisions they make regarding their daily lives. Management interviewed by the Assessment Team stated any risks are identified during the consumer assessment results in consumers being referred to allied health professionals to undertake risk assessments as required, including the suitability of equipment to support consumers at risk of falls and for home modifications to ensure their home is safe. The Assessment Team noted copies of any reports regarding these assessments are kept on the consumer’s file.

Consumers and/or representatives interviewed by the Assessment Team stated they received information about the service and the home care package program, including a handbook and home care agreement, budget and care plan and charter of rights, when they commenced with the service. Consumers and/or representatives interviewed by the Assessment Team also confirmed they receive monthly statements and they can track unspent amounts in their package. Consumers and/or representatives interviewed stated they felt empowered as they were able to self-direct their package and the service assisted them with information at any time should they call.

Management interviewed by the Assessment Team described systems and processes in place to manage privacy and confidentiality. Support workers interviewed by the Assessment Team described how they respect the personal privacy of consumers when delivering care, including when they assist consumers with their showers or take them out into the community.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP  | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP  | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP  | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP  | Compliant |

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

During interviews with the Assessment Team the director outlined the assessment process they follow, the Director stated he uses the agreement form and care plan to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. Evidence analysed by the Assessment Team showed during care planning risks are identified and discussed with the consumer and/or their representative, during these discussions mitigating strategies are agreed upon and documented in the care plan, and the individual safety plan. Consumer documentation analysed by the Assessment Team included the identification of risks such as mobility issues, falls history, cognitive impairment, mental health issue, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation.

Support workers interviewed by the Assessment Team stated they are provided information by consumers and/or representatives as consumers and/or representatives are the ones hiring support workers in relation to their care needs and are provided with an access of the care plan that includes clear instructions. Care planning documentation analysed by the Assessment Team included specific tasks for registered nurses in accordance with consumer goals. Evidence analysed by the Assessment Team showed consumers are offered assistance with advance care planning, however the director when interviewed by the Assessment Team stated discussions in relation to end of life planning are not always appropriate. Consumers interviewed by the Assessment Team confirmed services meet their care needs.

Evidence analysed by the Assessment Team showed policies and processes are in place that describe how assessment and care planning development are undertaken, in consultation with consumers and/or their representatives. Consumer documentation analysed by the Assessment Team provided evidence of the assessments undertaken with the consumer and/or their representatives.

Consumers and/or representatives interviewed by the Assessment Team confirmed they participate in assessments and ongoing reviews and were involved in development of their care plan. Consumers and/or representatives interviewed by the Assessment Team felt they were well informed by the director of the services they could access through their home care package. Consumers and/or representatives interviewed by the Assessment Team were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Most consumers interviewed by the Assessment Team stated the services they receive are in accordance with their needs and preferences and agreed upon by them. Consumers and/or representatives interviewed confirmed they were provided with a copy of their current care plan.

Evidence analysed by the Assessment Team showed the initial assessment is conducted by the director and further referral to the registered nurse and/or allied health to conduct an assessment for consumers where clinical needs are identified. Evidence analysed by the Assessment Team showed care plans are then developed in partnership with consumers and representatives based on the information gathered via the assessment.

Evidence analysed by the Assessment Team showed system assistance review the individual care plan with each consumer annually or as needed. During interviews with the Assessment Team support workers stated they see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the representatives who then complete follows-up and keep them informed of any changes. The Assessment Team analysed evidence which showed most sampled care plans sighted were current, with reviews, conducted at least yearly, and as circumstances changed. The Assessment Team noted three out of twenty care plans were not reviewed within a year period, however current needs had not changed, and current progress notes analysed showed the consumers were receiving care as per the care plan.

The Quality Standard for the Home care packages service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP  | Compliant |

*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.*

# STANDARD 3 Personal care and clinical care

#  HCP Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and/or representatives receiving personal care and/or clinical care services were sampled through interviews with the Assessment Team, during these interviews’ consumers and/or representatives confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the support workers providing them. Consumers and/or representatives interviewed stated the service takes time to assess and understand their care needs and support workers consider individual preferences when providing direct care.

During interviews with the Assessment Team staff did not raise any issues regarding consumer’s personal or clinical care. The Assessment Team noted staff were able to provide examples where consumers were deteriorating they felt the processes in place and oversight by the director was adequate. Evidence analysed by the Assessment Team showed the director’s wife is a registered nurse and managed the consumers’ mental health assessment and helped them safely provide services to consumers.

During interviews with the Assessment Team the director stated due to the self-managed care model, the service does not source the staff or provide training for the staff. The service provider explained to the Assessment Team they encourage consumers to check their support worker’s credentials. Evidence analysed showed the service also encourages consumers and/or representatives to monitor the registrations of their registered nurses through AHPRA.

During interviews with the Assessment Team a representative stated the service refers consumers to an OT to assess the home environment to make sure it is safe for the consumer and staff. During interviews with the Assessment Team this representative also advised they are notified of any issues regarding their relative’s overall health or any incidents that may occur.

Support workers interviewed by the Assessment Team advised the service is good at following up on any incidents or hazards they report. Evidence analysed by the Assessment Team showed the service has a process in place to manage the risks of a consumer not responding to a scheduled visit and the process to follow is on the consumers’ information they receive. Evidence analysed by the Assessment Team showed the service has risk management practice in place to monitor, identify and manage risks relating to the care of consumers and plans in place to improve systems. Evidence analysed by the Assessment Team showed the service did not have an incident management system and risk management policy in place at the time of the Quality Audit. The Assessment Team noted as per a compliance report dated July 2022, they have not had any serious incidents.

Most consumers and/or representatives interviewed by the Assessment Team could not recall whether advanced care directives and end of life planning was discussed as part of their assessment. One representative interviewed by the Assessment Team did confirm they had received information and were in the process of completing it. During interviews with the Assessment Team the director advised he did not have any consumers who were on an end of life pathway but would raise this with consumers whose care needs increased due to this, the director stated services would be provided in line with the consumer’s and representatives’ wishes and based on any cultural preferences.

Consumers and/or representatives interviewed by the Assessment Team stated support workers knew consumers well and were confident they would identify any changes to overall health and wellbeing and report it back appropriately. Consumers and/or representatives interviewed stated they had contact numbers to ensure after hours coverage if required. Consumers and/or representatives interviewed by the Assessment Team indicated referrals have been made as needed to allied health, such as occupational therapists, equipment, home modifications, and physiotherapists due to increasing mobility needs.

Support workers interviewed by the Assessment Team confirmed they inform representatives regularly about the consumer’s overall health and wellbeing and note any changes to this. Support Workers stated during interviews that following care reviews, they are notified of any changes required in care and they are updated by the representative when changes are made to needs or services following care reviews.

Consumers and/or representatives interviewed by the Assessment Team confirmed their needs and preferences are effectively communicated, as they did not usually have to repeat the same information to care staff. Consumers and/or representatives interviewed also confirmed support workers usually know if anything has changed regarding their care.

Support workers interviewed by the Assessment Team confirmed they are given enough information to provide suitable care by the consumer who are effectively their employer. Support workers stated to the Assessment Team this includes information on individual needs and preferences.

The Assessment Team analysed evidence which showed for all consumers sampled, documents including assessments, care plans and dated notes provided detailed information to support effective and safe sharing of the consumer’s care. The Assessment Team noted although some consumers’ files did not have a large number of support worker dated notes, coordination staff notes were frequent, detailed and reflected discussions with consumers and/or representatives and allied health services.

Consumers and/or representatives interviewed by the Assessment Team were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and medical specialists. Consumers and/or representatives interviewed by the Assessment Team stated this usually happens in a prompt manner.

During interviews with the Assessment Team the director stated they assist consumers with referrals back to My Aged Care for higher-level packages when this was required due to a change in care needs. Evidence analysed by the Assessment Team showed the director and system assistant liaise closely with consumers and/or representatives and allied health professionals on an as needs basis and monitor the outcomes for consumers.

Consumers interviewed by the Assessment Team confirmed support workers take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. Consumers interviewed by the Assessment Team stated they had also been provided with information from the service provider regarding safe practices for them during COVID-19. All consumers and representatives interviewed by the Assessment Team felt staff practices kept them safe. Support workers interviewed by the Assessment Team stated they had received training on COVID and use of PPE. Support workers interviewed by the Assessment Team described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. Evidence analysed showed support workers conduct self-checks on their health and check the health of consumers when attending to provide care and any issues are reported to their coordinator.

The Quality Standard for the Home care packages service is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP  | Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP  | Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP  | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP  | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living

#  HCP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and/or representatives interviewed by the Assessment Team stated they are encouraged to stay active to maintain their physical independence, Consumers and/or representatives interviewed stated consumers are referred to physiotherapists as needed, who may recommend exercise programs, which their support workers can assist them with if needed. During interviews with the Assessment Team Consumers and/or representatives provided examples of how the service assists them with accessing mobility equipment when needed. During interviews with the Assessment Team consumers and representatives also provided positive responses regarding services received from support staff to do the things they want to do.

Support workers interviewed by the Assessment Team were able to give examples of individual needs and preferences and how they assist consumers in daily living. Examples mentioned included providing services at a time the consumer has requested and taking consumers to their favourite shopping centres or to their preferred social activities. The Assessment Team noted this aligned with information provided in their care plans.

Consumers and representatives interviewed by the Assessment Team advised they enjoy services and feel comfortable, happy and safe with their support staff while receiving care. Consumers and representatives stated support workers check how they are on each visit and if they have any concerns will report this to the service. Consumers and representatives interviewed also provided positive feedback on how being socially connected also helped them emotionally.

Support workers interviewed by the Assessment Team stated if they have any concerns they discuss them with the service, who can make appropriate referrals if needed. The Assessment Team noted support workers showed good knowledge of individual consumers’ needs, personalities and interests, as did office staff interviewed.

Evidence analysed by the Assessment Team showed consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. The Assessment Team noted identified needs are input to care plans and reviewed on an ongoing basis. Progress notes analysed by the Assessment Team on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required.

Consumers and/or representatives interviewed by the Assessment Team provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. Consumers and/or representatives interviewed stated they have plenty of opportunities to do things that are meaningful to them and the support workers will take them wherever they wish. Support workers interviewed by the Assessment Team were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community or social activities within the village they like to attend.

Consumers and/or representatives interviewed by the Assessment Team were satisfied the service had good communication systems in place to ensure support workers and office staff all staff knew their needs and when changes occurred with their care. Support workers interviewed by the Assessment Team stated they were satisfied with the information they receive in care plans as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. Support workers stated details of support needed is included in the care plans and care plans are updated as needs change, following consumer reviews and consumer requests.

Consumers and/or representatives interviewed by the Assessment Team stated referrals are made from time to time, with their permission, but usually they will just get the information off the manager and contact the service themselves, as they like to be independent. Office staff and management interviewed by the Assessment Team outlined referral processes and noted the importance of timely referrals for consumers. Support staff interviewed by the Assessment Team advised they may have contact with the service from time to time, usually by emails or a quick call, but said care plans are usually updated with anything following referrals.

Many consumers and representatives interviewed by the Assessment Team advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and choice of equipment to choose from. Consumers and representatives interviewed by the Assessment Team stated they can also claim the costs of maintenance when needed. Support staff interviewed by the Assessment Team advised equipment is listed in the consumer’s care plan and any instructions for it’s safe use. Support staff interviewed by the Assessment Team stated they check equipment for safety as needed and would report back any issues to the service. Management interviewed by the Assessment Team advised consumer equipment is accessed based on individual needs and provided through individual package funds. Evidence analysed by the Assessment Team showed details are included in care plans for more complex equipment such as lifters and whether the consumer uses any mobility equipment.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(f) is Not Applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP  | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP  | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP  | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP  | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP  | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

#  HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for the Commonwealth home support programme service is assessed as Not Applicable as three of the three specific requirements have been assessed as Not Applicable.

# STANDARD 6 Feedback and complaints

#  HCP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall consumers and/or representatives interviewed by the Assessment Team confirmed they are encouraged and supported to provide feedback and make complaints. During interviews with the Assessment Team the director described listening to the consumers concerns and providing information and options to address their concerns. The compliance officer interviewed by the Assessment Team stated that the service is upgrading their web page which will allow consumers and representatives to provide feedback and complaints from the ‘contact us’ option.

Consumers and/or representatives interviewed by the Assessment Team stated they had received information on their right to advocates and advocacy services in their community as well as alternative ways of raising and resolving complaints. Consumers and/or representatives interviewed by the Assessment Team stated they understood how to access interpreter services if required, but those interviewed had not required this service. During interviews with the Assessment Team the director advised the consumers and representatives are encouraged to have an advocate.

All consumers and/or representatives interviewed by the Assessment Team stated they were comfortable in raising any complaints or providing feedback directly to the director, as they knew him from their initial meeting and subsequent ongoing contact. During interviews with the Assessment Team the director stated he discusses the complaints policy and the advantages of nominating a representative in his initial meeting with new consumes and their representatives. The director stated to the Assessment Team that several of the consumers have advocates acting for them.

During interviews with the Assessment Team the director advised clearly defined process for the management of feedback and complaints are in place. The director stated the individual making the complaint is kept informed of the progress of the complaint and the outcome. During interviews with the Assessment Team the director advised, if there are any delays with the processing of claims or reimbursements to the consumers, representatives or third parties, the concerned party is informed, and any issues are resolved directly with the concerned party. The director stated if the delay is on the part of the service provider standard procedure is to apologise and prioritise the payment.

Feedback from consumers and/or representatives interviewed by the Assessment Team on their experience of the complaints’ management process was overall positive. Consumers and/or representatives interviewed by the Assessment Team stated the director was upfront and explained to them about the home care package and what were claimable items and that the costs were in line with their care budget.

The Quality Standard for the Home care packages service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP  | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP  | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP  | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP  | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

#  HCP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

During Interviews with the Assessment Team the director and compliance officer outlined how the service ensures the workforce is planned and the number and mix of members of the workforce enables delivery of prompt and quality care and services. Evidence analysed by the Assessment Team showed the service demonstrated there is effective human resource management systems to support skilled and qualified staff for the aspects of care and service that the service provides, which is limited to key areas of developing care plans and care budget in line with the consumers home care package, supporting and guiding the consumers and representatives to engage their care workers and contracted services and payments. Most consumers and/or representatives interviewed by the Assessment Team stated they has sufficient numbers of support workers based on their funding under their package.

Consumers and/or representatives interviewed by the Assessment Team stated their support workers treat them with kindness and respected them as individuals. The assessment team observed and noted the staff and the director talking with consumers and representatives with courtesy and listening to the consumers relaying their stories.

During interviews with the Assessment Team the director stated they have recruitment and onboarding processes in place to ensure staff have the appropriate skills and knowledge to assist recipients of Commonwealth Home Care packages to self-manage those packages. The compliance officer when interviewed by the Assessment Team stated staff are trained to perform the administrative tasks associated with creation, implementation and monitoring of the care plan. Evidence analysed by the Assessment Team showed all staff receive a formal orientation to the organisation. The director advised the Assessment Team the consumers and/or representatives are responsible for hiring support workers who are trained and skilled, and they were comfortable to have as their carer.

During interviews with the Assessment Team the director advised that he provides one on one training to all staff on procedures related to creating and reviewing care plans, entering reimbursement claims and invoices in line with care plans and budgets. The director stated during interviews with the Assessment Team he provides ongoing training through feedback on their work performances. Staff interviewed by the Assessment Team confirmed receiving induction training and ongoing coaching and support from the director and operations manager.

For additional evidence and examples refer to the specific requirements below.

The Quality Standard for the Home care packages service is assessed as Not Compliant as two of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP  | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP  | Not Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Evidence analysed by the Assessment Team and subsequently included in the Assessment Team Report shows the service has an understanding of this requirement and how it relates to Aged Care Services, however the Assessment Team included the below information in their Assessment Team Report.

The client management system (CRM) utilised by the service provider held information about the support workers and contracted service providers engaged by the consumers and/or representatives for reference and payment processing. However, the service provider did not provide the assessment team access to a data base of all the support workers engaged by the consumers to demonstrate the support workers chosen by the consumers and representatives were appropriately skilled, qualified, insured and met the police check requirement. Additionally, the service provider’s Home Care Agreement does not clearly require the consumers and representatives to verify and supply full documentation of their selected workers to the service provider.

The Decision Maker has noted the Service Provider responded promptly and proactively to the assessment teams’ findings, the Service Provider provided a detailed and comprehensive response, which included additional clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Service Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Service Provider was not compliant with this Requirement. The Decision Maker noted the Service Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP  | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP  | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

During interviews with the Assessment Team the director advised he has performance appraisals in place for ongoing monitoring and reviewing of the performance consumers support workers. For example, he said he has the delegation to approve payments and as part of the validation of the claim process, he looks at the care plan and care budget. He can assess the quality of work and performance by the staff. During interviews with the Assessment Team the director said the service does not assess or monitor the performance of the support workers as they are not the employees of the service. He said he relies on the consumers and the representatives to provide feedback.

The assessment team found based on evidence analysed whilst the service provider has regular review and feedback systems for its staff to monitor and review their performances, the service provider did not provide the assessment team any policy and procedures on how it undertakes independent assessment of the performance of the support workers to be satisfied the outcomes required by these standards are being met even though it approves the payments claimed by the support workers. The service provider advised the support workers are employed by the consumers.

The Decision Maker has noted the Service Provider responded promptly and proactively to the assessment teams’ findings, the Service Provider provided a detailed and comprehensive response, which included additional clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Service Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Service Provider was not compliant with this Requirement. The Decision Maker noted the Service Provider has proactively planned and/or already implemented significant corrective action.

# STANDARD 8 Organisational governance

#  HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Evidence analysed by the Assessment Team showed the service provider demonstrated they encourage involvement of consumers and representatives in the planning, delivery and evaluation of their care needs and services. Evidence analysed showed the organisation has formal processes to seek consumer and/or representative input and while not all consumers and representatives interviewed by the Assessment Team could recall involvement in activities such as questionnaires or interviews, there was evidence of these formal processes being undertaken. Four consumers and representatives interviewed by the Assessment Team stated they provide regular feedback on various issues and concerns relating to prompt payment of claims and monthly statements. These four consumers interviewed by the Assessment Team stated the director is very open and listens to them and explains the reason why there is a delay or sometimes says he will make changes.

Evidence analysed by the Assessment Team showed the compliance officer meets regularly with the director and discussions include individual clinical needs of consumers and any identified risks. Examples of discussions were sighted by the Assessment Team and evaluated.

Evidence analysed by the Assessment Team showed the service did not demonstrate it understands and applies all requirements within the Quality Standards. The Assessment Team interviewed the director, staff, consumers, representatives, consumer hired support workers and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services, as assessed through the Quality Standards.

Evidence analysed by the Assessment Team showed while consumers are engaged in the development and review of their care plans and are satisfied, there is no evaluation of the quality of their care and services and the governing body did not demonstrate how it promotes a culture of safe, inclusive, quality care or is accountable for monitoring all aspects of care and services. The Assessment Team noted based on evidence analysed that governance systems relating to regulatory compliance were ineffective.

Evidence analysed by the Assessment Team showed effective risk management systems were not in place. Evidence analysed by the Assessment Team showed key risks associated with the care of the consumers were not adequately identified and addressed through assessment and care planning processes.

For additional evidence and examples refer to the specific Requirements below.

The Quality Standard for the Home care packages service is assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP  | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP  | Not Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Evidence analysed by the Assessment Team showed the service provider did not demonstrate it promotes a culture of safe, quality care and services and is not accountable for the oversight of the services received by the consumers under the home care package. Evidence analysed by the Assessment Team showed while the service in its capacity as the approved provider is involved in the development of consumers care plans and payments, there is no evidence the service has policies and procedures to evaluate the quality of care and services received by the consumers meet the Quality Standards. Three specific examples are included below:

The Assessment Team noted based on evidence analysed that the director did not demonstrate how they maintains oversight of services received by the consumers and how they respond to information received to ensure the delivery of safe and effective services. Evidence analysed by the Assessment Team showed there is no formal feedback or reporting mechanism which enables the service provider to know the care and services delivered are of best practise standard because in large part it relies on consumer and representative feedback. The Assessment Team noted there was no evidence of any system or supporting policies by which the support provider assesses compliance and satisfy itself that the Quality Standards are being met.

Service staff interviewed by the Assessment Team stated they do not always receive the information they need from the consumers and representatives in relation to accidents/incidents to drive improvements to ensure the delivery of safe and effective care to meet the Quality Standards. The assessment team noted the service provider as part of its continuous improvement plan is developing a Serious Incident Reporting process and a centralised complaint register to address this gap.

Evidence analysed by the Assessment Team showed the service does not have guidelines to provide to the consumers and representatives, so they are aware of the quality of care they should expect to receive for example where a support worker is transporting a consumer, there is a safe driving policy or where a support worker is preparing meals, there is a safe food handling procedure. The Assessment Team noted this information is accessible to the support worker.

The Decision Maker has noted the Service Provider responded promptly and proactively to the assessment teams’ findings, the Service Provider provided a detailed and comprehensive response, which included additional clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Service Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Service Provider was not compliant with this Requirement. The Decision Maker noted the Service Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP  | Not Compliant |

*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.*

**Findings & Evidence**

Evidence analysed by the Assessment Team showed the organisation did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to regulatory compliance. However, the Assessment Team noted based on evidence analysed by the Assessment Team that the organisation did demonstrate effective systems were in place for information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

**Regulatory compliance**

Evidence analysed by the Assessment Team showed the service provider did not demonstrate they meet their responsibilities and accountabilities as a service provider under the Commonwealth Home Care Package. Evidence analysed showed the current level of monitoring of carer background checks, certificates and training credentials do not meet the Quality Standards requirements.

Evidence analysed by the Assessment Team showed the service provider did not demonstrate it has effective systems and processes in place to support the service to meet all regulatory requirements as an aged care provider. For example, the staff were not able to tell the Assessment Team if all of the support workers hired by the consumers had their police checks, insurance and training credentials updated into the CRM. Evidence analysed by the Assessment Team showed the service provider does not have an effective system in place to ensure that each carer engaged by the consumer or representative has a current police check, which is not more than three years old, in the event they may be required to have unsupervised access to consumers on occasion.

Feedback was provided to the director by the Assessment Team at which time he acknowledged the deficiencies brought forward by the assessment team but responded stating he did not want to risk a consumer going without a carer and that his ‘clients’ were very assertive with their choice of carers.

The Decision Maker has noted the Service Provider responded promptly and proactively to the assessment teams’ findings, the Service Provider provided a detailed and comprehensive response, which included additional clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Service Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Service Provider was not compliant with this Requirement. The Decision Maker noted the Service Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP  | Not Compliant |

*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.*

Evidence analysed by the Assessment Team showed the service did not demonstrate there is a framework or systems to assist the service to help them identify and respond to risks to the health, safety and well-being of consumers. Evidence analysed by the Assessment Team showed key risks associated with the care of the consumers were not adequately identified, addressed or monitored through assessment and care planning processes to help consumers live the best life they can. Evidence analysed by the Assessment Team showed the service does not trend or analyse incidents to prevent similar incidents occurring in the future. Three examples include:

The assessment team could not find any evidence that there were systems and processes in place to consider individual risks for consumers regarding emergency planning for disasters. Evidence analysed by the Assessment Team showed risk management plans for the continuity of services during local disasters or emergencies do not exist. The assessment team noted that a compliance officer has been recruited recently and these issues will be addressed through the service provider’s monthly compliance reporting.

Evidence analysed by the Assessment Team showed the service provider is the sole operator and is the only person in the service who has authority to approve claims and payments. The assessment team was not provided with a contingency plan in the event the director is unable to fulfil his role.

During interviews with the Assessment Team staff and support workers did not demonstrate they know what harm, abuse and neglect looks like for aged care consumers and there was no evidence of policies or procedures in place to support them to understand their roles and responsibilities for identifying this. The assessment team could not find any guidance material in this regard which would assist the support workers providing in home support to consumers. The compliance officer when interviewed by the Assessment Team reported that the service provider is reviewing the risk management procedure and will look to include notification options for advocates and support worker input.

The Decision Maker has noted the Service Provider responded promptly and proactively to the assessment teams’ findings, the Service Provider provided a detailed and comprehensive response, which included additional clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Service Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Service Provider was not compliant with this Requirement. The Decision Maker noted the Service Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP  | Compliant |

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP  | Not Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP  | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP  | Not Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP  | Not Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP  | Not Compliant |

*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.*