**Performance**

**Report**

**1800 951 822**

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| Name: | Endeavor In Home Services |
| Commission ID: | 201506 |
| Address: | 10 Bridge Street, GRANVILLE, New South Wales, 2142 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 September 2024 |
| Performance report date: | 7 November 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: 8896 Endeavor In Home Care Pty Ltd  
Service: 26747 Endeavor In Home Care Pty Ltd

**This performance report**

This performance report has been prepared by Decision Maker Grace Hope-Simpson, 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.
* Performance Report for the Quality Audit conducted from 14 November 2023 to 15 November 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 8** Organisational governance | **Not Applicable** |

# 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

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Since a Quality Audit was conducted from 14 November 2023 to 15 November 2023, the service has been non-compliant in Standard 2 Requirement (3)(b), Standard 2 Requirement (3)(e), and Standard 8 Requirement 8(3)(c). An Assessment Contact (performance assessment) site visit was conducted on 11 September 2024 to reassess this non-compliance. The findings of the Assessment Contact, the provider’s response to the assessment contact report and my decision regarding the compliance of the service against the assessed requirements, is outlined below.

**Requirement 2(3)(b)**

Requirement 2(3)(b) was found non-compliant in September 2023 as the service was unable to demonstrate assessment and planning identified and addressed consumer advance care and end of life planning.

During the Assessment Contact conducted on 11 September 2024, the Assessment Team found the actions taken in response to the non-compliance have been fully implemented and are effective. The Assessment Team found the following information relevant to my finding:

* A new care plan template has been introduced which includes a section to document and record where advance care planning and end of life discussions have taken place.
* Management has introduced a quarterly review of care and service documentation to ensure all care plan reviews are conducted and actioned. This is now included on the service’s internal audit checklist.
* Consumers said they receive care and services in accordance with their expressed needs and preferences.
* Care planning documents are detailed and easy to read. They accurately reflect what consumers explained were their needs and preferences.
* Management and interviewed staff demonstrated sound understanding of individual consumers and could accurately describe their circumstances, needs and preferences.

In coming to my finding, I have considered the previous Performance Report, evidence in the Assessment Team’s report and their recommendation. Based on the information summarised above, I am satisfied that the service has taken significant steps in ensuring consumers and representatives are supported to consider and make advanced care and end of life plans, where they wish to do so. I am satisfied the service has implemented monitoring and internal auditing processes to ensure changes in assessment and planning practices are embedded and sustained. Therefore, I find the service is now compliant with Requirement 2(3)(b).

**Requirement 2(3)(e)**

Requirement 2(3)(e) was found to be non-compliant following the November 2023 Quality Audit as the service was unable to demonstrate consistent review of consumer care and services when consumers’ circumstances change, or incidents impact their needs, goals or preferences. There was an inconsistent approach to documentation, with significant differences in standards of documentation across two offices.

At the time of the Assessment Contact – Site, the Assessment Team found the following information relevant to my finding:

* As previously outlined, a new care plan template has been introduced and is updated when a consumer’s circumstances change. Sampled care plans were up to date and evidenced review of care and services when incidents or changes occur.
* A new information management system has been introduced.
* Care managers understood their responsibilities for care planning, assessment and review, particularly when changes occur. They described their processes to support consumers with regular scheduled phone calls and confirmed they use these to monitor consumers for changes.
* Support workers said care and planning documentation is updated when changes occur, and they received telephone handovers from case managers informing them changes. They confirmed training was available to them to recognise signs of deterioration.
* Electronic alerts on care workers’ devices prompt them to report signs of deterioration.
* Management has introduced a quarterly review of care and service documentation to ensure all care plan reviews are conducted and actioned. This is included on the service’s internal audit checklist.
* Incident forms are now completed by staff and reviewed daily by management to inform decision-making for review or changes to consumers’ care plans.

The Assessment Team found the above actions taken in response to the non-compliance have been fully implemented and are effective.

In coming to my finding, I have considered the previous Performance Report, the Assessment Team’s recommendation, and evidence in the Assessment Team’s report. Based on the information outlined above, I am satisfied that the service has taken significant steps to ensure consumers’ care and services are reviewed following changes and incidents. Staff are supported to recognise changes and respond to deterioration and the service has implemented quality checks to ensure changes in practice are embedded and sustained. Therefore, I find the service is now compliant with Requirement 2(3)(e).

# Standard 8

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| 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 |

Findings

**Requirement 8(3)(c)**

Requirement 8(3)(c) was found non-compliant following a Quality Audit undertaken from 19 March 2024 to 21 March 2024 as the service was unable to demonstrate an effective organisation wide information management system. Care documentation was inconsistently recorded, and deficiencies were noted in the quality and quantity of information held, with marked differences across offices.

At the time of the Assessment Contact – Site, the Assessment Team found the following information relevant to my finding:

* The service has introduced a new information management system. It allows staff to access policies, procedures, emails, consumer care planning documentation, and enter ‘real time’ progress notes via an application on their mobile devices.
* Case managers maintain oversight of information entered into the system
* Existing policies and procedures are in the process of being reviewed and customised to reflect service procedures nationally.

The Assessment Team found the actions taken in response to the non-compliance have been fully implemented and are effective.

In coming to my finding, I have considered the previous Performance Report, and evidence in the Assessment Contact report. Based on the information summarised above, I am satisfied that the service has taken sufficient steps in improving information management at the service. The service has embedded use of the new information management system, and has implemented quality checks and appropriate oversight, to ensure consistent record keeping occurs and staff can access information they need. Other governance systems within the scope of this requirement were also found to be effective. Therefore, I find the service is now compliant with Requirement 8(3)(c).

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)