**Performance**

**Report**

**1800 951 822**

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| Name: | Ezyas@Home Pty Ltd |
| Commission ID: | 701070 |
| Address: | 4 Whalley Street, BARGARA, Queensland, 4670 |
| Activity type: | Quality Audit |
| Activity date: | 28 November 2023 to 30 November 2023 |
| Performance report date: | 4 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

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

Provider: 8875 Ezyas@Home Pty Ltd

Service: 26171 Ezyas@Home Pty Ltd

**This performance report**

This performance report for Ezyas@Home Pty Ltd (**the service**) has been prepared by E Blance, 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 and their representatives and others.
* the provider’s response to the assessment team’s report received 3 January 2024.
* other information known by the Commission.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers were treated with dignity and respect. Consumers’ cultural diversity was supported by staff who ensured consumers’ care needs were met with respectful interaction. Staff demonstrated knowledge of consumers’ cultural backgrounds. Consumers said staff showed interest in their life and respected their personal circumstances. A code of conduct established the appropriate behaviour and conduct of staff when interacting with consumers.

The service’s Diversity policy provided staff with information about the service’s expectations and how it appreciated and respected the cultural backgrounds of its consumers. Staff demonstrated an understanding of delivering care to individuals with different cultural backgrounds.

Consumers and their representative’s said consumers were supported to make their own decisions. Management and staff evidenced knowledge of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Consumers and their representatives felt supported by the service to live their best life. The service had a variety of processes to determine potential risks to consumers and strategies to help mitigate risks where required. Vulnerability assessments and home assessments identified risk factors for consumers.

Consumers and their representatives confirmed information they received was current, accurate, and timely. Consumers and their representatives stated they were actively involved in discussions with the service. Strategies were used to help communicate with consumers who experienced communication barriers. Statements were provided monthly and easy to understand.

Consumers’ privacy was respected and confidentiality of their personal information was maintained. Permission was sought from consumers before entering a consumer’s residence or attending to any personal care or services. Staff said they ensured each consumer's electronic profile was securely locked and staff only had access to consumer profiles they were scheduled to provide services to.

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

# Standard 2

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

Findings

Consumers and their representatives considered assessment and care planning delivered safe and effective care and services. Assessments considered potential risks to consumers’ health and wellbeing including for falls, cognition, and skin integrity. Staff could describe the assessment processes. Policies and procedures guided staff practice.

Care documentation demonstrated consumers’ individual needs, goals, and preferences were addressed, this included advance care planning where relevant. Staff could describe the processes for discussion about the consumer’s end of life wishes. Consumers and their representatives confirmed the service continued discussions about end of life to ascertain any change to information.

Care planning documentation demonstrated planning was completed in partnership with consumers and others they wished to be involved. Other healthcare providers and organisations were included in the assessment and planning for consumers. Staff could describe the assessment and planning process. Consumers confirmed staff consulted with consumers and their representatives on a regular basis.

Consumers and their representatives said staff discussed consumers’ care needs and the information in the consumers’ care plan. Consumers said they had a copy of their care plan. The outcomes of assessment and planning were documented. The Assessment Team observed care planning documents were readily available to staff delivering consumer care and services.

Care plans were regularly reviewed, when circumstances changed or if there was an incident involving a consumer. Consumers said staff were responsive when there was a change to their circumstances. When incidents occurred, this triggered a review of the care plan which included relevant allied health professionals where necessary.

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

# Standard 3

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

Findings

Consumers and their representatives were satisfied with the quality of clinical and personal care provided by the service. Staff demonstrated knowledge of consumers’ needs, goals, and preferences and how the service ensured care was tailored to consumers’ needs. Care and service plans included consumers’ personal and clinical care needs with sufficient detail to guide care staff in the delivery of care and services. Policies and procedures guided staff practice.

High impact, high prevalence risks to consumers was managed effectively via ongoing monitoring, clinical review, and care planning in consultation with other health professionals where required. Staff could describe the main risks to the consumers and strategies to mitigate risks were implemented. Management reviewed, trended and analysed clinical incidents and quality indicator data.

The service had systems and processes to support consumers where end of life care is required. End of life care is discussed with the consumer, their representative and medical officer, and/or the local hospital palliative care team. End of life care can include medication and pain management, hygiene and continence care, and emotional support. Where required, staff can be provided 24 hours a day to maintain the consumer’s comfort and dignity.

The service had processes to identify and timely manage a deterioration or change in a consumer’s health. Care staff were aware of how to recognise and respond to changes in consumers’ health for example contact an Ambulance. Progress notes completed at the end of every shift report any potential or actual physical, cognitive, or social deterioration related to consumers.

Information about consumers’ care and services needs were contained in the service’s electronic care management system with hard copy files available in consumers’ residences. Staff could access accurate and up to date information about consumers’ conditions, needs, preferences, and care strategies via a mobile App. Care documentation included information about consumers and was communicated with other health professionals such as the medical officer, physiotherapist, and dietitian.

Consumers had access to a medical officer and other health professionals when required. Care documentation demonstrated consumers were referred to their medical officer and allied health specialists and care recommendations were documented in care and service plans. Staff reported following a fall, a consumer would be referred to the physiotherapist for a post-fall assessment, if a consumer was having difficulty swallowing, they would be assessed by the speech pathologist, or if they were experiencing unplanned weight loss they would be referred to a dietitian.

The service had an infection prevention and control program. Consumers were satisfied with the quality of care and services provided. Staff were provided with training in infection control practices and had access to personal protective equipment (PPE). Staff evidenced an understanding of antimicrobial stewardship (AMS).

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

# Standard 4

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

Consumers and their representatives were satisfied they received supports for daily living that aligned with their goals and preferences. Staff understood consumers’ daily living preferences and provided appropriate support while also maintaining consumers’ independence.

Staff understood consumers’ and provided appropriate emotional support. Care and service plans guided staff to support consumers’ emotional, spiritual, and psychological well-being. Consumers were supported with social visits and church services.

Consumers were supported to attend a range of activities including respite centres, personal services, shopping and recreational activities. Care and service plans guided the delivery of services and supports that met consumers’ preferences.

The service’s processes to communicate information about consumers within the organisation and with others was effective. Staff had access to accurate and up to date information about consumers’ needs and preferences. Care staff had access to sufficient information to deliver services that met consumers’ needs and preferences.

The service had processes for referring consumers to other organisations and individuals involved in the consumer’s care for example the Community Volunteer Scheme. Consumers were provided on entry to the service, information about external organisations and providers.

Consumers were satisfied with the quality, quantity, and variety of meals. Consumers’ dietary requirements, including allergies were documented and consumers were supported to order meals of their choice for example through delivery of a frozen meal service or cook fresh in their home.

Consumers were assisted to purchase equipment to meet their needs. Staff ensured equipment such as motor vehicles were safe and well maintained. There were processes to ensure private vehicles were registered, insured, regularly serviced, and adequately maintained. The service provided a small range of equipment for consumer use.

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and their representatives could provide feedback or make a complaint and they felt comfortable to do so. Management and staff demonstrated the processes in place to encourage and support feedback and complaints including verbal feedback to staff and management, surveys, and when undertaking care planning reviews. A feedback and complaints policy guided staff practice. Different avenues of making complaints included verbal feedback to staff and management, surveys, and when undertaking care planning reviews.

Information about advocacy and interpreting services were made available to all consumers via brochures and within an information pack. Documentation demonstrated the service was actively promoting advocacy services. Policies and procedures guided staff practice.

Consumers and their representatives said staff and management were responsive when they raised concerns and an apology was offered in the resolution process. Staff and management demonstrated an understanding of utilising open disclosure throughout the complaints process.

Consumers and their representatives who provided feedback to the service said say the service made efforts, or were able to make changes, to improve care and services. Feedback provided by consumers was effectively monitored and actioned where appropriate. Complaints and feedback were monitored by management.

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

# Standard 7

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

Findings

Consumers said staffing was consistent. Contingency plans were in place to replace staff for both planned and unplanned leave, and rosters were reviewed to ensure staff allocations were meeting the changing needs of consumers.

Staff were kind, caring and gentle when providing care. Staff could describe consumers’ backgrounds, culture, and identity and those important to the consumer. Staff interactions were monitored by management.

Staff felt they had the necessary skills to perform their role and were supported by management. Consumers and their representative’s said staff were competent. Relevant qualifications and registrations were verified where required, and these were kept and reviewed regularly.

The service had processes for the recruitment, induction, and onboarding of staff. The service provided online and face-to-face education for staff, including education about key elements of the Quality Standards, and Serious Incident Response Scheme (SIRS).

The performance of staff was regularly assessed and monitored in line with the service’s policy and procedures.

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers were supported to be engaged in the development, delivery, and evaluation of care and services through consumer feedback, surveys, and regular communication with management. Consumers and their representatives considered the organisation was well run. Care documentation and the continuous improvement plan (CIP) identified consumer participation and evaluation.

The Directors were informed of the service’s operations through informal governance frameworks, leadership and reporting pathways, and feedback and complaint mechanisms. Incidents and feedback were managed at the service level. The organisation communicates its meaning and purpose to the workforce and consumers including providing clear information to consumers that explained the assistance they can receive in a way they will understand.

The organisation had effective governance systems. Information about consumers was accessible to staff through the organisation’s information management systems, which was username and password protected. The organisation provided consumers information in a way they could understand.

All incidents, feedback, complaints, and other risks were identified through the organisation’s incident and feedback reporting procedures. The organisation has a CIP that determines the overarching direction of the organisation and tracks progress against time frames.

The organisation’s Directors had responsibility for preparing the yearly budget and forecasting which included workforce review and consideration of planning and purchases as well as development and quality improvement investments.

Management and employees were provided with adequate information to ensure they had a clear understanding of their roles, responsibilities, and accountabilities.

Regulatory changes were received and managed by management, who then disseminated them to appropriate parties throughout the organisation. The organisation had up to date policies and procedures to reflect regulatory changes, including the introduction of the SIRS to home and community care. Consumers were provided with a copy of the Charter of Aged Care Rights. The organisation had processes to meet its obligations in reporting the COVID-19 vaccination status of the workforce to the Department of Health and Aged Care.

Feedback was used to improve care and services. The Directors were kept informed of all feedback provided to ensure oversight of the quality of care and services was maintained.

The organisation was able to provide frameworks and policies to manage high impact high prevalence risk and respond to incidents at the service. Policies and procedures for managing risks were in alignment with best practice. Consumers were supported to take risks and participate in activities to enable them to live their best life. Policies and procedures in relation to incident reporting captured types of incidents to report under SIRS and reporting timeframes.

The organisation’s policies and procedures in relation to open disclosure, antimicrobial stewardship, and restrictive practice was included within staff orientation and mandatory education. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint, and open disclosure were implemented on a day-to-day basis.

I have reviewed the assessment team report and the service provider’s response. Based on the information summarised above, I am satisfied the standard is compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)