**Performance**

**Report**

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| Name: | Family Based Care Association North West Inc |
| Commission ID: | 300511 |
| Address: | 73-75 Mount Street, BURNIE, Tasmania, 7320 |
| Activity type: | Quality Audit |
| Activity date: | 5 March 2024 to 6 March 2024 |
| Performance report date: | 8 April 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: 2003 Family Based Care Association North West Inc  
Service: 26651 Family Based Care Association North West inc

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7833 Family Based Care Association North West Inc  
Service: 24756 Family Based Care Association North West Inc - Care Relationships and Carer Support  
Service: 24755 Family Based Care Association North West Inc - Community and Home Support

**This performance report**

This performance report for Family Based Care Association North West Inc (**the service**) has been prepared by Nicola Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 4 April 2024.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

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

Consumers and representatives confirmed consumers are treated with respect by staff at the service, their cultures and identities valued. Care documentation reflected planning and consideration to individual needs and preferences, capturing consumer background, culture, and diversity. Management explained they were in the process of establishing dedicated cultural advisors to ensure care and services are culturally safe.

Staff described how they support consumers with choice and independence by offering options and providing opportunities for discussion. A welcome pack provided to each consumer signing on with the service includes the Charter of Aged Care Rights and supports the choices of consumers. The service prioritises a delivery of care model that supports and encourages reablement and independence through care planning and assessment, that considers risk and works to mitigate these to optimise independence. This was supported by a consumer account who has been able to access assistance with home modifications to enable use of a property for leisure activities.

The service develops a quarterly newsletter that is published on their website and provides each consumer with a welcome pack developed for HCP and CHSP that includes information about the service and external advocacy services and well as contact information for the Aged Care Quality and Safety Commission.

Consumers and representatives were satisfied with protections to their privacy and confidentiality as well as their choice of who receives information and in which format. Care staff have individual personally issued tablets to access electronic care plans and information which are password protected.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

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

Management explained how consumers are provided with information to prepare for initial assessment and care planning and there are policies and procedures in place to guide staff in the assessment and planning process. Staff explained the care plan is used for guidance on how to deliver care and services to consumers, they follow the care plan closely as it details what services they deliver to the consumer.

Care plan documentation demonstrated application of the assessment process, included advance care planning discussions and consumers confirmed they were satisfied with the way assessment and planning addressed consumer needs, goals, and preferences.

Consumer choice in the delivery of services is considered and discussed, where necessary other organisations are engaged to provide services unavailable with existing resources. Support and care plan’s detailed consumer choices with the type, frequency, delivery times and days of their services. This was supported by consumer accounts confirming access to allied health services and use of HCP funds in areas such as continence care.

Staff confirmed that care plans contain clear guidance related to individual needs and while hard copies of care plans are not automatically provided, discussions are held about changes and modifications to care planning as they occur. The service has a review process requiring a review by phone every 12 months and a home visit every 2 years.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

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

Where clinical care is required, consumers are referred to their General Practitioner for further referrals to community nursing which the HCP funding can support. Consumers confirmed they felt personal care was delivered in a safe and effective manner. Management explained there were three areas of identified risk, deterioration, falls and challenging behaviours, all consumers are assessed with areas of concern noted in care planning documentation.

Management confirmed discussions relating to end-of-life care take place as part of the assessment process to create the support and care plan. Where consumers have not considered advance care planning or end of life care they are encouraged to discuss further with their general practitioner and share documents with the service.

The Assessment Team noted that the service does not have a formal deterioration process however training is provided to staff to monitor and escalate any concerns to management as they occur. A review of care planning documentation reflected staff identification of changes to consumer condition and actions taken to address them.

Staff confirmed they access care plans and notes through the service supplied tablets as well as changes to care sent by email or telephone followed by updates to the care plan. To assist with additional point of care requirements for local level communication a daybook may also be implemented at the consumer’s home.

There was evidence of referral to allied health services with evidence of recommendations and outcomes included in care files. Staff complete pre-entry screening prior to entering a consumer’s home and have access to Personal Protective Equipment (PPE) as well as an awareness of infection related risks.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

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

Care planning documentation included identification and recording of consumer needs, goals and preferences. Consumers and representatives confirmed consumers are supported to undertake activities to that optimise their independence, health, and wellbeing. This was confirmed by a consumer account reflecting individualised strategies to assist where carers identify additional emotional or psychological support may be required.

Staff explained that continuity of care enables them to become familiar with consumers to establish interests and what is important to them. The service provides a weekly social group where consumers attend activities facilitated by staff. Activities include education sessions, bingo, photography, arts and craft, crochet and knitting, crosswords, skills development, and maintenance.

Management described the process to ensure consumer documentation is kept current and staff are informed of changes to consumer needs. The service facilitates access to social services through alternate community organisations where requested. Staff are able to assist with meal preparation and consumers are able to access a meal delivery service partially funded through their HCP.

There was evidence of purchases of equipment through HCP funding following review and recommendation by Occupational Therapy services.

# Standard 5

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

Findings

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

The service provides access to a weekly social activity group at a local venue. There is a service agreement in place to support maintenance and cleaning of the venue which appeared suitable for the purposes of the gathering.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

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

Consumers confirmed they were comfortable providing complaints and feedback through the services administration contact number and action is taken to address the feedback. Management explained staff have been provided to a QR code which provides access to a consumer satisfaction survey and they are encouraged to engage consumers to complete the survey.

Management explained some staff attend information seminars held by OPAN and this is then shared with the wider staff cohort. The consumer welcome pack included information related to advocacy groups as well as the Aged Care Quality and Safety Commission complaints line.

Consumers confirmed they were satisfied with the action taken following their complaints or feedback. Staff confirmed they have participated in open disclosure training. The service has a consumer grievance procedure that details the processes for management of complaints and feedback, an open disclosure process is not mentioned within the policy, however documentation demonstrated that the open disclosure process was being used.

Staff explained they file complaints and comments in the electronic management system and notify management. Management confirmed the service records complaints and feedback, and analyses data to identify areas of improvement to the standard of care and services.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

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

Documentation demonstrated where changes to schedules and staff availability occurred consumers were informed and given the options of replacement days, times, or staff. Management explained they endeavour to replace all shifts due to unplanned absences however this can’t always be facilitated if consumers have identified staff they would prefer not to attend. Consumers described frequent changed to staff and services, management confirmed a large turnover of staff and ongoing recruitment to address consumer needs and are not accepting new packages until staffing had stabilised.

All consumers and representatives indicated staff treat them respectfully and with kindness. Consumers and representatives confirmed staff perform their roles effectively, and are confident staff are skilled to meet their needs. Management described required qualifications and induction documentation demonstrated compliance checks and initial training to ensure staff competency.

Management explained training is provided to staff at induction and annually thereafter. Additional training is provided in response to regulatory or legislative changes, and complaints. Hands-on training by allied professionals is provided when necessary.

Performance reviews are conducted annually each year for all employed staff. The performance review process involves a self-assessment followed by a meeting with the staff members line manager. Brokered staff do not have a formal performance review process however feedback on performance is provided on an as-needed basis.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

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

Management described how they seek feedback from consumers and representatives through various feedback mechanisms. Staff and management described how they support consumers to provide feedback through consumer satisfaction surveys, telephone, and face to face discussions.

The services governing body is made up of a majority of non-executive members, some of whom have practical clinical experience as well as professional financial qualifications. Two members of the Board also sit on the clinical governance committee where clinical incidents, and trends are investigated and discussed with direct input from members of the governing body. This information is then utilised to identify training improvement initiatives and training opportunities for staff.

Staff confirmed information is available to them to provide effective care with care plans available electronically and updates following change to consumer condition or needs. Consumer statements are itemised and generated monthly there was evidence of appropriate information provision including available funds, itemised monthly expenditures, fees, contribution and surplus.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. Unspent funds are reviewed monthly with excessive amounts considered and, where consumers are not receiving services, documentation must demonstrate how their needs are being met.

The service maintains information regarding the currency of staff and brokered provider certifications. Regulatory and legislative changes are monitored by the compliance area of the service with updates communicated to staff and added to policies and procedures. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services Plan for Continuous Improvement (PCI).

There are effective risk management systems and practices, as evidenced by assessment of risk, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an incident management system and policies to support Serious Incident Response Scheme (SIRS) reporting.

Requirement 8(3)(e):

The Approved Provider submitted additional information regarding the service’s clinical governance. I note the service has an adequate framework with oversight by the Clinical Governance Committee relying heavily on the provision of clinical care by the contracted community care nurses through the Tasmanian Health Service. The additional information clarifies approaches to infection rates and actions where concerns arise during the course of provision personal care. Clarification was also provided regarding training and awareness of restraint, minimising restrictive practices and infection control.

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