**Performance**

**Report**

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| Name: | Family Home Support Services |
| Commission ID: | 600166 |
| Address: | 64 Fullarton Road, NORWOOD, South Australia, 5067 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 July 2024 to 24 July 2024 |
| Performance report date: | 15 August 2023 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3385 Family Home Support Services Pty Ltd  
Service: 26375 FHSS - Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7634 Family Home Support Services Pty Ltd  
Service: 24361 Family Home Support Services Pty Ltd - Community and Home Support

**This performance report**

This performance report for Family Home Support Services (**the service**) has been prepared by M Dubovinsky, 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.

# Material relied on

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

* the assessment team’s report for the assessment contact - site undertaken from 23 to 24 July 2024, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* a performance report dated 22 February 2024 for the quality audit undertaken from 4 January 2024 to 5 January 2024; and
* the provider’s response to the assessment team’s report received 13 August 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 6 Feedback and complaints | Not Fully Assessed |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 3 Personal care and clinical care | Not Fully Assessed |
| **Standard 6** Feedback and complaints | **Not Fully Assessed** |
| **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 3

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| Personal care and clinical care | | 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 |
| 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 |

Findings

Requirements (3)(a) and (3)(d) were found non-compliant in relation to CHSP following a quality audit undertaken in January 2024, where it was found the service was unable to demonstrate:

* each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being to manage existing and serious health concerns; and
* deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner and advised they were only contacted when services were rescheduled.

The assessment team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Reviewed assessments to ensure consumers have relevant strategies reflected in support plans.
* Implemented spot checks to ensure consumers are receiving safe and effective care.
* Implemented a pathway for deterioration to guide staff practice and provided education on recognising deterioration.

The assessment team recommended both requirements met.

Staff interviewed were knowledgeable of consumers’ care and services and described how each consumer received care and services tailored to their needs and preferences and which optimised their health and well-being, including for a consumer in relation to personal care. Documentation demonstrated the consumer who receives personal care has a support plan with information tailored to their needs, including their goals, needs and preferences.

Consumers felt confident that staff would notice if their health changed and would respond appropriately. Management and staff described processes to respond to changes in consumers’ mobility, mental health, level of independence and general deterioration. Staff said they have had training on deterioration and are aware of processes to follow if consumers were to decline physically or mentally.

Based in the information summarised above, I find requirements (3)(a) and (3)(d) for CHSP compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Requirement (3)(d) was found non-compliant for both HCP and CHSP following a quality review undertaken in January 2024, where it was found the service was unable demonstrate feedback and complaints were consistently captured and reviewed to improve the quality of care and services. The assessment team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Initiated an agenda item for feedback and complaints at the monthly administration meeting to identify areas for improvement, based on consumer feedback.
* Reviewed and updated the relevant policy and procedure.

The assessment team recommended the assessed requirement as met.

Consumers interviewed said they can provide feedback and make complaints, however, said they are happy with the care and services provided. Policies and procedures are in place to guide staff practice and ensure feedback provided is identified, captured, actioned, and reviewed. Management stated, and documentation confirmed, the service receives very few complaints or suggestions, and, therefore, no trends have been identified through consumer feedback. Management confirmed they discuss all feedback and complaints at monthly meetings to ensure they are identifying any trends which may occur.

Based on the information summarised above, I find requirement (3)(d) for both HCP and CHSP compliant.

# 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

Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) were found non-compliant for both HCP and CHSP following a quality audit undertaken in January 2024, where it was found the organisation was unable to demonstrate:

* how consumers were actively engaged in the development, delivery and evaluation of care and services beyond informal feedback;
* effective data gathering, reporting, and monitoring systems and processes to enable effective governance oversight and accountability, including clear reporting to a governing body to support analysis, monitoring and trending oversight;
* effective organisation wide governance systems related to information management, continuous improvement, financial management, regulatory compliance, and feedback and complaints. This included lack of appropriate recording of consumer assessment and care planning information, staff not having access to consumer information and not having established regulatory compliance processes;
* effective oversight of consumers’ risks and incidents to ensure ongoing delivery of services was safe and effective for every consumer. The organisation lacked effective application of risk management systems and practice, including documentation, analysis, and trending of consumer incident outcomes; and
* systems and processes to enable delivery of safe and quality clinical care and governance to embed monitoring and oversight of clinical care.

The assessment team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Implementation of annual consumer surveys, to encourage consumer engagement in the delivery of care and services. Initiated regular check-ins with consumers to ensure they are actively involved in their care and services.
* Established a governing body to oversee care and services.
* Updated information in consumer care plans to enable staff to have accurate information at the point of care. Added feedback and complaints to discussions at monthly administration meetings to ensure oversight of all feedback. Implemented a new electronic feedback and complaints system to improve monitoring of feedback and complaints.
* Initiated a monthly incident register for analysis and trending of incidents. Implementation of a high-risk consumer register to capture consumers of concern. Undertook training for all staff in relation to incident reporting and abuse and neglect.
* Implemented recording of open disclosure on monthly incident reporting and trending, and commenced monthly reporting of infections for analysis and monitoring.

At the assessment contact, the assessment team recommended requirement (3)(b) not met for both HCP and CHSP and requirements (3)(a), (3)(c), (3)(d) and (3)(e) met for both HCP and CHSP.

In relation to requirement (3)(b), the assessment team noted whilst the governing body has been established within the organisation and includes members from a range of professional backgrounds, reporting lines have not been fully established to ensure accountability for the care and services provided. Only one meeting has occurred and the organisation is currently developing an agenda and a schedule, and the organisation does not currently have a strategic plan.

The provider’s response outlined a range of improvements and commentary. The plan for continuous improvement (PCI) contained specified dates and times for completion of a strategic plan and further training scheduled for Board members on the Quality Standards. In addition, included with the response were minutes of an advisory board meeting, corporate calendar with planned dates for Board led initiatives, an updated organisational flow chart, and an improved Board meeting agenda.

Based on the assessment team’s report and provider’s response, I have come to a different view and find the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. I have considered the recent organisational improvements in Standard 8 involving the Board and governing body and compliance. I have also noted the implementation of a governing body implemented prior to the assessment contact, and a recent revised Board meeting agenda and am satisfied the planned improvements, including further training being undertaken for Board members on the Quality Standards, and the development of the strategic plan will be undertaken.

In relation to requirements (3)(a), (3)(c), (3)(d) and (3)(e), consumers and representatives said they are offered opportunities to engage with the service to provide feedback to improve the delivery of care and services. Management described how consumers and representatives are supported through surveys, care plan reviews and regular phone calls to support the development, delivery and evaluation of care and services. The service has a Consumer Advisory Body to engage consumers in the development and delivery of care and services.

The organisation has effective governance systems in relation to feedback and complaints, workforce governance, financial governance, and information management. In relation to regulatory compliance, the Operations Manager is responsible for monitoring any changes to legislation and further improvements are planned to establish appropriate guidelines. Whilst the assessment team noted a PCI was not developed prior to the assessment contact, a PCI was provided during the assessment contact which identified planned improvements for clinical reporting and trending to the governing body.

The organisation has effective risk management systems, including a high-risk consumer register and supporting procedures and processes to support regular trending and analysis of incidents. Management described, and staff confirmed, how the workforce is aware of how to identify and respond to abuse and neglect, and staff are aware of the Serious Incident Response Scheme (SIRS). Management described processes to support consumers to live their best life, including completing risk assessments for consumers who chose to undertake activities involving risk.

Effective clinical governance arrangements were embedded across the organisation to effectively support the workforce to provide safe and quality care. The framework includes policies and procedure for the management of antimicrobial stewardship, minimising use of restraint and open disclosure. Management described, and documentation confirmed the oversight of clinical care, antimicrobial stewardship and restrictive practice. Staff confirmed they have received training in managing and preventing the spread of infection, including on hand hygiene.

Based on the information summarised above, I find requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) for HCP and CHSP compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)