**Performance**

**Report**

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| Name: | Farris Care Services Pty Ltd |
| Commission ID: | 301052 |
| Address: | Unit 2/116 Pascoe Vale Road, MOONEE PONDS, Victoria, 3039 |
| Activity type: | Quality Audit |
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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: 9151 Farris Care Services Pty Ltd  
Service: 27363 Farris Care Services

**This performance report**

This performance report for Farris Care Services Pty Ltd (**the service**) has been prepared by L Glass, 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.

# 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 and representatives confirmed consumers are treated with respect and feel valued as individuals. Consumers said support workers and case managers understand their needs and preferences in line with their culture, diversity and identity. Consumer care documentation detailed information about the consumers’ backgrounds and preferences which was consistent with information received from consumers. Staff described what treating consumers with dignity and respect looks like in their practice, explaining how they interact respectfully. Staff ensure they have time to communicate with each consumer, are kind and attentive.

Consumers and representatives are satisfied staff know about what is important to consumers. Consumer documentation demonstrated the service is ensuring a comprehensive collection of information is undertaken to ensure safe and quality care reflects consumers’ cultural and diversity preferences. Staff have attended cultural awareness training, and management have undertaken specific staff recruitment when required, to ensure consumers are receiving safe and culturally specific care.

Consumers and representatives are satisfied the service supports consumers to live their best lives. Consumer file documentation demonstrated individual consumers’ risks and vulnerabilities have been assessed and interventions planned. Management said the process to assess risks where the consumers require support to take risks, would be discussed and interventions would be put in place if needed. However, currently no consumers have a dignity of risk form in place.

Consumers and representatives confirmed they receive sufficient, clear and timely information from the service to inform decisions about the consumer’s care and services. Consumers said they are contacted in a timely manner when workers are unexpectedly delayed, or when the usual support worker is not available.

Consumers and representatives provided positive feedback on the readability and easily understood format of the monthly statement received. Staff described how information is delivered in a clear and simple way, and when required, can be translated into the consumer’s preferred language. Information, such as the consumer handbook, is available either as a hard copy or an online document. The service’s online information is readily translated into several languages. The Assessment Team reviewed a range of documentation supplied by the service.

Consumers and representatives are satisfied the service respects their privacy and confidentiality, including how their personal information is secured and shared as per their informed consent. Staff and management advised support workers are required to log in remotely to view information and write progress notes. Management advised that during the initial assessment, the consumers are informed of the consent that is required, where their information is shared with brokered services. The Assessment Team observed the service’s electronic consumer record system that requires a log-in to access the consumers’ information. Staff have access appropriate to the level of their role and need.

# 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 expressed satisfaction with how initial and ongoing assessments occurred and said they are included in consultations about care and services planning. Case managers identify consumer needs and risks during pre-screening and complete initial and ongoing assessments using a range of validated assessment tools. Documentation review reflects onboarding. Assessment and re-assessment tools and practices are comprehensive and inform the delivery of effective and safe care. The service has assessment and planning policies and procedures to guide staff practice.

Consumers and representatives are satisfied with the care and services consumers receive to meet their goals, including discussions on advanced care planning or end of life care. Documentation consistently demonstrated effective identification of consumers’ current needs, goals and preferences and outlined actions to address consumer needs. Support workers have access to consumer assessment and planning documentation. The service identifies consumers’ care goals and balances this with their preferences and budget through working collaboratively with consumers and their representatives. Case managers have access to a range of consumer information and discuss the information with consumers and representatives to ensure consumer care documentation reflects up to date information on current needs and preferences.

Consumers and representatives are involved in care planning and the case manager meets with them on a regular basis and discusses the involvement from allied health services when referred. Support staff work in partnership with consumers, representatives and other individuals and organisations. Case managers conduct initial and ongoing care plan reviews in person with the consumers and their nominated representatives. Consumer documentation demonstrated assessment and planning involves the consumer and others with consumer consent including organisations, individuals and other providers.

Consumers and representatives described the services received and are given a copy of the care plan. Case managers complete care plans during the home visit, or when requested over the telephone, with a copy provided to consumers. Documentation shows the service offers each consumer a copy of their care plan, which is readily available in a communication folder at the point of care.

Consumers and representatives reported they can change the care and services when consumers’ needs, or preferences change. Care documentation shows the service regularly reviews care planning documentation and assessments. Case managers advised consumer care and services are reviewed on an annual basis or if there are any changes to their circumstances, an increase in package level, health deterioration, hospital discharge, or a request from the consumer or their families for additional services.

# 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 representatives described their satisfaction with the care provided and said the care was safe and effective in meeting consumer needs. Consumer care documentation reflects the consumer’s current personal and clinical care needs, detailing how tailored care and services are to be delivered. Support workers provide safe care to meet consumers’ individual needs. Management and the allied health clinician provided detailed information on consumer personal and clinical care needs and risks. Case managers monitor the delivery of care in

consultation with consumers and/or representatives.

Consumers and representatives are satisfied that consumer care is safe, and the associated risks are managed. Care documentation shows assessed risks for consumers, and appropriate strategies to mitigate risk are documented. While management said high impact, high prevalence risks included falls risk and the potential for medication issues, there had been no falls in connection with care and no medication incidents reported in the past 3 months.

Support staff receive information from the care plan to support consumer safety, implement strategies to reduce risk and report any incidents immediately. Support staff said aids and equipment are used to mitigate risk, such as providing medication prompting to consumers to take their medication from a prepacked medication device. The service has a policy to guide staff in the management and reporting of falls.

Consumers and representatives confirmed that the service discussed advance care planning and end of life wishes during assessment and review. No consumers are currently receiving palliative care services. Support workers said they could provide care to consumers who require a palliative approach to care. Management said, and a review of documentation showed, the service has a specific palliative care/end of life policy to guide staff. Staff can access resources relating to advance care directives, and management provides guidance to support workers, consumers, and representatives on available palliative care options.

Consumers expressed confidence in staff identifying and responding to a change in their health and wellbeing. Support workers are required to notify their team leaders should they have any concerns about a consumer's changing physical or mental health. They described the emergency plan to follow if an immediate response is required. Management and staff document information about the changes in consumers’ health and well-being. The service has a policy to guide staff in the identification and management of clinical deterioration.

Consumers are satisfied with how information related to their health, needs and preferences is captured during consultations. Support workers can access information about consumer conditions, needs, and preferences through verbal handover from the team leader, the electronic information application on their mobile devices and the in-home folder for consumer care documentation. Management explained and document review showed relevant information about consumer conditions and the rationale for the referral when brokering care to allied health and community nursing services.

Consumers are satisfied the service initiates appropriate referrals, and they are kept informed. Managers explained how referrals for additional services align with the use of the My Aged Care (MAC) portal and when confirmation of reassessment and/or reports are received they initiate services. Documentation demonstrated appropriate and timely referrals were made to MAC for occupational therapy (OT), social support, transport services and home maintenance.

Consumers are satisfied with the actions staff take to prevent infection, including wearing Personal Protective Equipment (PPE) such as gloves and masks and performing hand hygiene. Support workers said, and training records confirmed staff have completed infection prevention and control training. Staff and management described, and documentation confirmed, the service has processes for minimising risks of infection including policies, procedures, education and an outbreak management plan.

# 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 representatives confirmed the service provides the services and supports needed, in a way that helps consumers to continue to do things independently. Support staff described supporting consumer independence, health and wellbeing by providing assistance to access the community, including social services and access to mobility aids and equipment to maintain the consumers’ level of independence. The organisation confirms services and supports provided are optimising consumer independence and quality of life through communication with consumers, and by undertaking consumer experience surveys. Consumer documentation identified examples of services that support consumers to maintain their independence and quality of life in line with their goals.

Consumers are supported by staff who understand their needs, including when they have emotional or psychological concerns. They communicate with their case manager and support workers if they have any concerns. Management and support workers described continuity of staff as an important consideration for consumers. Care documentation reflected information and discussion on identified programs that support consumers’ wellbeing. Counselling is available with the service’s behavioural specialist, for consumers who require support.

Consumers and representatives are satisfied the service supports them in opportunities to remain active and socially engaged in relation to community access, hobby support, and social interaction if required. Examples include attending medical appointments, shopping and activities of interest to them. Consumer documentation reflects their preferences, outlining goals for enhanced community involvement. Management can link consumers to community-based services including community social support groups and community transport options.

Consumers and representatives are confident staff understand them and have access to their care information. Support workers access consumer care plans online and can make notes about activities consumers have participated in to inform other staff. Management confirmed care documentation is updated through regular reviews and when consumers’ circumstances change. Care documentation reflects communication with others responsible for care, including representatives and feedback from allied health professionals.

Consumers confirmed they are referred to other services as requested or as identified through ongoing assessment and review. Case managers demonstrated an understanding of the external services available in the community. A review of service documentation showed there is a policy to guide staff in making and supporting each consumer with referrals, and how the information is to be documented.

Consumers and representatives expressed satisfaction that equipment provided is safe and suitable for the consumers. Consumers have a choice when purchasing mobility and other equipment. Staff ensure equipment remains safe, clean, and well-maintained. Management advised equipment and modifications are purchased based on an OT assessment. The service has current processes in place with equipment suppliers to ensure all equipment is trialled with the consumer, and ensure the equipment provided is fit for purpose.

# 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 representatives are supported to provide feedback regarding care and services. While consumers said they had not made any complaints some representatives provided details of the process used to raise recent complaints. Consumers and their representatives can provide feedback during the regular care plan reviews, and through verbal and written feedback directly to the service. Feedback documentation demonstrated the service does not receive many complaints or feedback.

Consumers and representatives reported feeling safe raising concerns, and confirmed the service has provided them with information on the service’s feedback process, access to external advocacy, and how to make a complaint through external organisations. Language services are readily available to consumers and include the translation function on the service’s website. Staff record and escalate any consumer feedback to the management team. Management work with advocacy services and the Aged Care Quality and Safety Commission (The Commission) to resolve complaints raised through external services.

Consumers and representatives are confident the service effectively resolves complaints. Processes are in place for apologies to be made. Review of the complaints register showed the recorded complaints are actioned in a timely manner, and consultation occurs to work towards resolution, with finalisation evident in line with the service’s complaints and feedback policy. The service’s open disclosure policy and process, forms the basis of the consultation to ensure open and transparent communication to assist a timely resolution.

The service demonstrated feedback and complaints are reviewed for opportunities to improve the quality of care and services. Processes are in place to review and analyse complaints and feedback for trends, potential serious incidents and staff performance issues. In response to complaints received, representatives provided positive feedback about the improvements made. In response to feedback and complaints the service also has ongoing continuous improvement plans to streamline multiple areas of the service’s operation.

# 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 and representatives are satisfied with staffing levels and the quality of care and services provided. Consumers are contacted in advance where the service needs to provide replacement staff, or where a shift needs to be rescheduled. The service employs a team of case managers and support workers, management support, and clinical support. Brokered agencies are contracted to provide clinical staff, support workers and allied health providers. A review of the roster reflected a full component of staff, with unplanned leave managed to minimise disruption to consumer services.

All consumers and representatives provided positive feedback about the staff confirming they are kind, respectful and caring. Staff described consumers in a way that was personalised and demonstrated a sound understanding of and respect for individual consumers. The service has a code of conduct policy that staff sign, to acknowledge they understand it and must follow it when commencing employment.

Consumers and representatives provided positive feedback about staff skills and competency to perform their roles. Staff have the qualifications, skills and knowledge required to perform their duties and position descriptions reflected the roles, responsibilities and qualifications required. Management regularly communicates with consumers about whether they are satisfied with the care and services delivered by staff, and promptly actions changes if the consumer is not satisfied with the staff member’s performance.

Consumers and representatives are confident staff have the skills and knowledge to provide care and services. Staff undertake mandatory training and complete on-line training. Staff training needs are identified through performance reviews, regulatory updates, audits, complaints, feedback and incident trends. Staff are satisfied with the training available and are encouraged to complete training to improve practice and knowledge.

Consumers and representatives contact the service to provide feedback about staff performance. The regular care plan review provides a forum to raise any specific staff performance feedback. An informal system is in place for staff to provide feedback to managers to discuss their performance and work satisfaction. There is a probation period for new staff during which their work is monitored. Staff attendance and punctuality of home visits is also monitored via the function of the electronic payroll system. Management acknowledged improvement is required in this Requirement and have plans to develop a formal performance review process for all designation of staff.

# 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 and representatives confirmed the service supports them to provide feedback. Consumers are encouraged to participate in the regular care reviews and provide feedback on the services delivered. Surveys, feedback and consultation are encouraged to provide

opportunities to improve the service. Case managers support consumers to be involved in service planning and evaluate their care. Management is promoting the opportunity for consumers to be involved in a consumer advisory body. Management demonstrated improvement actions have been instigated from consumer feedback.

The service ensures a culture of safe and inclusive care through the collaborative process of the governing body. The organisation is accountable for the delivery of quality care and services, and continuous improvement opportunities are planned and actioned. Trends and data are analysed and reviewed including data and trends for clinical indicators and reports. Strategies to improve care and mitigate risk to the consumers are developed through a collaborative process.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service is undergoing a transformation of the information management system that will ensure all information is collated to improve the access for staff to care documentation and rostering functions. The service has a continuous improvement plan (CIP) that is informed through consumer feedback, incidents, clinical reports and operational functions. The CIP includes information for actions, outcomes, staff allocated to deliver outcomes, and proposed completion dates. Effective financial governance systems are in place to manage resources and financial requirements to ensure continued delivery of care and services. The service maintains records of staff competency, completed mandatory training, qualifications, and required worker checks, including regular reports from brokered agencies to comply with required workforce conformance. Management receives regular updates related to legislative and regulatory changes. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change. Staff are informed of changes and updates to practice at regular staff meetings and in regular emails to all staff. Management maintains a complaints and feedback register. The consumer complaint and feedback process are reviewed by management to ensure all feedback is actioned and resolved within defined time frames. The Board considers the information regarding complaints and feedback to drive improvements in consumer care and services.

The service has a risk management framework including an incident register and quality and risk management procedures. Complaints and feedback are investigated, escalated where required and reviewed at management team meetings and Board meetings. Where consumers are identified through assessments and feedback received, to be at risk for incidents, environmental concerns or elder abuse, mitigating strategies are put in place. The service collates clinical indicator data and analysis, and trends are discussed at Board meetings. The service has plans, policies and procedures that promote a balanced approach to risk management and enables consumer safety, enjoyment of life, and respecting consumer choices. Staff support the consumers to live their best life.

The service has a clinical governance framework in place with alignment to the Aged Care Quality Standards and supports and promotes safe and quality care. The framework incorporates clinical considerations, including antimicrobial stewardship, emergency plans in adverse weather conditions, and open disclosure. The service employs a clinical manager who is active in the assessment and care planning process and provides consultation with consumers and representatives on clinical care. Consumer clinical care is provided by brokered agencies. Staff have access to appropriate PPE, and the clinical manager has appropriate qualifications in infection prevention and control. The service maintains and updates a restraint minimisation policy and a procedure for staff is available. Management explained consumers are assessed and reviewed by an appropriate health care provider where the use of equipment could be a risk to the consumer.

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)