**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Farris Care Services Pty Ltd |
| Service address: | Unit 2/116 Pascoe Vale Road MOONEE PONDS VIC 3039 |
| Commission ID: | 301052 |
| Home Service Provider: | Farris Care Services PTY LTD |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 12 December 2022 |
| Performance report date: | 9 January 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.

**This performance report**

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

# Services included in this assessment

**Home Care:**

* In Home Care, 27363, Unit 2/116 Pascoe Vale Road, MOONEE PONDS VIC 3039

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers September 2021

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** **Personal care and clinical care** | **Not applicable as not all requirements have been assessed** |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements have been assessed** |

# Areas for improvement

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

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| 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. | Not applicable |
| 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

In relation to requirement 2(3)(a) The Assessment Team reports that consumers and representatives have provided positive feedback on assessment and care planning processes. They confirmed they received in-home assessments of their needs, including discussion of any needs, goals and preferences prior to the commencement of services. Discussions also include areas of potential risk, for example, mobility issues and health concerns and whether the consumer can self-manage these or needs assistance from care staff. Home environment safety assessments are also conducted as well as occupational therapists’ assessments for consumers with higher needs. Consumers and representatives were able to describe the services they received as noted on their documentation and were satisfied the service manages their individual risks and assists them where needed.

Care staff advised they are provided with information on any consumers’ needs, which they access through an application on their mobile phones. This includes any risks in relation to the consumer’s mobility, health issues, any communication or cognitive issues and behaviours. Where consumer’s representatives are identified they are invited to be involved in assessment and care planning processes.

Staff also confirmed they have regular staff meetings, which supports them in providing safe services to consumers. All staff were able to describe the process they follow in the event the consumer does not respond to a scheduled visit, which was consistent with the service’s policy on this. Information in relation to other relevant risks was evidenced on consumer files. The Provider has developed policies to support assessment and care planning processes, which addresses generic risks as well as individual consumer risks. They have also ensured assessment and care planning is now conducted in a consistent manner through the use of these policies and also by the Aged Care Manager conducting all assessment, care planning and reviews for the home care package consumers.

**Requirement 2(3)(d)**

Consumers and representatives interviewed confirmed they participated in initial assessment and care planning processes. They felt they were well informed of the services they could access and the cost for those services and confirmed they were provided with an information pack and copy of their support plan. They were able to provide details of what services they receive, including duration, frequency and relevant care staff, which were noted to match support plans sighted in their files. They confirmed the services they receive meet their current needs and preferences. Policies and procedures sighted also include information on assessment and care planning processes, including the involvement of consumers and representatives and the provision of a support plan to all consumers and representatives, where requested. Support plans were sighted in all sampled consumer files. Reviewed support plans were also sighted in consumer files, where they had been receiving services for longer than six months. Care Staff confirmed support plans are now easier to read as, rather than a handwritten support plan in small writing, they now get typed plans through the consumer database, accessible from their phone apps. They also confirmed new support plans are generated and provided to them as consumers’ needs change

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

Consumers and representatives, who had received services for more than six months, confirmed they receive regular review of their care needs and services are updated as required. This was also reflected in the consumer files viewed through updated support plans and case notes. Management advised reviews are now conducted every six months and as required based on incidents and feedback from care staff, consumers and representatives. Reviews for home care package consumers are all conducted by the Aged Care Manager to ensure consistency. Other processes noted included new policies and procedures which included information about review and reassessment to guide staff practices and monthly contact with consumers and/or representatives. Workers said they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental wellbeing, and relay this back to the office for follow up. They are aware of when reviews have been conducted and they can access updated support plans through their phone app. One consumer representative gave an example of recent contact they had with the provider following their parent’s hospitalisation. They said they were asked if their needs had increased and if they needed extra supports

The Quality Standard for the Home Care Packages for the previously non-compliant requirements 2(3)(a), 2(3)(d) and 2(3)(e) have been assessed and now found to be compliant

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The Assessment Team reports in relation to the following requirements that were previously found to be non-compliant that:

**Requirement (3)(a)**

Consumers receiving personal care were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the care workers providing them. They said the service takes time to assess and understand their care needs and care workers consider individual preferences when providing direct care.

A comprehensive assessment is conducted for all consumers and occupational therapist’s assessment for Level 3 and Level 4 consumers and those with higher care needs. Where clinical care needs are identified services are organised through an external agency to provide the care. Management advised they do not currently have any consumers receiving any clinical care services. A range of clinical policies and procedure were sighted by the assessment team that include the range of clinical care that can be provided, and which level of nurse is able to provide it. Management provided details of how the subcontracted agency recruits and assesses their staff (RNs, EENs and ENs) to ensure they have the appropriate skills and experience to provide clinical care. They monitor registrations through AHPRA. The agency also assesses professional development of their nurses to ensure the clinical care they provide is best practice and reviewed for effectiveness. Discussions with consumers and representatives confirmed those with medical conditions and clinical needs were either self-managing or their doctor was managing their care. They confirmed they did not require services from the provider to manage their clinical needs. No issues were raised by consumers, representatives or staff regarding consumer personal care. Consumers and representatives felt staff knew their jobs and provided this service to them in a respectful manner. Although care workers were able to provide examples where consumers were deteriorating they felt the processes in place and oversight by the manager would ensure any clinical needs would be identified and services would be arranged

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

Consumers and representatives spoken to were complimentary of the services the Approved Provider was supplying. Care workers interviewed advised the service is good at following up on any incidents or deterioration they report. They also have a process in place to manage the risk of a consumer not responding to a scheduled visit and the process to follow is on the consumers’ information they receive. Care workers were able to describe strategies used in the home, or out in the community, to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. Care workers advised they have training in dementia to assist those who may have cognitive impairments. Management provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers and the incident management system informs consumer risk profiles and relevant information is communicated to care workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risks and adjust service delivery as needed. Policies and procedures and assessment/review documentation provided guidance to staff on relevant consumer risks and ensured these were documented as part of the initial assessment and review processes. The review of consumer files also demonstrated consumers are assessed for risks in relation to their overall health and wellbeing

The Quality Standard for the Home Care Packages for the previously non-compliant requirements 3(3)(a) and 3(3)(b) have been assessed and now found to be compliant

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

In relation to the previously identified non-compliant requirement the Assessment Team reports that:

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

**Information Management**

Management information management systems are in place and include a new consumer database system which is password protected, with a backup system in place. This has improved accessibility and legibility of support plan documentation for care workers, which was confirmed through documentation review and discussion with care workers. Consumers and representatives interviewed confirmed they have all received a copy of their care plan. Where hardcopy consumer files are maintained, these are kept in locked filing cabinets with access limited only to appropriate staff. Please refer to Standard 2 requirements for improvements regarding information provided to consumers and care workers

**Requirement 8(3)(ii)**

**Continuous Improvement**

The Provider has strategic planning and continuous improvement processes in place, with an updated continuous improvement plan sighted by the assessment team. Continuous improvements are sought from consumers, and representatives in a regular process through the scheduled review process. Consumers and representatives and staff are also encouraged to provide feedback at any time. The service’s continuous improvement plan contained items to address the issues identified in the last desk assessment contact held in August 2021. These items were noted to be completed and finalised and relevant documentation review, including consumer files, and discussions with consumers, representatives and staff confirmed implementation of the improvements.

**Requirement 8(3)(iii)**

**Financial Governance**

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Senior management have oversight of the service’s income and expenditure and this is reviewed regularly and discussed by the governing body. Financial audits are conducted yearly by an external auditor.

Issues were identified at the last desk assessment contact regarding the provision of statements to consumers and representatives that did not meet the requirements. Improvements were identified on the service’s continuous improvement plan regarding these, which were signed off as completed. Statements provided for sampled consumers were noted to be itemised and include details of the type of care provided and the relevant dates. Statements also included information on unspent funds held by the provider and the government.

**Requirement 8(3)(iv)**

**Workforce Governance**

An issue was identified at the last desk assessment contact regarding one subcontracted care worker providing care to a consumer, who has since passed away. Prior to his passing they had followed up with the worker regarding getting copies of his qualifications and police check, which were not provided, so he was ceased from providing services to the consumer. Management advised they have strict processes for qualifications and checking processes for all staff. Liaison also occurs with subcontracted agencies as needed to make sure their staff have the necessary qualifications and experience to provide services to consumers

**Requirement 8(3)(v)**

**Regulatory Compliance**

Management receives regular updates from government bodies on regulatory information, which is monitored by the program leadership who implement changes as needed. Information is fed down to relevant managers and staff through regular meetings, emails/mobile phone app, training, policies and procedures. Issues at the previous assessment contact included lack of a police check for one subcontracted care worker providing services to a consumer. Please refer to Workforce Governance Section above. This issue has now been resolved and processes are in place at the service to ensure this does not occur again

**Requirement 8(3)(vi)**

**Feedback and Complaints**

Processes are in place to address feedback and complaints. Consumers and representatives confirmed they are invited to provide feedback or complain at any time. Care workers also ask consumers for their feedback on a day to day basis when providing services and pass on any information received to the office staff for action.

The Quality Standard for the Home Care Packages for the previously non-compliant requirement 8(3)(c) has been assessed and now found to be compliant

1. The preparation of the performance report is in accordance with section s68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)