**Performance**

**Report**

**1800 951 822**

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| Name: | Finley Regional Care |
| Commission ID: | 200119 |
| Address: | 26 Dawe Avenue, FINLEY, New South Wales, 2713 |
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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: 893 Finley Regional Care Ltd  
Service: 17377 Finley Regional Care

**This performance report**

This performance report for Finley Regional Care (**the service**) has been prepared by N 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.

# 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 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

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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

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 they were treated with dignity and respect and encouraged to contribute what is important to them when planning and implementing care. Care workers described how they provide respectful care that maintains consumer dignity, privacy and choice. Care documentation contained detailed information related to consumer cultural background, life story, needs and choices. The service has access to an interpreter service, cultural flash cards and all staff have completed cultural training.

Care workers demonstrated an understanding of the importance of choice and supporting independence when providing care. Consumers described regular communication with care workers and management about their choices, decisions and connections. Management and staff described how consumer rights to take risks are balanced with safety considerations. This was supported by an example of supporting a consumer to retain lifestyle choices which include increased risk-taking behaviour but with clear escalation criteria and supporting documentation.

Consumers and representatives confirmed they receive timely and clear information from the service including hard copies of care plans, newsletters, invoices for services and monthly statements detailing services provided. Consumer files include information for consumers on how the service manages personal information including clarification on data breach protocol and care workers described how they protect individual consumer privacy.

# 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

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.

Staff described ongoing assessment and care planning processes as well as how risks related to mobility, skin integrity, social isolation and living in regional environments are assessed and managed. Risks are identified during the initial assessment using a comprehensive risk screen with clinical risk referred to a registered nurse, medical clinic or community health service. This was supported by consumer accounts reflecting individualised strategies to support the specific needs related to identified risks.

The service maintains a register to reflect advance care planning has been discussed with consumers at the time of initial assessment. The Assessment Team reviewed care planning documentation which included detailed information on consumer preferences for personal care and times for attendance. There was evidence of how the service utilises information from others involved in the care of consumers to assist with assessment and planning. This was supported by consumer and representative accounts reflecting respect for wishes related to family connections and maintaining individual choice.

Consumers and representatives demonstrated a thorough understanding of services provided to them. Care plans were in place for consumers with hard copies available within the home. Management described reviewing the care plan at least annually and the staff task list is accessed on the electronic care system. Service documentation reflects the service has a 6-step process when a consumer is admitted to the program including reflecting the efficiency of the service delivery with the consumer.

Regular scheduled reviews of care plans take place in response to consumer requests, changes in care needs, and events such as hospital admission.

# 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

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 expressed satisfaction with the personal and clinical care received. This was supported by a consumer account reflecting a recent change in physical capacity and request for additional assistance resulting in provision of additional services. Care workers described how they minimise risk when working with consumers, and comprehensive risk management strategies were included in consumer care plans. This was supported by an example of a consumer at high risk of health complications due to cognitive decline and the additional steps taken by care staff to ensure their safety.

The service can assist consumers with residential palliative care and has access to dedicated palliative care equipment. Management described a great relationship with the community palliative care nurse, who has provided education to the service staff and where end of life care is arranged trained staff are provided.

Care workers outlined how they escalate concerns and file reviews demonstrated appropriate intervention in response to deterioration. This was supported by examples of consumers who required additional care due to deteriorating conditions and supporting referrals for specialist and allied health review. There was evidence of appropriate sharing of information with involved parties and care documentation included recommendations from other treating practitioners to assist in ongoing care delivery.

Management described the regular use of allied health services to maximise consumer independence and safety. A review of files also demonstrated internal referrals to clinical staff for comprehensive clinical assessments and to facilitate involvement with other services. The Assessment team noted the weekly risk meeting where infection-related risk management strategies were discussed for consumers positive for COVID-19 and supporting consumers with wounds or an indwelling catheter. The service has processes to manage appropriate antibiotic use and staff have received training related to the use of Personal Protective Equipment (PPE).

# 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

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 workers described matters and activities of importance to consumers and how these are supported. This was supported by consumer accounts confirming supports received are safe and effective, and optimise independence, well-being, and quality of life. Consumer care documentation included consideration of emotional, spiritual, and psychological well-being of consumers. Management said they check in with consumers and representatives at least monthly to ensure consumers are supported and they assist with contacting the general practitioner or arrange other support for any mental health concerns.

Consumers and representatives confirmed they are assisted to attend social groups in their community supported by the service or participate in other ways including going out for coffee, shopping, and doing activities they like. Support staff said the service encourages consumers to participate in activities they enjoy and will arrange support so they can continue to do this. There are scheduled activities which consumers are invited and encouraged to attend.

Care workers explained how they access information related to consumer needs, communicate changes and are updated when changes occur. Clinical files and file notes demonstrated comprehensive and timely recording of information. There is access to an extensive range of community supports and groups through the home service agreement supported by the services referral process.

Consumers and representatives were satisfied with food provided from brokered services and when prepared in the home by support staff. Care workers confirmed they review care plans and confirm preferences and risks with food preparation. Care planning reflects consumer allergies, serving size preferences and any other food risks for the consumer.

Where equipment was provided, consumers confirmed it was safe and suitable. Care workers described cleaning and basic checks and explained what to do if equipment requires maintenance.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | 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 maintains a small fleet of vehicles for staff to transport consumers to medical appointments and social outings. Consumer transport requirements are added into a live ‘desk top diary’ to ensure all trips, including any ‘ad hoc’ medical appointments, are scheduled according to consumer needs.

Management explained the vehicles are cleaned and maintained by the organisation’s maintenance team and all vehicle servicing and damage repairs are conducted by an external contractor. The vehicles are of an appropriate size to accommodate mobility aids. Each vehicle has a first aid kit, fire blanket and a maintenance log to ensure the vehicles are regularly cleaned and detailed by the maintenance team. All vehicles are serviced by the local car dealer according to their service schedule.

The Assessment Team observed the small fleet of vehicles to be branded, clean and well maintained with the required safety equipment, including fire blankets and first aid kits.

# 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

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 interviewed reported feeling encouraged and supported to provide feedback and complaints. A review of documentation reflects the service encourages consumers to have discussions regarding their care with the care coordinator, with the service’s onboarding document referencing how to provide feedback to the service. Care staff explained advocacy support information is included in the onboarding packs for consumers to refer to, however, they would also direct any feedback initially to management.

A review of documentation reflects the onboarding pack includes the Aged Care Quality and Safety Commission booklet which contains information about interpreter and external advocacy services. The service’s home care agreement includes the Charter of Aged Care Rights. Management advised they attempt to resolve complaints as soon as they receive them using an open disclosure framework.

Management said consumer satisfaction surveys are conducted quarterly and the feedback is used to contribute to service improvements. The Assessment Team reviewed the feedback and complaints policy and results of the recently conducted consumer survey. The feedback and complaints register provided detailed information about all feedback received which is used to identify trends to inform the services Plan for continuous Improvement.

# 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

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 demonstrated how they align consumers with staff and showed shifts are allocated to regular staff. Management advised there is currently an adequate balance of staff available to meet consumer care requirements. The Assessment Team reviewed the previous month's vacant shift roster and noted all vacant shifts had been filled, either by a replacement care staff member or rescheduled. This was confirmed by consumer accounts indicating staff are reliable and attendances rarely cancelled.

Care workers described how they treat consumers with respect, through tailoring service requests to meet each consumer's needs and preferences and explained the care requirements are documented clearly in the consumer's care plan.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. Management stated they check the worker's qualifications, references, and all other required information before they start working for the service. All qualifications are entered into the organisations electronic system and all staff members are provided with a position description relevant to their role at onboarding.

The service has a system to train and support the workforce to deliver outcomes required by the standards. Management indicated the service has a database to track training compliance. Staff access required resources online and are supported by management. Staff training needs are assessed and identified by reviewing specific care needs, through consumer feedback or during staff performance reviews.

Staff confirmed there is a formal feedback process in place regarding their performance and confirmed they complete their performance review cycle at 3 months, 6 months, and 12 monthly intervals.

# 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

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.

There is a governance structure in place supported by review of feedback and complaints and reports from contracted service providers. Vulnerable consumers are identified by assessment of risk, daily huddles, and ongoing oversight. Where possible, the service will match care workers who share the same culture, religion, language, and gender preference to consumer needs.

Staff confirmed they have access to detailed information through consumer care plans which are available in the consumer's home and tasks list available through a handheld tablet. The service has a PCI which is informed by staff observation, incidents, complaints, consumer reviews, and risk identification.

Effective financial governance systems are in place to manage the resources and financial requirements to ensure the continued delivery of quality care and services. Management reported maintaining oversight of income and expenditure through unspent fund review and review of budget estimates, including consumer expenditure and workforce budgets.

The service maintains adequate records of competency and qualifications for staff, located within the electronic information system. This provides alerts when any relevant qualifications or registrations are due for renewal. The service requires all subcontractors to have minimum qualifications/certifications relevant to their role and any indemnity insurances required, including aligning to their Code of Conduct, which are incorporated into the subcontractor agreement.

The Assessment Team reviewed the organisation's training schedule which demonstrated the workforce having completed mandatory training with additional modules that align with the aged care quality and safety standards planned to be delivered over the next 12 months. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory changes. The service discusses these changes during staff meetings with updated changes then provided to all staff via email.

The service has systems and processes in place to ensure complaints and feedback are effectively captured, recorded, escalated, and resolved. The service practices an open disclosure process and analyses complaints and feedback data to inform the continuous improvement plan and improve outcomes for consumers.

There is a risk management framework with risk management policies and processes for managing high-impact or high-prevalence risks associated with care of consumers. This includes an incident management policy which guides the identification and response to concerns of abuse and neglect of consumers and supports them to live the best life they can.

The service has a clinical governance framework incorporating clinical care considerations, in addition to current policies and procedures related to the use of restraint and open disclosure. Notably, the service does not support the use of restrictive practices and currently does not have any in place.

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