**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | Focused Health Care Pty Ltd - Brisbane |
| Service address: | Suite 1/36 Leonard Cresent BRENDALE QLD 4500 |
| Commission ID: | 700927 |
| Home Service Provider: | Focused Health Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 January 2023 |
| Performance report date: | 30 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 Focused Health Care Pty Ltd - Brisbane (**the service**) has been prepared by M Murray, 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:**

* Focused Health Care Pty Ltd, 26173, Suite 1/36 Leonard Cresent, BRENDALE QLD 4500

# 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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** |

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)(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 |

Findings

I have relied on the Assessment Team’s report in forming my view on compliance. A summary of the evidence is noted below.

Consumers and representatives said the service supports them to live their best life and encourages them to keep independent and active.

The service has adopted a ‘dignity of risk’ approach whereby consumers discuss any activity that has the potential to cause harm in order to balance the consumer’s quality of life and mitigate any risk to the greatest extent possible.

Consumer choices regarding risk taking are documented in their care plan.

The service has procedures to support staff discussions with consumers to balance the approved provider’s duty of care and the consumer’s choice.

Staff described the importance of supporting consumers and respecting their right to take risks.

Consumers and representatives said they are provided with information that is clear and easy to understand and enables them to make choices directly and/or on behalf of consumers. Consumers and representatives are satisfied information is clearly explained.

I am satisfied based on the Assessment Team’s evidence that the service has returned to compliance with the Requirements as outlined in the table above.

# 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)(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)(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 have relied on the Assessment Team’s report in forming my view on compliance. A summary of the evidence is noted below.

The Assessment Team reviewed care planning documentation for consumers and confirmed assessment and planning is completed under the supervision of a clinical nurse consultant and/or by a nurse, the consumer and/or their representative. Assessments inform a care plan that is sufficiently detailed to delivery of safe and effective care and services.

Nursing staff demonstrated a detailed knowledge of individual consumers and their needs and described their involvement in initial and ongoing assessment and planning to mitigate risks for consumers.

Consumers sampled said the services they receive are well planned and meet their current needs and goals.

Consumers and/or representatives interviewed described their satisfaction with service provision and described how staff take the time to listen and understand how to support the consumer’s health and wellbeing.

The service demonstrated that assessment and planning is embedded in a partnership framework with consumers.

In consultation with the consumer referrals to other providers are made as required.

The service described that care planning reviews are conducted annually and if the consumer deteriorates, has an unexpected event or a change in circumstance.

Consumer files evidenced regular and ad hoc reviews occur as required.

Management described the system to ensure all consumers have a full annual review.

Staff described how they communicate changes in any consumer’s needs to the service by contacting the office immediately and/or sending information updates through an electronic phone application.

I am satisfied based on the Assessment Team’s evidence that the service has returned to compliance with the Requirements as outlined in the table above.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

I have relied on the Assessment Team’s report in forming my view on compliance. A summary of the evidence is noted below.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Care planning and assessments are current in relation to sampled consumers’ risk management strategies.

The Assessment Team reviewed the service’s management of pressure injuries and complex nursing care and were satisfied staff are proactive in managing clinical needs.

The Assessment Team reviewed a current risk service register that includes reports on skin tears, pressure areas, wounds, medication errors, infections, falls, unplanned hospital transfers, dementia management support requirements and non-response to a scheduled visit. The service’s client list also notes consumers who are vulnerable.

Consumers interviewed said the service and staff support them to receive safe care.

Staff described processes for sharing information including when consumers move between hospital and the service inclusive of support plans and general practitioner health summaries.

I am satisfied based on the Assessment Team’s evidence that the service has returned to compliance with the Requirements as outlined in the table above.

# Standard 8

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| Organisational governance | | HCP |
| 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 have relied on the Assessment Team’s report in forming my view on compliance. A summary of the evidence is noted below.

The service has a risk framework for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

In relation to managing high impact or high prevalence risks associated with the care of consumers, risks are identified through initial and on-going assessment and care planning processes, a risk register and through the service incident reporting system.

The service operates an incident management system which includes the completion of an incident log, actions taken and outcomes.

In relation to identifying and responding to abuse and neglect of consumers, staff interviews and documentation review demonstrated consumer wellbeing and safety is monitored through on-going face to face and telephone contact by nurses and/or a clinical care consultant.

Management described how they would manage any allegation of abuse.

The service demonstrated staff have participated in consumer abuse and neglect training.

In relation to supporting consumers to live the best life they can, the service’s policies and procedures promote a balanced approach to enable consumer enjoyment and choice.

Staff described how the service supports consumers to live their best life, by ensuring there is a ‘good fit’ with the consumer and staff member/s. Feedback from consumers and representatives described how consumers are supported to live the best life they can.

The service has an infection control policy and procedure and an antimicrobial stewardship policy.

The service demonstrated staff are provided with frequent infection control, COVID-19 and handwashing training and they have been provided with a stock of personal protective equipment.

Staff demonstrated an understanding of restrictive practices and minimising restraint.

In relation to use of open disclosure, the service has an open disclosure policy and relevant staff interviewed described how this is applied in relation to clinical incidents and complaints.

I am satisfied based on the Assessment Team’s evidence that the service has returned to compliance with the Requirements as outlined in the table above.

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