**Performance**

**Report**

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| Name: | Focused Health Care Pty Ltd - Brisbane |
| Commission ID: | 700927 |
| Address: | Suite 1/36 Leonard Cresent, BRENDALE, Queensland, 4500 |
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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: 8894 Focused Health Care Pty Ltd  
Service: 26173 Focused Health Care Pty Ltd

**This performance report**

This performance report for Focused Health Care Pty Ltd - Brisbane (**the service**) has been prepared by E Blance , 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.
* other information known by the Commission.

# 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 were treated with dignity and respect. Consumers and representatives were satisfied with the quality of care, services and supports provided, including dignity and respect. Assessment and planning processes identified consumers’ cultural and diversity backgrounds. Policies and procedures covering consumer dignity and respect were implemented.

Care and services were culturally safe. Consumers and representatives were satisfied with the quality of care, services and supports provided, including cultural safety. Assessment and planning processes identified individual consumer’s cultural safety preferences. Policies and procedures covering cultural safety were implemented. The service’s policies established the organisation’s commitment to provide a safe, flexible and respectful care and support environment.

Consumers were supported to exercise choice and independence and to make decisions about the care, services and supports they receive and the way those care and services were provided. Assessment and planning processes identified consumers’ choices and their decisions about care and services. Staff understood how to support consumer choice and decision making. Policies and procedures were available to guide management and staff.

Consumers were supported to take risks. Assessment and planning processes identified hazards and assessed risk. Risk assessments and risk minimisation strategies were documented in consumers’ care and service plans. Staff were aware of how to support consumer risk taking. Policies and procedures were developed and were available to guide management and staff.

Consumers and representatives were provided with current and accurate information that is easy to understand and supports them to exercise choice. A standard information pack was provided to each consumer, along with a copy of their care and service plan. Policies and procedures were available to guide management and staff. A range of information was provided to consumers including but not limited to, a copy of the Agreement, the Charter of Aged Care Rights, a care and service plan, a budget and monthly statements and information about consent processes.

The privacy of consumers was respected and their personal information was kept confidential. Consumers and representatives were satisfied their privacy is respected and their information is confidential. Staff were trained in privacy and confidentiality. Policies and procedures were available to guide management and staff.

I have reviewed the assessment team report and consider that consumers were satisfied with consumer dignity and choice provided by the service, and that systems and processes in place support effective compliance with the Quality Standards. Based on the information summarised I am satisfied the Standard is Compliant.

# 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 and representatives said they were included in assessment and care planning and staff delivered safe and effective care and services. Care and service plans considered potential risks to consumers’ health and wellbeing including for falls, wound management, diabetes and catheter management. Registered staff could demonstrate knowledge of assessment processes. Policies and procedures were available to guide management and staff.

Consumer care documentation demonstrated, and consumers and representatives confirmed, individual consumer’s current needs, goals and preferences were addressed, including advance care planning where relevant. The service request consumers have documented end of life wishes if they chose to do so, with a further discussion occurring when a consumer’s condition deteriorates.

Consumers and representatives said the service discussed changes to consumers’ care and services where required. Consumers and representatives said they were involved in the assessment and planning process when the consumer first entered the service contract, when circumstances changed and annually. Other organisations and providers of care and services were involved in the care of consumers for example for podiatry, occupational therapy, physiotherapy and palliative care teams.

Consumers said staff discuss with them their care needs and preferences. Staff had access to care plans and other information through the electronic care management system (ECMS), with access via mobile devices. Consumer files demonstrated documentation of the outcomes of assessment and care planning. Consumers were offered a copy of their care plan.

Care and services were reviewed when consumers’ circumstances changed, or incidents occurred. The service reviewed care and assessments on an annual basis from the date of commencement, with reviews occurring if there were any changes in consumers’ health or incidents occur.

I have reviewed the assessment team report and consider that consumers were satisfied with ongoing assessment and planning provided by the service, and that systems and processes in place support effective compliance with the Quality Standards. Based on the information summarised I am satisfied the Standard is Compliant.

# 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

The service demonstrated safe and effective management of consumers’ clinical care needs including wounds, skin integrity and pain. Consumers and representatives said consumer care was safe and considered the individual consumer’s needs, goals and personal preferences. Documentation confirmed consumers’ medication was reviewed by the nurse practitioner when needed, with appropriate authorisation documentation in place. Consumers with complex care needs were monitored at regular meetings. Consumers were assessed for their care needs using appropriate assessment tools including for skin integrity and pain. Appropriate care management strategies were used to provide care. Policies and procedures were available to guide management and staff.

Consumers and representatives were satisfied that risks were effectively managed. Key risks that were risk assessed and documented in the ECMS included life choices, decisions about consumer’s living environment/circumstances and complex nursing needs. Care planning documentation identified effective strategies to manage identified risks. Analysis and investigation was conducted by the care management team for all incidents, such as falls, skin injury, challenging behaviours and infections, to identify the contributing factors so that appropriate interventions/actions can be implemented to prevent recurrence.

The service recognised the needs, goals and preferences of consumers who were nearing the end of their life. The care and service plans included advance care directives and palliative care plans. The service had rostered registered nurses and trained staff to provide palliative care, and a local palliative care team supported the service as required. Staff reported they had access to adequate equipment and medications for end-of-life care as well as access to a palliative care service and an on-call nurse practitioner who supported the clinical and care team 24/7 to provide palliative care.

Consumers said that the staff knew them well and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration. Deterioration was recognised and responded to quickly, and care plans were in place for when changes occurred. The service monitored clinical indicators to identify data to improve care delivery in relation to this requirement, such as data pertaining to infection, falls, and unexpected transfer to hospital.

The service uses an ECMS to store and manage consumer data such as personal, medical and clinical information, care plans and support plans, advance care plans and other relevant information, including consumers’ current condition and circumstances, goals, needs and preferences. Consumers said their personal or clinical care was consistent. Documents reflected consent to share information. Relevant members of the workforce, including external providers, have appropriate access to consumer records where needed.

Consumers said the organisation had referred them to the appropriate providers, organisations or individuals to meet their changing personal or clinical care needs, and that they were satisfied with the care delivered by those they’ve been referred to. Staff could identify other individuals, organisations or providers they can make referrals to and any referral criteria that applies. The service had access to allied health and specialist services that they refer to.

Consumers and representatives described how the care and clinical team practiced safe hygiene standards. The service had policies and procedures to guide staff related to antimicrobial stewardship, infection control management, and for the management of COVID-19. The workforce had received training in infection minimisation strategies. The workforce demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

I have reviewed the assessment team report and consider that consumers were satisfied with personal and clinical care provided by the service, and that systems and processes in place support effective compliance with the Quality Standards. Based on the information summarised I am satisfied the Standard is Compliant.

# 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’ supports for daily living were safe and met consumers’ goals, needs and preferences. Consumers and representatives were satisfied with supports for daily living. Consumers’ daily living needs, goals and preferences were assessed to inform their care and service plans. Policies were available to guide management and staff.

Services and supports for daily living promoted consumers’ emotional and spiritual well-being. Consumers and representatives were satisfied with services and supports. Consumers’ emotional and spiritual needs were assessed to inform their care and service plans. Training was provided to guide lifestyle staff. Staff supported consumers’ emotional and spiritual well-being.

Services and supports for daily living aided consumers to participate in the community, to have social and personal relationships and to do things that interest them. Consumers and representatives were satisfied with services and supports for daily living. Consumers’ daily living needs were assessed to inform their care and service plans. Policies and training guided management and staff.

Information about consumers was effectively communicated. Consumers and representatives were satisfied the service had effective communication channels. Key consumer information was documented and effectively shared. Policies and training guided management and staff.

Referrals were timely and appropriate. Consumers and representatives were satisfied with the referral process. Referrals were made in response to an assessed need and subsequent recommendations were considered with the consumer during care and service planning. Policies were available to guide management and staff.

While the service did not provide meals, it supported consumers to organise meals. Consumers and representatives were satisfied with the support provided. Policies were available to guide management and staff and relevant training was provided.

While the service did not provide equipment, it supported consumers to organise suitable equipment for example wheelchairs. Consumers and representatives were satisfied with the support provided. Policies were available to guide management and staff.

I have reviewed the assessment team report and consider that consumers were satisfied with services and supports for daily living provided by the service, and that systems and processes in place support effective compliance with the Quality Standards. Based on the information summarised I am satisfied the Standard is Compliant.

# 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 said they were encouraged and supported to provide feedback and complaints to the service. The service had an annual survey for all consumers to complete. Staff said they support consumers to provide feedback or make a complaint and that management supported this process. Policies and procedures were available to guide management and staff.

Consumers and representatives received a handbook on commencement with the service, which contained information on how to contact the Commission and access advocacy services for support and information on interpreter services. An advocacy policy guided management and staff for use of advocacy services. Consumers and representatives said they were comfortable in raising concerns or feedback with management and were aware of other agencies they could contact to raise a complaint.

Management and staff demonstrated the service understood the principles of open disclosure and this was practiced with all complaints. Consumers and representatives said the service kept them updated with the progress and closure of all complaints and this was evidenced in the services complaint register and incident log.

The service demonstrated that feedback and complaints were reviewed and used to improve the quality of care and services. Review of the service’s plan for continuous improvement (PCI) demonstrated the services used multiple sources to identify areas for improvement, including feedback and complaints. Management said feedback was used to develop the PCI and improve the consumer’s experience.

I have reviewed the assessment team report and consider that consumers were satisfied with feedback and complaints management, and I am of the view the service’s systems support effective compliance with the Quality Standards. Based on the information summarised I am satisfied the Standard is Compliant.

# 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 were satisfied with staffing and management. Rostering officers worked with care coordinators to plan the workforce based on consumers’ needs and preferences. Care and services were delivered by the service’s staff with support from contracted staff for allied health assessments and delivery. Staff reported sufficient time to meet consumers’ care and service needs.

Consumers and representatives said staff were kind, caring and respectful of consumers’ identity and culture. Management and staff spoke about consumers in a kind and caring way and knew each consumer’s background and their individual preferences. Staff were trained how to treat consumers with respect and in a kind and caring way.

Consumers and representatives praised management and staff and said they had no concerns about the competency or knowledge of staff. Recruitment and training processes supported workforce members to have the appropriate qualifications and knowledge. The service encouraged and supported staff to undertake further training and education to enhance their knowledge and skills.

Consumers and representatives expressed confidence in the workforce’s ability to deliver care and services as staff were well trained. Staff said they received training that provided them with the knowledge required to perform their roles. Management described the processes used to train, equip, and support the workforce. All staff had completed training that supported them to deliver the outcomes required by the Standards.

The service had a formal performance review process which occurs annually, with informal meetings as required between these. Consumers and representatives said they would provide feedback on staff performance and felt this was listened to by management and actions were taken if needed.

I have reviewed the assessment team report and consider that consumers were satisfied with human resources management, and I am of the view the service’s systems support effective compliance with the Quality Standards. Based on the information summarised I am satisfied the Standard is Compliant.

# 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 said they believed their feedback was used to improve the delivery of care at the service and said they felt they were supported to engage with the service. The service recently created a consumer advisory board, with representation from consumers, representatives. An annual survey as well as direct communication with consumers supported engagement opportunities.

The organisation’s information from the ECMS, including complaints and incidents were used to monitor for trends to identify and implement strategies around the safe and quality care. The service had a high proportion of registered staff and management felt this supported the delivery of safe care. The Director and management said they talk regularly with their consumers and this assisted them in knowing how their service was inclusive and it held them accountable for the quality of care.

The service had effective organisation-wide governance systems. Information was accessed on the services ECMS. The ECMS was password protected and access to information was relevant to the staff members needs and role. The service had a PCI that monitored areas for improvement and included planned completion dates. The service had systems and processes to manage the financial needs of the organisation. The organisation provided consumers with individual budgets and a monthly statement. The service had a process to manage unspent funds. Staff demonstrated a clear understanding of their role, their responsibilities and accountabilities. All employees were provided with a position description which clearly outlined each roles scope and responsibility. The service had processes in place to manage unplanned leave and succession planning. The organisation receive updates via the relevant regulatory bodies. The service updates their policies and procedures to reflect legislative or regulatory changes. The service had notified consumers and representatives about the Quality Audit. The service demonstrated they have a system in place for the collection and analysis of feedback and complaints as well as practicing the principles of open disclosure.

The service had a policy and procedure around risk assessment and management for all consumers, as well as an incident register which encompassed both clinical and non-clinical incidents. All staff had completed the Aged Care Code of Conduct training as well as abuse and neglect training. The Director and management said they worked in partnership with consumers to ensure they live their best life. The service had an incident management system which was used to provide information to the director and management around the incidents occurring, this information was then used to initiate strategies to decrease further similar incidents.

Monthly quality and clinical meetings discussed clinical matters and reviewed consumers as needed. The service had a clinical governance framework document that included information on open disclosure, antimicrobial stewardship and whilst the service did not use restrictive practices, there is information in the framework if this situation was to change. Clinical and care staff demonstrated the principles of an open disclosure process for when things go wrong.

I have reviewed the assessment team report and consider that the organisation’s governance systems support effective compliance with the Quality Standards and ensure safe and quality delivery of care. Based on the information summarised I am satisfied the Standard is Compliant.

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)