**Performance**

**Report**

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| Name: | Garden Village Home Services |
| Commission ID: | 201508 |
| Address: | 7 Garden Crescent, PORT MACQUARIE, New South Wales, 2444 |
| Activity type: | Quality Audit |
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| Performance report date: | 16 January 2024 |

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: 1033 Garden Village Port Macquarie

Service: 27958 Garden Village Port Macquarie

**This performance report**

This performance report for Garden Village Home Services (**the service**) has been prepared by Gill Jones, 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

Consumers/representatives described staff as kind, caring and respectful. Staff spoke respectfully about consumers and with an understanding of consumers’ personal circumstances and described how it influenced the delivery of consumers’ individual services, particularly in relation to how they maintain dignity for consumers when assisting with care. The service training schedule includes ‘dignity & respect’ on induction and annually and all support workers interviewed confirmed they understood this training.

Consumers said their individuality is recognised and respected. Staff spoke of the importance of listening to what consumers want and respecting their individual differences. The service has a ‘Dignity and Respect Policy’ and demonstrated a range of resources available to all staff around providing culturally safe care and services. The provider has a developed a Reconciliation Action Plan which is in the process of being finalised by endorsement by the governing body.

Consumers said they are given choice about when and what services are provided, and that those choices are respected. Staff demonstrated knowledge and understanding of consumers’ choices and could describe how they support consumers to make informed choices about their care and services. Care documentation identified key consumer choices and decisions about care and services.

Consumers provided feedback in relation to how the service supports them to live their best life. Staff described how they support consumers live their best life by linking them with services that meet their needs or doing their preferred activities. Support workers described the support and assistance measures to ensure consumers are as safe as possible while living their best life. Care documentation shows risk assessment processes are in place and staff work with consumers to agree risk management strategies which are regularly reviewed.

Consumers said they receive timely and clear information from the service. Consumers were familiar with service times and which support workers were attending and were satisfied with the information provided to them through their monthly statements and other material provided the service.

Consumers said their privacy is respected by staff. Staff described how they protect consumers’ personal information and show respect for their privacy. The service has policy and procedures in place to ensure confidentiality and privacy of personal information.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find six of the six requirements in Standard 1 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

The service was able to demonstrate that assessment and planning considers risks to the consumer and informs safe delivery of care. On commencement of services, a comprehensive assessment is completed, and risks are identified. With the approval of the consumer, this also includes a clinical review by a registered nurse. Risks identified are assessed and risk mitigation strategies agreed with the consumer form part of the consumer’s care plan.

Assessment and care planning identifies and addresses the consumer’s current needs, goals and preferences. Ongoing communication with consumers, and between staff and the management ensure that individual consumer preferences are continually updated in the consumer’s care plan. Advance care planning is discussed from the commencement of services and at each care plan review and reflected in care documentation.

Assessment and planning involved ongoing partnership with the consumers. Assessments are consumer driven and consumer wishes embedded in the assessment and planning processes. Staff were able to demonstrate that services were consumer led and involved other individuals, organisations, or providers who the consumer wished to be involved in their care.

Assessment and planning is documented in a care plan and communicated with the consumer. Assessments are completed in person by the coordinators with all outcomes explained to the consumer at the time. Consumers reported that this process was very thorough. Care documentation was signed by both the coordinator and consumer or representative. All consumers have a home file with a copy of their full care and services plan.

Care and services were regularly reviewed, at least yearly, and when changes occur or circumstances change. Consumers are able to determine if they wish to have a clinical review by clinical staff, or their regular review by the care coordinator.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find five of the five requirements in Standard 2 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

Consumers receive safe and effective personal and clinical care. The service accesses up to date clinical information to ensure clinical care is best practice. Review of documentation and consumer feedback demonstrate that care is tailored to consumer needs and optimises their health and wellbeing and is safe.

High impact, high prevalence risks for consumers are effectively managed. Assessments related to risks are completed during each care plan review and when circumstances change. Risk assessments are completed with consumers if they choose to take risks. Alerts and notes in the documentation management system trigger staff to possible risks and the mitigation strategies in place for individual consumers, for example, falls risk mitigation.

The service communicates with the consumers and their representatives around their needs, goals, and preferences and regarding end of life care. Advance care directives and plans are discussed. This is revisited at each care plan review to encourage consumers to have plans that will meet their goals and preferences when the time comes. Depending on the needs of the consumer, discussions may involve options for care such as palliative care and residential care where higher care needs are supported.

Deterioration of consumer’s health and condition is recognised and responded to in a timely manner. Support workers were able to explain how they escalate issues to the coordinators and clinical staff when deterioration occurs, as well as what to look out for in terms of clinical deterioration. Changes observed by support workers and the consumer’s family are documented in the care management system.

Information about consumers' needs goals and preferences is communicated within the organisation. The service utilises an online documentation system allowing support staff to access to information needed to complete services and this information is available to others when the care is shared.

Referrals to individuals and other organisations occur to meet consumer’s need and include allied health professionals, medical officers, and providers of equipment.

The service has policies and procedures for infection control and to minimise the spread of infections, including COVID-19. Policy and procedures are kept up to date with best practice and published health information. Staff perform COVID-19 screening prior to entering the home. All staff are provided with personal protective equipment (PPE) to use during services. Staff have received online training in standard and transmission-based precautions, including donning and doffing, after which they complete a competency assessment with the services’ clinical educator. Staff were able to demonstrate their knowledge of infection control strategies. When infection is suspected and antimicrobials may be needed the consumer is advised to attend their local medical officer for advice and treatment.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find seven of the seven requirements in Standard 3 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers get supports for daily living that meet their needs, goals, and preferences. Support workers described how they take consumers on outings of their choice to optimise their well-being and quality of life. One consumer described how staff support her to do the things she enjoys as well as do some exercise.

Services and supports promote consumers emotional, spiritual, and psychological well-being. Staff were able to explain how they support consumers well-being. Consumers described how staff support them to maintain their emotional, spiritual and psychological well-being through services provided.

The service assists consumers to participate in the community, maintain relationships and do things that interest them. Consumers described how staff support them to pursue their interests both inside and outside their home and maintain social connections.

Information about consumers condition, needs and preferences was shared within the organisation and with others involved in consumer care. Staff said they have information that allows them to care for the consumer. Information about the consumer, including their needs and condition is included in the service documentation system. Consumer preferences, such as specific staff requests and times for services is managed by the scheduling team and this information is collated on spreadsheets. Consumers told the Assessment Team that their preferences are considered when planning services, including the types of activities for social support and preferred staff.

Timely referrals to other organisations or providers of care and services are made that support the consumer. Consumers described referrals made that supported them to continue living at home safely.

Consumers stated that equipment provided is suitable and safe and they can talk to management if they have concerns about the suitability of any equipment. Consumers have access to the services of to an occupational therapist if needed to purchase suitable equipment. Staff notify management of any equipment that appears to need repair or replacement.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find six of the seven requirements in Standard 4 compliant. Requirement 4(3)(f) was not assessed as not applicable.

# 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 feel encouraged, safe, and supported to provide feedback and make complaints. Staff described the avenues available for consumers and representatives if they want to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. The service makes monthly phone calls to all consumers seeking feedback which provides encouragement and support for consumers to report what has been occurring during their services. Feedback forms are available and consumers are encouraged to use these.

Consumers stated they are aware of advocacy services to raise concerns with management and staff. Staff demonstrated understanding of advocacy policies available for consumers. Staff were able to describe how they assist consumers who have cognitive impairment and communication difficulties to raise issues.

Consumers said the service addresses and resolves their concerns/complaints. Consumers confirmed staff and management provide an apology when things go wrong and quickly rectify any issues. Support workers described the process followed when receiving feedback or a complaint. Management said an open disclosure process is applied following an adverse event and as part of the service’s complaints management and resolution process. Documentation confirmed each complaint had been appropriately actioned and the consumer/representative had been involved in the process. Open disclosure was reflected in most.

Consumers said the service seeks their feedback about the services they receive via monthly phone calls from their care coordinator and on an ad hoc basis from support workers. The service has an annual survey in which all consumers/representatives are encouraged to participate. Management described how they use the information from consumer complaints and feedback to gain insight to the quality of service provision and reports are made to the governing body. One example provided was how the service identified a trend in complaints from consumers about the late arrival of support workers. The cause appeared to be insufficient travel time and so changes were made to the scheduling process to allow more time resulting in service improvement.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find four of the four requirements in Standard 6 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

The service demonstrated that the number and mix of workforce members delivering personal and nursing care are sufficient to deliver safe and quality services to consumers requiring personal and nursing care and services. Most consumers interviewed provided positive feedback regarding staff and all said they are satisfied with the support workers currently attending services for them.

Consumers said that staff are kind and caring and that they respect their identity and diversity. Staff demonstrated how they provide care that is respectful to identity, culture, and diversity. Documented feedback from consumers described staff as being helpful, respectful, and kind.

Consumers said that staff know what they are doing. The workforce is competent and members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles. Staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training to be recruited. Police checks, visas and other qualifications are monitored for currency.

Staff are recruited using a formal recruitment process that include interviews, referee checks and qualification checks. Management described processes for identifying staff training needs. Staff described completing relevant training and being supported in their role. The service has mandatory annual training relevant to all aspects of these standards. Staff records which included copies of qualifications with transcript and evidence of completed training were sighted.

Management advised, and staff interviews confirmed, the service has probationary and ongoing performance review system to regularly assessed, monitored, and review the performance of each member of staff. Completed appraisal documents evidenced reviews undertaken. Mechanisms are in place to monitor the performance of subcontracted staff by seeking regular feedback from consumers and representatives. Any issues are addressed through ongoing discussions with the relevant agencies.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find five of the five requirements in Standard 7 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 provide ongoing input into how care and services are delivered. They confirmed that the service has sought their input in a variety of ways such as monthly phone calls, annual surveys, and face to face discussions. They said that they feel included in the discussions around care planning and service provision. Consumers and representatives provided examples of where they have provided feedback to the service. Most consumers and representatives sampled expressed satisfaction with the quality of the service and gave examples of how the service is delivered to meet their needs. Management advised they have previously had consumers on interview panels when hiring staff and found their input valuable.

The governing body promotes a culture of safe quality care delivery by using information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery. The organisation drives improvements and innovations using data from audits, clinical indicator reports, incidents or near misses, and consumer/staff feedback. Management said that the service strives to improve its quality of care by being responsive to information from their data. Policies and other documents published by the organisation promote safe, inclusive, and quality care and services. The organisation has a clinical governance framework that establishes cascading accountability from the service manager through various committees to the governing body.

Service staff and senior management staff interviews demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The service has policies and procedures that detail processes around each governance system to guide staff practice. The service has a centralised information management system for both consumer information and staff information. The service also uses an electronic reporting system for key processes such as complaints, incidents, audits, risks, quality logs and surveys. Staff said the system includes all basic information they need to access to perform their day-to-day duties. Continuous improvement activities are created from a variety of sources, including consumer/representative feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits. The service has a Continuous Improvement Plan which was up to date and showed evidence of ongoing review. Management confirmed financial governance systems are in place to manage finances. They said ongoing review occurs of consumer’s funds and they were able to provide a list of those with a high amount of unspent funds. One consumer with high unspent funds confirmed the service monitors this with them closely. Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body. Staff are provided with a job description that includes a clear explanations of their role and responsibilities. All staff interviewed were aware of their roles, accountability, and responsibilities. Staff are provided with adequate training, both mandatory and ongoing, to support them in their roles. There are processes in place to ensure the monitoring of subcontracted services. The service’s compliance systems included monitoring of qualifications, driving licences, police checks, first aid certificates, vaccinations, and insurances. All staff were up to date with all requirements. The service manager is supported by the organisation’s quality team in monitoring regulatory compliance. Individual staff members and shared team email inboxes are subscribed to industry and regulatory updates. Management demonstrated knowledge regarding SIRS reporting for home services, minimising use of restrictive practices, consumer advisory body requirements, pricing caps, and other recent and upcoming home care package program reform changes. The service has effective systems and processes in place to ensure consumer, representative and staff feedback is captured, and that information is used by management to inform and improve services.

The organisation has an effective risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed. Staff confirmed that they had received education on these topics and were able to provide examples of their relevance to their work. Staff demonstrated knowledge of various risk minimisation strategies. Staff described their reporting responsibility in relation to suspicion or incident of abuse. All staff interviewed spoke to supporting the individual needs and preferences of consumers and enabling them to live their best lives.

The organisation has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The service utilises this framework for the relevant aspects of providing home care packages for consumers. Staff were aware of antimicrobial stewardship and minimising the use of restraint, however said there was limited opportunity to implement these aspects due to their consumer cohort in the community setting. Use of open disclosure was evident throughout service. The clinical governance framework is supported by a range of policies and procedures and ensures the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical or personal care is being provided.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find five of the five requirements in Standard 8 compliant.

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