**Performance**

**Report**

**1800 951 822**

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| Name: | Gratitude In-home Care |
| Commission ID: | 301039 |
| Address: | 84-90 Hotham Street, PRESTON, Victoria, 3072 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 19 April 2024 |
| Performance report date: | 14 June 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: 8991 Latitude Care Pty Ltd  
Service: 27327 Gratitude In-home Care

**This performance report**

This performance report for Gratitude In-home Care (**the service**) has been prepared by K Jarvie, 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 Assessment contact (performance assessment) – non-site report which was informed by review of documents and interviews with staff, consumers, representatives, and others.
* the performance report dated 29 January 2024 in relation to the Quality Audit undertaken from 30 November to 1 December 2023.

The provider did not submit a response to the assessment team’s report for the Assessment contact (performance assessment) – non-site.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |

Findings

Requirement 2(3)(d) was found non-compliant following a Quality Audit undertaken from 30 November to 1 December 2023. The service did not demonstrate information provided to support workers was adequate to support continuity of care, with staff not having access to detailed care requirements at point of care.

The Assessment Team’s report for the Assessment Contact undertaken on 19 April 2024 included evidence of actions taken by the service in response to the non-compliance. The service developed a comprehensive continuous improvement plan to address the identified deficits. The service ensured all staff had access to detailed information to provide adequate care to consumers. The service demonstrated care managers participate in delivering consumer-specific training and detailed instructions to familiarise staff with consumer requirements. The service demonstrated processes to actively seek feedback and monitoring of care profiles.

The assessment team was satisfied these improvements were effective and recommended Requirement 2(3)(d) met.

Representatives confirmed consumers can access and understand their care plans. Staff described how they access care and service information about a consumer at the point of care. Staff stated there was sufficient information to guide them to effectively deliver care and services. Documentation demonstrated consumer goals, what is important to the consumer and risks to consumers and strategies to mitigate risks were recorded.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Requirement 3(3)(e) was found non-compliant following a Quality Audit undertaken from 30 November to 1 December 2023. The service did not demonstrate documentation available to care providers was in a detailed format and instead was reliant on verbal information. The service did not demonstrate information about the consumer’s condition, needs and preferences was effectively documented and communicated within the organisation and with others where responsibility for care is shared.

The Assessment Team’s report for the Assessment Contact undertaken on 19 April 2024 included evidence of actions taken by the service in response to the non-compliance. The service developed a comprehensive continuous improvement plan to address the identified deficits. The service demonstrated staff had access to detailed written documentation about the care needs of a consumer on their mobile phone application. The service demonstrated information about the consumer’s condition, needs and preferences was effectively documented and communicated within the organisation and with others where responsibility for care is shared.

The assessment team was satisfied these improvements were effective and recommended Requirement 3(3)(e) met.

Representatives stated staff who provide care and services to consumers know the consumer’s care needs and preferences and information about the consumer’s condition, needs and preferences were communicated within the service and with others. Support workers confirmed they have access to care plans and progress notes at the point of care on a mobile phone application which contains all the consumer information. Management advised all staff within, or outside the organisation have appropriate access to sufficiently detailed and current information to enable them to deliver appropriate care and services to consumers. Documentation showed consumer information is sufficiently detailed and available to staff who deliver care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

Requirement 4(3)(d) was found non-compliant following a Quality Audit undertaken from 30 November to 1 December 2023. The service did not demonstrate care file documentation for a recently deceased consumer reflected interactions and recommendations provided by the palliative care team involved in the consumer’s care.

The Assessment Team’s report for the Assessment Contact undertaken on 19 April 2024 included evidence of actions taken by the service in response to the non-compliance. The service developed a comprehensive continuous improvement plan to address the identified deficits. The service demonstrated the service implemented processes to ensure information about the consumer’s condition, goals, needs and preferences are communicated within the service and with others who need to know. Care plans have been modified to include a section on ‘participants involved in care’. This section is to be completed where the consumer’s goals, need and preferences are to be communicated within the organisation and with others where responsibility for care is shared.

The assessment team was satisfied these improvements were effective and recommended Requirement 4(3)(d) met.

Representatives stated support workers were very knowledgeable about the consumer’s goals, needs and preferences and they were satisfied with the services the consumer was receiving. Support workers stated they receive updates about consumers through a mobile phone application, email or phone call if a consumer’s condition changes. Management described the process for ensuring information about consumer needs, goals and preferences is up to date and shared with those who need to know. Documentation showed information sharing processes were in place which enabled consumers, staff and external providers to share information about consumer goals, needs and preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 4, Services and supports for daily living.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

Requirement 8(3)(c) was found non-compliant following a Quality Audit undertaken from 30 November to 1 December 2023. The service did not demonstrate an effective information management system was in place.

The Assessment Team’s report for the Assessment Contact undertaken on 19 April 2024 included evidence of actions taken by the service in response to the non-compliance. Care plans have been modified to include a section on ‘participants involved in care’ and a care manager monitors progress notes daily for any changes to the consumer’s needs, goals and preferences. Information about consumers is available on electronic devices. The service has relevant policies and procedures in place to guide staff on information management.

The assessment team was satisfied these improvements were effective and recommended Requirement 8(3)(c) met.

Information management

Staff confirmed they have ready access to relevant documentation and information about consumers, including the consumer’s needs, goals, and preferences. All systems are password protected and the service is investigating implementing an electronic care management system by August 2024. Staff have access to relevant policies and procedures to guide staff on information management.

Continuous improvement

The service has a continuous improvement register and plan reflecting information from incidents, feedback and complaints and identified service improvements. The continuous improvement plan includes information for actions, outcomes, responsible person, and proposed completion date.

Financial governance

The service has financial governance systems and processes in place to manage the finances and resources required to deliver safe and quality care and services to consumers. Management advised monitoring of unspent funds is conducted while preparing the consumer’s monthly statement, with options on how surplus fund could be spent discussed with the consumer.

Workforce governance

Management and staff are provided with a job description, and they have a clear understanding of their roles and responsibilities. Management advised ongoing training is provided to staff around consumer-specific training and consumer needs. The service has a process to ensure staff have appropriate competencies, qualifications, and relevant insurances, including for subcontractors.

Regulatory compliance

Management advised updates about aged care reforms are received through subscriptions to relevant regulatory bodies, with information distributed to staff and consumers as appropriate. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change. Management advised staff are provided ongoing training to ensure their knowledge remains current.

Feedback and complaints

The service has a feedback and complaints management system which is monitored by management. Complaints are captured, recorded, and resolved in a timely manner. Continuous improvement actions are implemented as identified through analysis of feedback and complaints. The service has a feedback and complaints form on its website and provides a survey with monthly statements to gain further feedback from consumers.

# Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

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