**Performance**

**Report**

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| Name: | Gratitude In-home Care |
| Commission ID: | 301039 |
| Address: | 84-90 Hotham Street, PRESTON, Victoria, 3072 |
| Activity type: | Quality Audit |
| Activity date: | 30 November 2023 to 1 December 2023 |
| Performance report date: | 29 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: 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 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.
* the provider’s response to the assessment team’s report received 15 January 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

* Requirement 2(3)(d) ensure adequately detailed information is available through care planning and assessment documentation and systems

**Standard 3**

Requirement 3(3)(e) implement and establish centralised information systems with access to information to support care delivery and continuity of care

**Standard 4**

* Requirement 4(3)(d) ensure information systems and records reflect communication and recommendations provided by all parties involved in care

**Standard 8**

* Requirement 8(3)(c) embed and sustain improved information systems to reflect comprehensive communication and access to detailed documentation and assessments reflecting consumer care requirements

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 described being respected and valued, care documentation reflected individual background information and consumer circumstances. Staff described how they meet consumer cultural needs and preferences and there is access to interpreter services as required. This was supported by a consumer example where staff assist with daily religious commitments and preparation of meals to respect cultural requirement.

All consumers and representatives were satisfied they are supported to make choices, decisions, and connections. The Assessment Team noted inconsistent documentation related to parties involved in decisions about care and services. Following feedback, management explained they have a no share policy but acknowledged improvement was required where care is shared and providing information to representatives.

Staff described how consumer rights to take risks are balanced with safety considerations and care documentation demonstrated risks are identified with strategies recorded to mitigate individual risk. The Assessment Team reviewed the service’s dignity risk policy and form requiring signatures from the consumer’s representative, general practitioner, and service staff.

Staff described personalised ways for the consumers to understand and exercise choice during care. Management described regular discussions with consumers and representatives via face to face or during video conferencing to ensure current information is shared. Communication books are also utilised to share information.

Management explained support workers can only access information concerning the consumer they are caring for. The service has a confidentiality policy and staff induction includes training in the code of conduct. The home care agreement includes actions the service takes to ensure 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. | Not 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 report and the approved provider’s response that the service does not comply with Requirement 2(3)(d) and as a result does not comply with Standard 2.

Requirement 2(3)(d):

Current care plans were in place for all consumers who also confirmed they received a copy of the care plan on request. Support workers confirmed they can easily access information on the electronic management system application and the service trains them on individual care, however, detailed care requirements are not documented in care plans.

The information provided to support workers was not adequate to support continuity of care. The reliance on verbal communication of specific care requirements exposes consumers to risk where the sole individual is not available to provide the detail required to support care needs. Access to detailed care requirements while onsite is imperative to ensure adequate communication to all involved in consumer care.

The Approved Provider submitted a response to the Assessment Team report, a sample care profile and a Plan for Continuous Improvement. The Approved Provider states they are proactively addressing the concerns raised by the Assessment Team through a comprehensive action plan, however the PCI provided does not reflect the deficits identified for this requirement, the improvement actions or the timeframes for completion. While the Approved Provider asserts that care managers participate in delivering client-specific training and detailed instructions to familiarise staff with consumers requirements, evidence has not been provided to support this in practice. Furthermore, the Approved Provider asserts that they are actively seeking feedback and monitoring the efficacy of the care profiles, however again, no evidence was submitted to demonstrate this in practice.

I acknowledge the actions referred to in the Approved Provider’s response, including the development of consumer care profiles as a method to document care requirements and improve communication of care needs and continuity of care. However, I do not have sufficient evidence to demonstrate that improvement actions have been fully implemented, evaluated and embedded into normal practice and that staff and consumers have ready access to documented detailed care requirements to support consumer care. As a result, this Requirement is non-compliant.

Compliance with the remainder of requirements:

Consumers and representatives confirmed the service seeks to understand consumer needs and preferences through the care planning and assessment process. A review of files reflected risks were identified and strategies implemented, although the service was not using validated assessment tools to identify the severity of risk to consumers. Following feedback from the Assessment Team, management added an action to the Plan for Continuous Improvement (PCI) to develop and implement validated assessment tools.

Management described raising advance care planning during the initial assessment and provided written documentation. A review of files reflected advanced care planning is raised with consumers, however, most do not choose to document specific wishes due to cultural reasons. The assessment team noted that where consumers choose not to discuss advance care planning, care files should reflect this choice with directions on who to contact for further information.

Assessment and planning policies reflect partnering with consumers, however, care planning does not include the contacts the consumer wishes to be involved in, such as representatives and other providers of care. Management identified area for improvement in obtaining consent to share information with representatives and other providers of care and developed a consumer information sharing and advocacy consent form.

# 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. | Not 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 report and the approved provider’s response that the service does not comply with Requirement 3(3)(e) and as a result does not comply with Standard 3.

Requirement 3(3)(e):

Consumers and representatives confirmed staff were aware of their needs and preferences. The documentation available to care providers was not in a detailed format and was reliant on verbal information to be provided prior to staff attendance. This method of reliance on a sole source of information does not support continuity of care or capacity for carers who require additional information during their attendance. The purpose of a care plan and progress note records is to ensure all care details are evident and easily accessible to inform delivery of care. Management acknowledged feedback from the Assessment Team indicating the information system had limitations and they were exploring alternate options to support the services growth.

The Approved Provider submitted a response to the Assessment Team report and a Plan for Continuous Improvement (PCI). The Approved Provider’s response indicates changes have been in the electronic management system in relation to digital file notes. The Approved Provider submitted screenshots of a blank client file note record from the electronic management system which included blank fields for client name, staff name, dates, times and prompts to notify other staff.

While I acknowledge the actions referred to in the Approved Provider’s written response, the Plan for Continuous Improvement does not reflect the deficits identified by the Assessment Team during the quality audit for this requirement, nor does it reflect the improvement actions, and timeframes for completion. I acknowledge that amendments have been made to the electronic management system and that blank digital file note templates are available to staff. The response does not support, and I do not have sufficient evidence to demonstrate that improvement actions have been fully implemented, evaluated and embedded into normal practice to demonstrate information about the consumer’s condition, needs and preferences is effectively documented and communicated within the organisation, and with others where responsibility for care is shared. As a result, this Requirement is non-compliant.

Compliance with the remainder of the requirements:

Consumers and representatives were satisfied with personal and clinical care. Support workers explained how they tailor care to the needs of individual consumers. Management confirmed they review every file note submitted by staff to check for any missed care or incidents and then follow-up.

Support workers described how they minimise risk when working with consumers, and risk management strategies were included in consumer care files. This was supported by a consumer account of a comprehensive care assessment and arrangements in accordance with changing needs.

There was evidence of appropriate end of life care and liaising with palliative services which maximised comfort and dignity. Support workers outlined how they escalate concerns, and file reviews evidenced appropriate intervention in response to deterioration. Management described a prompt included in the service application so that support staff can document any changes in the consumer's conditions or concerns. Consumers and representatives confirmed they have received referrals to allied health services including occupational therapy, physiotherapy, and podiatry.

Staff and consumers indicated staff maintain a range of precautions to guard against transmission of infection and there is information available to staff, consumers, and representatives to support safe infection control practices. An antimicrobial stewardship policy was created and provided to the Assessment Team at the time of the visit.

# 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. | Not 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 report and the approved provider’s response that the service does not comply with Requirement 4(3)(d) and as a result does not comply with Standard 4.

Requirement 4(3)(d):

The Assessment Team reviewed care file documentation for a recently deceased consumer, the information available did not reflect interactions and recommendations provided by the palliative care team involved in the consumer’s care. As indicated in requirements 2(3)(c) and 3(3)(e), the information system no longer supports the requirements of the service with room identified for improvement to ensure continuity and contribution of others in the provision of care.

The Approved Provider submitted a response to the Assessment Teams report and a Plan for Continuous Improvement (PCI). The Approved Provider has modified electronic care plans to include a dedicated field addressing palliative care, and this was supported by a screenshot of a blank care plan. The Approved Provider states that this amendment and information relating to the consumer’s care journey will be readily available and communicated to care staff and other relevant parties.

While I acknowledge the actions referred to in the Approved Provider’s response, the PCI does not reflect the deficits identified by the Assessment Team during the quality audit in relation to this requirement, nor does it reflect the improvement actions, and timeframes for implementation and evaluation. I do not have sufficient evidence to demonstrate that improvement actions have been implemented, evaluated and embedded into normal practice to support effective communication of information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared. As a result, this Requirement is non-compliant.

Compliance with remainder of requirements:

Consumers and representatives indicated the supports received were safe and effective, and optimise independence, well-being, and quality of life. Staff outlined matters and activities of importance to consumers and how they support them with these. A review of consumer documentation reflected the services provided are those most suited to each consumer.

Where staff observe a consumer requires additional emotional or psychological support, management indicate they would contact the general practitioner for review or arrange other supports for any mental health concerns.

Care documentation reflected consumer participation in programs and activities to meet goals and preferences, and staff confirm the service encourages consumers to participate in activities they enjoy.

There was evidence of adequate and established referral processes, with care documentation reflecting discussions about community involvement, hobbies, companionship, and community access, along with options for flexible respite care and further referral for Aged Care Assessment Services (ACAS) review. Management confirmed there is a broker arrangement in place for food services primarily through a well-known provider. Communication regarding food risks is incorporated into consumer care plans. Consumers and representatives indicated accessing mobility and other aids through their home care packages. Management clarified that most equipment is sourced through a third-party provider, who takes care of installation, management, and maintenance for the consumer.

# 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. | Not Assessed |
| 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. | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

Standard 5 was not assessed as the service provides no support to consumers at its premises nor transport in service-owned vehicles.

# 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 reported they are comfortable to provide feedback and complaints and the service is responsive to feedback. Management explained they seek feedback from consumers and their representatives through surveys and making regular contact via phone or during a visit. Consumers can provide feedback and complaints anonymously through the service’s website and a form which is attached to the monthly statement.

The Assessment Team reviewed the feedback and complaints policy, the home care agreement and consumer handbook, reflecting contact details of external advocacy services and how to make a complaint. This included how to contact the Aged Care Quality and Safety Commission, and information regarding interpreters. The welcome pack included the Charter of Aged Care Rights available in various languages.

Staff reported while they have not yet received any complaints directly, they would gather information and try to resolve the issue while they were with the consumer, contact the office for assistance and follow up or provide the consumer with the office number. The Assessment Team reviewed the feedback and complaints register, reflecting open disclosure practice and the feedback and complaints policy.

A review of feedback and complaints data in the continuous improvement register demonstrated the service is reviewing feedback and complaints to inform and improve their service delivery by creating an application for consumers to provide feedback.

# 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.

Management advised the service undertakes workforce planning through forecast planning of staff by allowing extra shifts and a contingency of staff to accommodate annual and personal leave. Additionally, shifts are allocated to students for further support during these periods. The Assessment Team reviewed the rostering schedule for staff reflecting no unfilled shifts.

Staff described how they treat consumers with respect to meet their individual needs and preferences and consider their cultural needs. Management advised when matching consumers with staff they review the demographic and cohorts to ensure ethnicity is matched.

Documentation reviewed included position descriptions for roles within the service, subcontractor agreement, staff handbook and code of conduct agreement. The service provided a training schedule and attendance register reflecting dates and names of staff completing training. For subcontractors, the service requires evidence of documentation of qualifications, where appropriate, including valid police check and relevant insurances.

Staff confirmed they are provided training during induction and ongoing training throughout the year including mandatory training, which incorporates restrictive practice, mobility, incident management, serious incidents and care plans and assessments. Management advised performance appraisals are conducted yearly, feedback is provided to staff and if any performance related issues are raised, these are discussed and actioned when identified.

# 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. | Not 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 report and the approved provider’s response that the service does not comply with Requirement 8(3)(c) and as a result does not comply with Standard 8.

Requirement 8(3)(c):

Complete access was not available to the Assessment Team to adequately inform a comprehensive assessment of the electronic information. Selective information was provided by management through a cloud portal; however, this did not reflect the breadth of information to reassure Quality Assessors of accurate information. Management advised this access was restricted due to maintaining the privacy of the service and its consumers and management appeared to have limited knowledge of their obligations to comply with requests made by Quality Assessors.

The Assessment Team noted the quality of file notes was inadequate to represent time and designation of the reporter or support adequate best practice notes record keeping.

Appropriate and effective oversight was noted regarding continuous improvement reflecting development of improvements in assessment tools and statement content. There was evidence of identification of trends and analysis, management of unspent funds, monitoring of staff qualifications and role descriptions and access, and communication of regulatory and legislative updates. Feedback and complaints were monitored and used to inform areas for improvement in service delivery.

The Approved Provider submitted a response to the Assessment Team report, suite of organisational materials and a Plan for Continuous Improvement. While the response states that the Approved Provider is implementing a Customer Relationship Management (CRM) system to improve communication and sharing of information, the PCI does not reflect the deficits identified by the Assessment Team during the quality audit in relation to this requirement, nor does it reflect the improvement actions, and timeframes for completion.

I acknowledge the actions referred to in the Approved Provider’s response including those in response to Requirements 2(3)(d), 3(3)(e) and 4(3)(d), however the limited evidence provided does not address the deficits in documentation and information sharing nor does it demonstrate improvement in the quality of file notes. I do not have sufficient evidence to demonstrate that improvement actions have been implemented, evaluated and embedded into normal practice to support effective information governance systems. As a result, this Requirement is non-compliant.

Compliance with the remainder of requirements:

Management reported they seek input from consumers/representative around their care and services to reflect their needs and preferences during the initial visit and through discussions with the clinical care manager, especially when consumers' needs and health changes. A review of the continuous improvement register reflected feedback received from consumers being used to improve the service, such as developing a ‘consumer app’ where consumers can request additional hours, cancel shifts and provide feedback.

Clinical management monitors that care and services are being delivered safely through a review of consumer's file notes and ‘concern’ notes at management’s meetings on a weekly basis. Review of incident reports and care plans enables the service to monitor that care and services are being delivered safely, effectively and in line with best practice.

The service has an incident management framework reflecting policies on serious incidents, abuse and neglect, and risk management associated with consumer care. These policies guide identification and response to concerns raised by staff regarding incidents, risks or abuse and neglect of consumers.

There is evidence of a clinical governance framework with the creation of an antimicrobial stewardship policy, medication management and minimising use of restraints following feedback from the Assessment Team.

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)