**Performance**

**Report**

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| Name: | Guardian Healthcare Services Pty Ltd |
| Commission ID: | 301073 |
| Address: | Level 1, 366 Sydney Road, COBURG, Victoria, 3058 |
| Activity type: | Quality Audit |
| Activity date: | 9 October 2023 to 11 October 2023 |
| Performance report date: | 8 November 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 9167 Guardian Healthcare Services Pty Ltd

Service: 26944 Guardian Healthcare Services Pty Ltd

**This performance report**

This performance report for Guardian Healthcare Services Pty Ltd (**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 31 October 2023.

# 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 | **Not Applicable** |
| **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

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 representative’s confirmed consumers are treated with respect by staff at the service. Staff outlined how they support consumer dignity and the Assessment Team reviewed consumer assessments and support plans to include consumer rights. A code of conduct for staff was observed to be contained within her home care agreement, along with a copy of the Aged Care Charter of Rights. Cultural considerations were observed to be embedded within consumer assessments and care plans and management described how the initial assessment with the consumer informs the development of a cultural care plan.

Management explained the organisation supports consumers to make decisions regarding their care by providing timely and current information on options, listening to the consumer’s wishes, involving family and allowing the consumer to ultimately make the necessary decisions.

The Assessment Team noted examples of the service supporting consumers to engage in their preferred activities including where these involve risk and implementing actions to mitigate identified risks.

Consumers reported receiving clear information regarding the services they can access via their Home Care Packages, and clear monthly statements. Management and other staff outlined how they ensure consumers understand their agreements including the financial aspects.

Support workers confirmed they require passwords to access the service’s mobile application and server and management confirmed information is only shared with consumer consent, and with other parties who require the information such as subcontracted staff and allied health staff.

# 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

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 their representatives confirmed the service seeks to understand consumer needs and preferences through the care planning and assessment process. The Assessment Team reviewed detailed care plans for consumer’s which included goals, preferences and risk assessments. Discussions regarding advance care planning are carried out at the initial assessment meeting and documented in care files. Care documentation reflected the people involved in the care planning process and consumer chosen representatives as well as allied health professionals and medical practitioners.

Consumers and representatives confirmed they have access to their care plan and were aware of care and services including which service occurred on what day and with which staff. Referrals and care plan reviews for reassessment occur as consumer needs change when there is an incident or a requested change to services and at least quarterly. Changes to consumer care plans are uploaded to the electronic management system and available to consumers who request a copy for their records. The Assessment Team noted current care plans in place for all sampled consumers.

# 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

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 confirmed they were satisfied with the personal care services they receive. Staff described how they support consumer personal care reflective of consumer care plans. A review of care planning documents demonstrated targeted and individualised supports to guide the delivery of safe and effective care. The service is not currently providing direct clinical care, however clinical staff have access and links to the best practice guidelines and procedures available on the central database.

The Assessment Team noted that high-impact or high-prevalence risks associated with the care of consumers were identified and documented. Clinical and allied health assessments occur where required and interventions to manage and mitigate risks to consumers were developed and evident in consumer care files. Consumer accounts demonstrated specific strategies implemented to assist with high-impact and high-prevalence risks such as falls, cognitive impairment, and social isolation.

Clinical staff detailed strategies for consumers nearing the end of life including increased contact from the service access to equipment and resources and liaising with the local hospice with consideration to cultural preferences before end-of-life discussions.

The service has a documented procedure in place in circumstances of clinical deterioration or change, which reflects the immediate need to report and escalate deterioration or incidents.

Support workers confirmed they receive sufficient information about each consumer and consumer consent enables information to be shared internally and externally where responsibility for care is shared. Clinical staff described the process for referring consumers to health professionals and management discussed the service requirement for care managers to action requests. The Assessment Team evidenced timely referrals in response to an identified need and up to date progress notes. Documentation included corresponding reports and recommendations that were incorporated into care plans and actioned.

The Assessment Team reviewed the work procedures available to support workers including hand hygiene and Personal Protective Equipment (PPE). Staff confirmed they have complied with hand hygiene and infection prevention and control training modules and discussed their use of PPE including masks and gloves.

# 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

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 are assisted to do the things they like or want to do with supports to assist with independence and remaining at home. Documentation such as recommendations, services suited to each consumer and care plans provided clear information on how to support consumers to achieve their goals.

Consumer documentation showed ongoing contact with consumers who have experienced emotional challenges. Support staff described how they recognise if consumers were feeling low and how they support consumer emotional, spiritual and psychological wellbeing, such as offering space to discuss concerns privately and supporting consumers to engage other formal or informal supports.

Care documentation reflects consumer participation in programs and activities to meet their needs, goals and preferences. Consumers and representatives confirmed that consumers are assisted to participate in the community, go out for coffee, shopping or do activities that they like.

Consumers and representatives confirmed support workers understand daily living requirements and how to provide individual well-coordinated support. Care documentation demonstrated referrals are made in a timely manner. Communication with others responsible for care, including representatives, staff and other services such as allied health and equipment requirements occurs to ensure ongoing coordination of services.

For consumers receiving delivered meals, consumers expressed satisfaction with choice, quality, and quantity of the meals.

A review of care documentation demonstrated consumer needs for equipment were assessed to inform suitable equipment and evaluation occurs through the services allied health professionals. Consumers confirmed their access to equipment has been supported by the organisation on request and management confirmed consumers communicate their need for new equipment or maintenance to them as required.

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

Findings

The Quality Standard for the Home care packages service was not assessed as specific requirements have been 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

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.

Most consumers and representatives confirmed they were encouraged and comfortable provide feedback and make complaints. A support worker explained the escalation process if concerns cannot be immediately addressed and documentation reviewed demonstrated the service actively encourages and seeks feedback. Management described that on initial contact with consumers complaints information is provided as well as a QR code and a feedback form. Contact details for members of the management team, the Aged Care Quality and Safety Commission are also provided to consumers.

The service’s consumer handbook contained information on the Older Persons Advocacy Network and the Commission. It also provides information on interpreter services including the Aboriginal Interpreter Service and Auslan interpreting services.

There is an open disclosure policy to support the complaints process and consumers and representatives confirmed complaints are resolved and an acknowledgement of the issues is provided with an apology.

Management explained complaints are recorded in the feedback and complaints register to enable follow-up and outcomes and review by the Board. Management described 2 recent improvements in services and processes which resulted from complaints.

The Assessment Team noted not all complaints had been recorded in the feedback register preventing the closure and consistent analysis, trending and monitoring of outcomes.

# 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 outlined their system for ensuring sufficient and appropriate staff to meet the needs of consumers. There were strategies in place to ensure consumer preferences are met and management of clinical requirements as well as a system to address staff absences. The Assessment Team noted consumer feedback indicating frequent rescheduling of staff with little notice which resulted in further recruitment to address deficits related to consumer preference of specific gender carers.

The Assessment Team reviewed consumer care plans which included communication cues to assist workers in respecting consumer diversity, and consumers and representatives confirmed interactions with staff were very kind and respectful.

There are minimum support worker qualification requirements with supporting position descriptions as well as an induction checklist. The checklist includes information regarding the Aged Care Quality Standards (the Standards), risks and resources, emergency procedures, communication, consumer rights, and medication management if applicable. Staff recruited to work with consumers with dementia are required to complete online dementia training.

Management explained their selection criteria and training aimed at ensuring quality care is provided. Support staff confirmed their access to training and the support available to them in their roles. The Assessment Team sighted attendance records for a range of online mandatory training sessions.

There are formal and informal processes to support regular and ongoing review of staff performance. Management incorporates any complaints or feedback received about the staff member and seeks feedback from consumers and other staff regarding skills and behaviour and training needs.

# 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

The Assessment Team recommended Requirement 8(3)(c) was non-compliant. However, after consideration to the available information and the approved provider’s response I am satisfied the service is compliant with requirement 8(3)(c) and as a result is complaint with standard 8.

The Assessment Team noted deficits related to the current information management systems. System integration was identified as an improvement action in the Plan for Continuous Improvement (PCI). However, management did not have an awareness of which policies were current and presented multiple versions of quality improvement plans and PCI’s as well as policy and procedure manuals. In circumstances where key personnel were not available to answer staff requests for assistance there was no structure in place to objectively provide a reliable source of information.

The Assessment Team noted there were effective systems in place to support workforce and financial governance as well as regulatory compliance, feedback and complaints.

The Approved Provider responded to the Assessment Team report with a Plan for Continuous Improvement and actions implemented to address the identified concerns around information management and continuous improvement. A comprehensive policy and procedure manual is being compiled to condense the current versions, as well as monitoring of further system related requirements. Additional references to specific complex care needs have been added to relevant policies and procedures. Integration of the current information management system has commenced and all continuous improvement plans will be combined to ensure a centralised version is available.

With consideration to these actions and the identified timeframes for completion of the improvements, I am satisfied the deficits are being addressed.

In relation to compliance with the remainder of the Requirements:

While consumers and representatives did not identify specific involvement in the development or evaluation of care and services, regular consumer feedback is sought to guide and improve the care and services provided. Management provided evidence of an invitation to consumers to engage with advisory bodies as well as evidence of consumer surveys.

The CEO is accountable for the quality of the care provided to consumers and for the overall running of the service, supported by the Board who are provided with overview of incidents and accidents, such as consumer falls, and any other issues relating to risk. In order to ensure best clinical practice and regulatory compliance, information is obtained to from bodies such the New South Wales Health Department and the Aged Care Quality and Safety Commission.

The service has effective organisation wide governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Financial governance is monitored and reviewed by a financial officer with consideration to monthly statements and surplus funds.

There are formal and informal performance review processes in place including consideration to any complaints and feedback received, identified training needs and completion of training. Information has been provided to staff as well as subcontracted staff regarding the Code of Conduct for Aged Care and regular vehicle registration and insurance checks are conducted for staff who transport consumer sin their private vehicles. The service’s compliance officer monitors legislative updates online and there is a feedback and complaints process in place to support Board review, analysis and implementation of improvements.

The service demonstrated it has effective risk management systems and practices and closely monitored care provision. Management explained that risk assessments occur at the stage of initial assessment and identified risks recorded in the online clinical system as alerts. The service maintains a clinical care risk register with consumers identified according to their degree of dependence on the service, availability of family supports and others.

The service’s measures in relation to antimicrobial stewardship are limited, however the Assessment Team acknowledged clinical care is not currently provided to any consumers. Specific training related to restrictive practice is not provided to staff, however guidance related to restrictive practice is present in both policy documents as well as the practice of open disclosure.

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)