**Performance**

**Report**

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| Name: | Haisey Home Care Services |
| Commission ID: | 301038 |
| Address: | Unit 10, 39 Eucumbene Drive, RAVENHALL, Victoria, 3023 |
| Activity type: | Quality Audit |
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| Performance report date: | 22 August 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: 8384 Haisey Home Care Service Pty Ltd  
Service: 27239 Haisey Home Care Service

**This performance report**

This performance report for Haisey Home Care Services (**the service**) has been prepared by M Murray, 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 approved provider’s response to the Assessment Team’s report, received on 13 August 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 | **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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

Consumers said in various ways that staff treat them with respect and provide care and services in a way that upholds their dignity, including during personal care. Consumers spoke about their backgrounds and what was important to them, and said they were satisfied with how the service has responded to their cultural needs. Management has processes in place to ensure that the cultural needs of consumers are captured, and that care is tailored to reflect each consumer’s cultural preferences. Staff have undertaken cultural safety training.

Consumers said they make their own decisions about their care and make informed choices about balancing any risk with their quality of life. The service has a process to ensure risks are discussed in a way that supports informed decision making and a dignity of risk form is used to record these discussions.

Staff said they respect consumers’ decisions and choices and discussed how a consumer’s priorities can change day to day. Where a consumer does change their mind, staff said they do their best to meet the consumer’s priorities for the day.

A review of care planning documentation evidenced that information about consumers’ preferences, backgrounds and supports for decision making are captured by the service and available to staff.

Consumers felt informed about their care and services and have enough information to make decisions about things that are important to them. Information received includes updates about the status of home care packages and associated invoices, which they can also understand.

Staff discussed how they protect consumers’ privacy by never discussing or sharing a consumer’s personal information with others. Consumers did not have any concerns regarding the privacy of their personal and / or health information.

# 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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

All consumers and representatives felt confident the care planned for them is safe and effective. The service completes a series of assessments when the consumer joins the service, including assessments of skin integrity, risk of falls, medication usage, pain management, continence needs, nutritional status and other assessments needed to support the consumer’s health and wellbeing.

The Assessment Team noted that assessments were comprehensive, and outcomes included individualised approaches to mitigate to the greatest extent possible any risk identified.

Consumers and representatives spoke positively about how assessment and care planning are focused on understanding the consumer’s current needs, goals and preferences, including consideration of their wishes at the end of life.

Staff were able to describe the people who are important to the consumer and how they are involved in the provision of care and services and decision-making. Staff demonstrated a person-centred approach by frequently referring to the consumer’s choice and goals as being central to any assessment and care planning process. Consumers were satisfied there is a partnership approach to care planning.

All consumers and representatives said they had been given a written care plan. A copy of the care plan is placed in the consumer’s home for the consumer and staff to refer to, as necessary.

Care documentation demonstrated care plan reviews are conducted at least 3 monthly, and more frequently if there are changes in the consumer’s circumstances. Reviews were described as comprehensive and covered off the consumer’s needs and goals in relation to their social, physical, functional and emotional wellbeing.

# 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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

Consumers and representatives provided positive feedback about the way clinical and personal care meets their needs and optimises their health. Staff demonstrated detailed knowledge of each consumer’s needs and how care is tailored. Staff described how best practice relevant to consumer care is implemented and how clinical and personal care is monitored for effectiveness. Care documentation viewed by the Assessment Team demonstrated holistic consideration of consumers’ care needs and the impact of their health status on their wellbeing.

Consumers were satisfied with the continuity of personal care delivered by the service and through other providers engaged by the service, such as wound specialists. Case managers demonstrated, to the satisfaction of the Assessment Team, that they have broad oversight of the consumer’s care, monitor the consumer’s overall wellbeing, and communicate effectively with other health practitioners involved in the consumer’s care.

The Assessment Team assessed the management of care for consumers who had fallen and were using slow-release pain medication, noting that staff had considered consumers’ physical and mental well being as part of this process. The Assessment Team reported that staff had managed the risks associated with these consumers’ health and well-being effectively.

Policies guide staff in the use of restrictive practices, and at the time of the Quality Audit the Assessment Team reported that no consumers had a restrictive practice in place. Consumers who present with changed behaviours have a detailed and individualised behavioural support plan in place for staff to follow as required.

The service coordinates palliative care services for consumers who are nearing end of life. Feedback on palliative care included that the consumer’s comfort, choices and dignity are central to the planning and delivery of the service.

A review of a consumer experiencing a deterioration in their health status identified that staff were alert to and reported promptly their observation of changes in the consumer’s health and wellbeing. Strategies to support the new needs of the consumer were developed in consultation with the consumer’s representative and follow up with consumer’s medical practitioner was evident.

Documentation review demonstrated communication is timely within the organisation and letters and medical reports from outside the organisation are used to inform care practices.

Referrals had been undertaken for consumers by staff in a timely manner, including to occupational therapists and others in line with consumers’ choices.

Staff were knowledgeable about their role in minimising infection related risks, had access to personal protective equipment, and followed infection prevention and management protocols, including for COVID-19. Consumers said they had received information about reporting symptoms if they are feeling unwell and recalled staff using infection control practices such as wearing a mask. The service has protocols to follow for consumers who are COVID-19 positive. File reviews demonstrated coordination with medical practitioners, noted the use of any anti-viral medication and detailed strategies to support consumers to recover, such as increased hydration.

All infection notifications are reviewed by clinical management to track infection rates and antimicrobial use, including antibiotics not administered directly by the service.

# 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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

Consumers and representatives spoke about consumer independence and described strategies used to support consumers to maintain their links to the community, such as the provision of taxi vouchers. Care managers described how various activities are planned and how these are aligned to the consumer’s day to day goals. Staff discussed how they use the agreed strategies to support consumers to meet their goals and maintain their independence.

The Assessment Team was satisfied that services and supports are promoting each consumer’s overall wellbeing and file review evidenced ongoing monitoring of consumers’ psychological wellbeing.

Representatives said that the service supports consumers to maintain their social connections. They gave examples of consumers attending culturally specific social groups and religious services, as well as group activities involving others with a shared interest.

Care staff and case managers demonstrated effective communication about the goals, needs and preferences of consumers, in relation to supports consumers feel are important in their day to day lives.

Referrals had been undertaken for consumers by staff in a timely manner, including to counselling and other services in line with consumers’ choices.

Care documentation review demonstrated a consumer’s need for a piece of equipment is assessed, and an evaluation of the suitability of any proposed equipment is undertaken by an allied health professional. The service has a continuous improvement action to create a maintenance schedule for all equipment purchased with home care package funds. Equipment purchased through the home care package is periodically checked for its ongoing suitability.

# 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 service delivers supports in consumers’ homes and in the community and does not operate its own service environment. This Quality Standard does not apply.

# 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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

Consumers said they are given opportunities to provide feedback and raise issues of concern and were confident that staff would support them to do so if necessary.

The service encourages consumers and representatives to give feedback and make complaints. All consumers receive an onboarding information booklet which explains avenues for feedback and contact details for advocates, older persons rights groups and language services.

During quarterly care assessments, care coordinators proactively ask consumers about their care and services and any issues they would like addressed.

The Assessment Team followed through a complaint noted on the service’s complaints register from its initiation to its finalisation and were satisfied that the action taken was appropriate and an apology was offered to the complainant.

Managed described they had updated their feedback form as a result of comments that it could be easier to understand and use. The form was re-designed and revised in line with plain English principles and staff said it had been well received by consumers.

Policies guide staff in how to record, progress and manage feedback and complaints.

# 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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

The service has systems in place to ensure that there is sufficient workforce to provide all the services planned for consumers. The Assessment Team reviewed a sample roster and reported that the workforce is planned on a weekly rotation, enabling a suitable number and mix of staff to support the delivery of care. The electronic rostering system alerts coordinators to any unfilled shifts. If for any reason a shift cannot be back-filled the consumer is contacted to discuss rescheduling options.

Consumers and representatives stated staff engage with them in a kind, respectful and caring manner. Case managers, clinical and care staff described consumers in a way that was personalised and demonstrated a sound understanding of and respect for individual consumers.

Management described allocating staff with a similar cultural background to provide services to particular consumers, and more generally supporting staff in their understanding of what respectful care means.

There is a job description for each role within the organisation which outlines the skills and qualifications required. All staff undertake an induction programme, and there is ongoing monitoring of staff members’ ability to effectively perform their roles.

Consumers and representatives were satisfied staff are competent and have the skills to effectively perform their roles. The Assessment Team reviewed staff records and were satisfied with the effectiveness of the service’s human resource system.

The service has a mandatory training schedule, Management described that a combination of online and face-to-face learning for staff occurs. Targeted training also occurs with a range of modules available, including wound management, minimising the use of restrictive practices and consumer engagement.

Management said they focus on face-to-face training as they have found, for their staff, that this model encourages immediate feedback and interaction between learners and instructors.

Training records were evident for hand hygiene, fire safety, infection control, and open disclosure.

Staff described having undertaken an annual performance appraisal and discussing their professional development goals as part of this process.

# 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

This Quality Standard is compliant as all Requirements have been assessed as compliant. In making my compliance decision I have relied on the information in the Assessment Team’s report. The relevant information is summarised below.

Consumers outlined how they are encouraged to participate in surveys, complete feedback documents and have conversations with their care coordinators to discuss improvements. Care coordinators described how they support consumers to be involved in service planning and development, and evaluation of their care.

Management described the organisational structure that governs the delivery of quality care and services, with the Board being responsible and accountable for performance in relation to key areas of risk. The service has developed a bespoke clinical portal system allowing all Board members real time data on complaints, feedback and incidents, and live access to clinical registers.

The organisation sets performance expectations with subcontracted providers and monitors their performance through incidents, feedback and surveys.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team noted effective risk management systems and practices, including incident management systems. They were satisfied that management are aware of which consumers are at risk or vulnerable, and that monitoring of these consumers’ wellbeing occurs. The risk management framework was reported to support effective management of high-impact and high-prevalence risks and effective identification and response to abuse and neglect, and to support consumers to live their best life.

There is a clinical governance framework which guides staff on antimicrobial stewardship, minimising the use of restraint and open disclosure. There are relevant policies and procedures in place including on the management and reporting of serious incidents.

A clinical practice review committee supports the Board in relation to effective clinical governance.

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