**Performance**

**Report**

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| Name: | HALO Care and Support |
| Commission ID: | 500134 |
| Address: | Unit 8, 122 Forrest Road, ARMADALE, Western Australia, 6112 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 22 November 2023 to 23 November 2023 |
| Performance report date: | 15 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: 6640 Southern Districts Support Association Incorporated  
Service: 23641 Home and Lifestyle Options Inc (Halo)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9454 SOUTHERN DISTRICTS SUPPORT ASSOCIATION INC  
Service: 27166 SOUTHERN DISTRICTS SUPPORT ASSOCIATION INC - Care Relationships and Carer Support  
Service: 27165 SOUTHERN DISTRICTS SUPPORT ASSOCIATION INC - Community and Home Support

**This performance report**

This performance report for HALO Care and Support (**the service**) has been prepared by J Renna, 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) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 6 September 2022 in relation to the Quality Audit undertaken from 2 August 2022 to 4 August 2022.

The provider did not submit a response to the Assessment contact (performance assessment) – site report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 1

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| Consumer dignity and choice | | HCP | CHSP |
| 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 | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 2 August 2022 to 4 August 2022, as the service did not demonstrate current, accurate and timely information is provided to consumers and their representatives to enable consumers to exercise choice.

The Assessment Team’s report for the Assessment contact undertaken 22 November 2023 to 23 November 2023 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service demonstrated information provided to each consumer is current, accurate and timely and there are systems in place to ensure consumers are informed of any changes that affect their care and monthly invoices and statements are issued in a timely manner.

Consumers and representatives confirmed there are few staff or timing changes and changes are communicated by the service or support staff in an effective and efficient way. Staff discussed the electronic care management system which allows for changes to scheduling and sharing of these changes. Management advised any changes to consumer care, services or fees are emailed or posted to the consumer. Management discussed other communication mechanisms used by the service to communicate important information to consumers, including newsletters, meetings and social media posts. Documentation showed consumer financial information, including invoices, statements and budgets, provided to consumers is clear and easy to understand. Documentation showed no complaints received relating to untimely communication of schedule changes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

# Standard 2

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

Findings

Requirements (3)(a) and (3)(e) were found non-compliant following a Quality Audit undertaken from 2 August 2022 to 4 August 2022, as the service did not demonstrate:

* effective assessment and planning processes, with care plans not providing detailed information to guide staff in the provision of safe and effective care, including consideration of consumer risks
* care and services were reviewed regularly for effectiveness, or when incidents or changes in the consumer’s care needs impact needs, goals and preferences.

The Assessment Team’s report for the Assessment contact undertaken 22 November 2023 to 23 November 2023 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service demonstrated:

* assessment and planning informs the delivery of safe and effective care and services
* 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.

Consumers and representatives confirmed care and services are discussed prior to commencement of the service. Support workers described how individual consumer’s routine, needs and preferences are included in the consumer’s care plan. Management and care coordinators described the assessment process which includes risk assessment. Needs, goals and preferences are discussed with the consumer and/or their representative. Nursing staff said HCP consumers are offered a comprehensive clinical assessment using validated assessment tools. Documentation showed evidence of care plans developed in consultation with the consumer/representative and policies and procedures in place to guide staff in assessment and planning.

Consumers and representatives reported the service supports the consumer when their needs change. Support workers described how they respond to identified change to a consumer’s condition and how the service conducts reviews to address the consumer’s change. Management stated reviews are conducted when the consumer or representative requests a review, when the consumer’s needs or preferences have changes, when staff report changes in the consumer’s condition and when following discharge from hospital. Documentation showed evidence of care plans reviewed when incidents occur, and circumstances change and when representatives or consumers request a review as well as on an annually scheduled basis. The service has policies and procedures in place to guide staff on timeframes for regular or periodical reviews of consumers including changes to the consumer’s goals, preferences or health needs.

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

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |

Findings

Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(f) were found non-compliant following a Quality Audit undertaken from 2 August 2022 to 4 August 2022, as the service did not demonstrate:

* the delivery of safe and effective clinical care that is best practice and optimises the consumer’s health and well-being as assessments specific to consumers’ identified risks were not completed
* effective management of high impact or high prevalence risks associated with the care of each consumer as risks were inconsistently recorded in consumer care plans and when recorded, strategies to address the risks were not consistently recorded and an effective incident management system was not in place
* 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 as reassessment of consumers following a change in the physical or mental health or well-being was not occurring
* 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 as staff were not always following documented processes
* timely and appropriate referrals to individuals, other organisations and providers of other care and services as clinical referrals and reviews were not consistently occurring when a need was identified and there were no policies and procedures regarding referrals to external services.

The Assessment Team’s report for the Assessment contact undertaken 22 November 2023 to 23 November 2023 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service demonstrated:

* assessment and planning inform the delivery of safe and effective care and services
* 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.

Consumers and representatives reported satisfaction with the personal and clinical care provided. Support workers described how they provide safe personal care tailored to the needs and preferences of the consumer. Documentation showed care provided for each consumer is individualised, safe and effective, optimising the consumer’s health and well-being. Best practice and validated tools are used for assessments. Documentation showed the service has a comprehensive suite or policies and procedures specific to the provision of personal care and clinical care for a consumer.

Consumers and representatives confirmed the service effectively manages high impact and high prevalence risks. Support workers demonstrated knowledge of consumers who have high impact or high prevalence risks and described strategies use to mitigate these risks. Documentation evidenced the use of best practice assessment tools to identify high impact or high prevalence risks for consumers and the outcomes of these assessments are recorded on the consumer’s care plan.

Consumers and representatives confirmed they have regular contact with the care coordinators who encourage them to discuss any changes in the consumer’s care or service needs. Support workers demonstrated a clear understanding of their roles and responsibilities including identifying, escalating and reporting signs of deterioration. Management and clinical staff described the process support workers follow to report deterioration and advised support workers are provided training in this process. Management described how these reports lead to reviews and referrals and how incidents are used to track deterioration in consumers. Documentation showed reassessments and referrals completed in response to reports of deterioration. The service has a policy and procedure to guide staff in recognising and responding to deterioration in consumers.

Consumers and representatives confirmed information provided to the service about the consumer had been recorded and is used by staff to support consumers with clinical and personal care. Staff explained how they receive alerts from the electronic management system about the consumer’s care needs, goals and preferences which supports the staff to provide the care and services required for the consumer. Management described the process for managing notes created by staff in the electronic management system at the end of each visit. Documentation evidenced appropriate actions taken to record and address notes recorded in the electronic management system.

Consumers and representatives confirmed satisfaction with timely referrals made to others. Staff described processes to refer consumers for allied health services and additional services through internal and external referral processes. Management demonstrated assessment and review processes may result in referrals for specialist care, with referrals managed and followed up. Documentation showed ongoing updates and reports from referrals, and policies and procedures are in place to guide staff in referring consumers to other services when a clinical incident or change in condition occurs impacts the consumer.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

Requirements (3)(a), (3)(c) and (3)(d) were found non-compliant following a Quality Audit undertaken from 2 August 2022 to 4 August 2022, as the service did not demonstrate:

* a consistent workforce and mix of staff to deliver safe and quality care and services, with inconsistency of staff impacting on consumers
* embedded processes to ensure members of the workforce have the required skills and knowledge to effectively perform their roles, with consumers and representatives having concerns about staff competency
* training is consistently monitored and completed.

The Assessment Team’s report for the Assessment contact undertaken 22 November 2023 to 23 November 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, implementation of a new electronic management system and human resource system and recruitment strategies, use of the human resource system for staff performance management processes and competency management, use of the electronic management system and human resource system to effectively track training progress, and development of training matrices specific for employees and contractors. The Assessment Team was satisfied these improvements were effective and recommended Requirements (3)(a), (3)(c) and (3)(d) met.

Consumers and representatives stated any cancellation or rescheduling of services is well communicated in advance and staff are always on time and services do not feel rushed. Staff confirmed they have enough time to complete the scheduled services. Management and staff described how shifts are backfilled, in consultation with consumers and/or their representatives. Documentation showed the processes described by management were followed and there were no unfilled shifts in the previous month. Documentation showed clear and timely communication between consumers and the scheduling team and evidence of records about which support workers consumers prefer based on consumer feedback.

Consumers and representatives confirmed support workers are competent, attentive and proactive with communication with consumers. Staff stated they can ask for extra training and performance appraisals happen annually. Management stated support workers must complete induction and mandatory training with the first 2 weeks of employment and these requirements are tracked in the electronic management system and the human resources system. Management described the performance appraisal process, with assessments completed during the first, third and sixth month of employment and then annually to ensure staff are competent and performing to the service’s standards. Documentation showed the service has policies and procedures and job descriptions to ensure staff and contractors are appropriately qualified and trained to perform their roles.

Consumers and representatives confirmed they have not experienced any inadequacy of staff. Staff confirmed they complete annual refresher mandatory training. Management explained how training is managed through a human resource system and if the service is unable to provide training, an external educator is engaged to provide training for staff. Documentation showed evidence of the workforce completing required training and the service’s use of a training register.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c), and (3)(d) in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | 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 | 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 | Compliant |

Findings

Requirements (3)(c), (3)(d) and (3)(e) were found non-compliant following a Quality Audit undertaken from 2 August 2022 to 4 August 2022, as the service did not demonstrate:

* effective organisation wide governance systems embedded at the service addressing information management, continuous improvement and workforce governance but did demonstrate effective governance systems for financial governance, regulatory compliance and feedback and complaints
* effective risk management systems and practices in place to manage high impact and high prevalence risks
* policies and processes were embedded to guide staff on open disclosure and antimicrobial stewardship and staff had not been trained in minimising the use of restraint (restrictive practices) in the aged care sector.

The Assessment Team’s report for the Assessment contact undertaken 22 November 2023 to 23 November 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, implementation of a new electronic management system for greater integration and automation to provide relevant information to the workforce and to ensure HCP and CHSP consumer needs and preferences are assessed, implementation of a new human resources system to support the service to manage the workforce more effectively, revised training for the workforce on incident management processes, implementation of policies and processes to support antimicrobial stewardship and open disclosure practices, and the workforce is provided with training on minimisation of restrictive practices, antimicrobial stewardship and open disclosure.

The Assessment Team was satisfied these improvements were effective and recommended Requirements (3)(c), (3)(e) and (3)(e) met.

The Assessment Team provided the following evidence relevant to my finding:

* Information management
  + Staff confirmed they have access to relevant documentation and information about consumers.
  + Management stated the new electronic management system is being used effectively for scheduling and care coordination.
  + Documentation evidenced policies and procedures are in place to guide staff on information management.
* Continuous improvement
  + Staff confirmed they can suggest improvements but, generally consider the organisation to be well-run.
  + Management described how identifying and responding to opportunities for continuous improvement is embedded in the service’s processes.
  + Documentation evidenced the service has a continuous improvement procedure and plan to identify and action planned improvements.
* Financial governance
  + Management advised, and documentation confirmed, the organisation reviewed its pricing schedules to ensure the organisation was compliant with recent regulatory reforms.
  + Documentation evidenced the organisation has processes in place to monitor and manage unspent funds the organisation’s audit, risk and compliance committee oversees relevant financial reports and matters.
* Workforce governance
  + Documentation showed there are systems, policies and procedures in place to manage the workforce, including performance management processes. Training is provided to staff through an online training system and through face-to-face training sessions.
  + Documentation showed the service has processes in place to ensure workforce compliance with performance reviews and training.
* Regulatory compliance
  + Management described the processes in place to ensure compliance with regulatory reform relevant to aged care through membership of an aged care sector peak body and subscription to relevant bulletins and updates.
  + Documentation showed regulatory reforms are discussed at various service meetings.
* Feedback and complaints
  + Management stated the transition to the new electronic management system has improved efficiencies in gathering feedback and managing complaints.
  + Documentation showed evidence of how feedback and complaints are analysed and trended to improve the quality of care and services provided for consumers.
* Effective risk management systems and practices
  + Staff described what elder abuse and neglect looks like and how they would report it to the service, and they could identify high prevalence and high impact risks for consumers.
  + Management explained how the workforce is informed about known risks for consumers.
  + Documentation showed the service uses validated assessment tools to assist with the identification of consumer risk, with a dignity of risk policy in place to ensure consumers can make informed choices and take risks if they wish, to live their best life.
  + Documentation showed the workforce is provided training in relation to elder abuse and neglect, and training on the Serious Incident Response Scheme.
  + Documentation showed the service has an incident management system documenting timely reporting, investigation and actions taken to prevent or reduce the likelihood of an incident reoccurring for each consumer.
* Clinical governance framework
  + Management stated clinical indicators are collated and analysed regularly and discussed at various organisational committees and meetings.
  + Documentation showed evidence of clinical indicators discussed at various leadership levels of the service/organisation.
  + Documentation showed the service has a clinical governance framework in place, including policies and processes to support antimicrobial stewardship, minimising the use of restrictive practices and using open disclosure and the workforce is provided training. Policies and procedures identify responsibilities and accountabilities for the governing body, management, clinicians, staff and consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c), (3)(d) and (3)(e) 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)