**Performance**

**Report**

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| Name: | Halo Care Services |
| Commission ID: | 301064 |
| Address: | Shop 3, G294-296 High Street, PRESTON, Victoria, 3072 |
| Activity type: | Quality Audit |
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| Performance report date: | 2 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: 9157 Choice Community Care Pty Ltd  
Service: 26875 Halo Care Services

**This performance report**

This performance report for Halo Care Services (**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 27 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 representatives confirmed that the service was respectful in their dealings with consumers and described how their culture and individuality were acknowledged. Staff provided examples of how they practice dignity and respect by greeting consumers warmly, using preferred names, understanding every consumer is different and being considerate of entering the consumer’s home environment.

The service identified that matching the culture and language of staff and consumers ensures effective communication and an awareness of diverse spiritual and/or religious requirements. A review of care documentation included reference to consumer requests to support cultural requirements including preferred gender of support workers. There was evidence of ongoing training and feedback on staff practice is obtained through consumer surveys.

Care managers described how consumers were enabled to direct their care and service delivery, involve whom they wish in discussions and choose how the information is shared. A review of care documentation demonstrated the service enquires about consumer relationships of significance, needs and preferences about their care. Rights and choices of consumers in planning their care are provided in the welcome pack for consumers and there is a policy on decision making support to guide staff practices.

Discussions with consumers and representatives related to risk were documented and whilst the service has no formal dignity of risk register, care managers demonstrated where mitigation strategies are implemented as appropriate.

Where consumers had trouble understanding correspondence, they were encouraged to discuss further with case managers. Staff described how they communicate information to consumers who need support, including those with memory loss or sensory impairments. Multilingual staff and interpreter services are available to assist consumers and resources are provided in other languages. Forms of communication are identified and regularly reviewed to support the consumer and representative to make informed decisions about their care and services.

# 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.

Clinical staff described assessment and care planning processes using information available from sources including the consumer’s medical practitioner and the My Aged Care portal. Risk is considered and assessed using an applicable validated assessment tool. Support workers demonstrated how they access care plans, policies and procedures and service requests through the mobile phone application linked to the service’s electronic health information management system. A review of documentation demonstrated clinical, physiological, well-being, and home environment assessments are performed at the commencement of onboarding new consumers in the service.

Most consumers or representatives recalled having discussions around advanced care planning and end of life wishes. Case managers explained they ask consumers about their motivations, goals and advanced care plans as well as promoting informed decision-making during assessment and review processes. The consumer ‘welcome pack’ contains information on making informed choices with an advance care directive to be considered in consultation with the medical practitioner.

Case managers described frequent scheduled contact with consumers and nominated parties involved in care planning. Staff described how they work in partnership with consumers and other organisations to ensure evolving needs and preferences are met and care provided is responsive and coordinated. A review of care planning documentation contained details of engagement with allied health professionals, external cleaners and maintenance services. There is an electronic referral process initiated through the health information management system with an alert sent to staff to monitor results on completion.

The assessment process considers factors which may affect communication with strategies employed to assist including access to interpreters and documents in languages other than English. Support workers explained the care plan is visible to them after they are booked for a shift via the mobile telephone application. Management explained the strategies in place to manage communication challenges amongst culturally and linguistically diverse consumers and staff, acknowledging this as an area identified for further improvement.

Consumers and representatives described regular and ongoing contact with the service and assessment and planning is reviewed as circumstances change. Case managers detailed the structured schedule of consumer care reviews. There are regular staff meetings with management to address concerns raised by support workers, consumers, and representatives, as well as relevant external professional services.

# 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 were satisfied with the tailored personal care they receive. Staff described how they support consumer personal care needs reflected in consumer care plans. Where clinical or complex care needs are required, there is a process to support consultation with the consumer and representative to collaborate with other specialised and/or brokered service providers.

Care file documentation demonstrated high-impact or high-prevalence risks associated with the care of consumers are identified and documented. Clinical and allied health assessments occur where appropriate with interventions to manage and mitigate risks developed. Staff identified and discussed risks and mitigation strategies associated with the care of consumers including falls, cognitive impairment, scalding, and social isolation.

All incidents are investigated, and preventative actions or consumer deterioration are identified and followed up. The service has a risk register which contains details related to potential risk, impacts and controls. Consumers classed as high risk are monitored through welfare checks, and assessment reviews following hospital discharge and/or changes in function and health. The Assessment Team noted initial dietary assessments had not been taking place in accordance with the service policy, however this was immediately rectified and confirmed in the Approved Provider response.

The service assists consumers who wish to receive palliative care at home with policies and procedures in place as well as a standing service agreement with the Mercy Health Palliative Care team. Information on palliative care services in multiple languages is available and can be given to consumers and representatives when relevant to empower informed decision making in relation to end of life wishes.

Staff discussed how changes in consumer clinical and personal care needs are reported to the care managers immediately. Support workers said if they have any concerns, they call the office and consult the consumer’s emergency plan via the mobile phone application to identify and address issues promptly. Care managers described conducting consumer reviews in line with email referrals and reports of consumer deterioration.

Support workers confirmed they receive sufficient information about each consumer. Consumer consent enables information to be shared internally and externally where responsibility for care is shared. The evidence in care documentation reflects information is appropriately communicated to others involved in care as well as recommendations received from specialty and allied health providers.

Consumers and representatives receiving allied health or clinical care reported the service provides referrals, or the instruction to request a referral from their medical practitioner in a timely manner. Case managers demonstrated consumer requests or clinical indicators prompt referrals to appropriate professional health care providers.

Support workers explained they have completed hand hygiene and infection prevention and control training and described the use of Personal Protective Equipment (PPE). Staff allocated meal preparation tasks have completed additional safe food handling training. The service had not provided face to face training on correct donning and doffing of PPE, however management explained this would occur for allocated support workers where a consumer was identified as infectious and there is scheduled infection control training scheduled.

# 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. | Not Applicable |

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 that the services and supports for daily living enhance the consumer well-being and quality of life. A review of care planning documentation demonstrated information across the range of services to promote consumer independence in a safe and effective manner as well as individualised strategies to reflect consumer needs.

Case managers and support workers described how they provide reassurance to consumers and monitor and assess their mood if known to experience low moods and/or anxiety. Support workers explained they actively encourage consumers to access the community shops and participate in household activities to promote a sense of purpose and well-being. A review of care planning documentation demonstrated comprehensive details of the emotional needs of consumers as well as a section dedicated to personalised goals and motivation.

Consumers and representatives consistently stated they are assisted to participate in the community, go out for coffee, do shopping or activities they enjoy. Staff demonstrated their awareness of individual consumer lifestyle and preferences which inform the basis of the care plan and focus on consumer capability and engagement.

Consumers receiving allied health services felt the staff were well informed of their requirements through the referral process. Case managers explained they review reports from external service providers with the care plans updated accordingly. A review of care file documentation reflected communication with others responsible for care, including representatives, staff and external care providers occurring with consumer consent to ensure services are coordinated.

Case managers identified the need for consumers to receive the care and services from other organisations, maintenance personnel, and/or health practitioners as part of the ongoing review and assessment process. Meal assistance options such as, Lite and Easy accounts and/or support workers preparing meals in-house are available to consumers. Support workers whose roles include meal preparation, confirmed they encourage consumer input and shopping requests. All support workers involved in meal preparation have completed a food handlers safety course.

The service is not providing equipment to consumers. However, the service is committed to organising maintenance on request as well as facilitating referrals and purchases of equipment as appropriate.

# 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.

Consumers and representatives confirmed they are supported to provide feedback regarding their care and services. Staff described the ways they encourage consumers and their representatives to provide feedback, such as advising them to contact the service with any concerns and providing feedback forms in the information packs provided at intake. Management explained the service proactively seeks feedback through regular contact via telephone and home visits undertaken by the case managers.

Staff described how they record and escalate complaints and provide advocacy and the Aged Care Quality and Safety Commission complaints resolution brochures to consumers. Management confirmed there is access to an interpreter service which was supported by a consumer account and there is information provided to consumers and their representatives about how to make a complaint or access advocacy in the information pack.

Feedback and complaints data reviewed in consumer progress notes demonstrated the service is reviewing feedback and complaints to inform and improve their service delivery. The electronic health information management system is used to populate a report to enable trending and analysis which is discussed at the quality meetings. Documentation reviewed including the meeting minutes and Plan for Continuous Improvement (PCI) demonstrated the service has a standing agenda item for reviewing complaints data and using this to inform items in continuous improvement.

# 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.

The consumer service schedules demonstrated shifts were permanently allocated to regular staff. Management described how the service undertakes workforce planning to understand the number of staff they require through forecast planning of staff requirements, strict hiring requirements aimed at quality workforce growth, and the use of brokering providers.

Consumers and representatives described staff as kind, gentle and caring when delivering their care and services. Consumer information is available to internal support workers through the mobile phone application or subcontracted staff through service requests. A review of consumer documentation demonstrated consumer preferences and values are identified.

Staff confirmed the service assesses their competency through their experience and/or qualifications and through regular discussions with management. Management confirmed they determine staff competency and capability through reviewing experience, certifications of qualifications, and up to date police checks. For brokered service providers, such as podiatry, the service requires evidence of documentation of qualifications and registrations where appropriate, including the checking of contractor registration status with Australian Health Practitioner Regulation Agency (Ahpra).

The service is developing a system to train and supporting the workforce to deliver outcomes required by the standards. Staff confirmed they attend an induction on commencement as well as being able to access training and relevant information through the mobile telephone application. Management provided a training schedule for all staff indicating modules already completed online and modules yet to be completed. All staff receive updates regarding legislative changes via a mobile telephone application following weekly meetings which is acknowledged that staff have read the update.

Consumers and representatives explained they can provide feedback to the service regarding staff performance and the Approved Provider response indicated completion of a recent survey and plans to continue this in the future. Staff confirmed participating in informal discussions with management regarding performance when an issue arises, or a complaint is received. The Approved Provider response confirmed that a formalised performance management process has now been implemented with completion of performance reviews for employees.

# 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

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 can provide feedback and input into the development and provision of their care and services. Management described how the service supports feedback from consumers and representatives which contributes to broader service improvements and informs the continuous improvement plan.

The service has a sole director who retains oversight of governance. Management confirmed they monitor data or information through progress notes, regular contact with consumers and annual reviews of consumers to ensure care and services are being delivered safely, effectively and in line with best practice. This includes any feedback received from consumers and reports from brokered service providers. Where possible, the service attempts to match support workers who share the same culture, religion, language, and gender preference to consumer needs.

The service has effective organisation wide governance systems in place to support workforce governance. Staff confirmed they have access to detailed information through either the electronic health information management system or through tasks noted in consumer care plans, to help staff understand their roles and key responsibilities, as well as current information related to the consumer conditions, needs and preferences.

There is a continuous improvement plan informed by staff observation, incidents, complaints, consumer reviews and risk identification. Effective financial governance systems are in place to manage the resources and financial requirements to ensure continued delivery of quality care and services. Management maintains oversight of income and expenditure through unspent fund reviews and budget estimates, including consumer expenditure and workforce budgets.

All staff are provided with a position description and confirm understanding of their roles and responsibilities. Management advised they verify staff qualifications, relevant registrations and conduct competency assessments. The service requires their brokered providers have minimum qualifications or capacity to undertake the service request. The service has implemented a training schedule to include mandatory training requirements. Management receives updates from relevant regulatory bodies including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission, with information distributed to staff and consumers as appropriate.

The service has systems and processes in place to ensure complaints and feedback are effectively captured, recorded, escalated, and resolved. The service practices an open disclosure process informed through their Open Disclosure Policy and analyses complaints and feedback data to inform the continuous improvement plan and improve outcomes for consumers.

There is a process to identify risks associated with the care of consumers including conducting a home safety risk assessment, assessing general risks which are incorporated into the care plan for staff to access, and documenting significant risks on the risk register. Management explained the services process for incident management reporting and entered into the register on the electronic health information management system. A review of the incident register takes place on a regular basis to develop and implement strategies to mitigate incident recurrence. The incident management system prompts the service to identify if any policies or procedures require review as a result of an incident.

The service provides clinical care, allied health and nursing services, through brokered agreements, and has a clinical governance framework incorporating various clinical care considerations, in addition to current policies and procedures relating to the use of restraint and open disclosure. There are relevant clinical governance policies and procedures in place to support infection prevention and control, antimicrobial stewardship, restrictive practice, end of life care and deterioration and health changes.

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)