**Performance**

**Report**

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| Name: | Heathcote Home Care |
| Commission ID: | 300493 |
| Address: | 39 Hospital Street, HEATHCOTE, Victoria, 3523 |
| Activity type: | Quality Audit |
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| Performance report date: | 16 May 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: 244 Heathcote Health  
Service: 22776 Heathcote Home Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8737 Heathcote Health  
Service: 25885 Heathcote Health - Care Relationships and Carer Support  
Service: 25886 Heathcote Health - Community and Home Support

**This performance report**

This performance report for Heathcote Home Care (**the service**) has been prepared by G Harbrow, 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.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Compliant** |
| **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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s 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 being treated with dignity and respect, with their identity, culture and diversity valued. Staff were identified as caring, kind, and respectful of consumer background, choice, and preference. Staff and management could provide examples of culturally safe and person-centred care.

Consumers identified being supported to exercise choice in making decisions about care and services received, when others should be involved in their care, and how this is communicated. Evidence supported management’s encouragement of consumer and representative involvement and engagement in programs and activities, including programs to address social isolation.

Staff are supporting consumers to take risks and make informed decisions, to live their best life, with consumers and or their representatives confirming discussions with staff informing consumers of risks associated with care and services.

Information is provided to consumers and representatives in a way they report as being current, clear, and easy to understand and staff described tailoring communication styles to suit individual requirements.

Consumers and representatives identified staff as respectful of consumer privacy and were confident personal information is kept confidential. Staff and management provided examples of how they and the service protects consumer privacy and confidentiality.

# 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)(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 | 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 | 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 | 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

I am satisfied based on the Assessment Team’s 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 care needs, preferences, and risks, through assessment and planning to inform delivery of safe and effective care. Staff identified how consideration of consumer needs and identified risks enables appropriate service delivery, with consumer care planning documents evidencing the completion of risk assessments using validated assessment tools.

Consumers and representatives reported, and documentation evidenced, current consumer care needs, goals, and preferences being met. Documentation showed discussions with staff regarding consumer end-of-life goals with preferences captured in the assessment and care planning process.

Consumers and representatives discussed being involved in consumer care planning, and documentation evidenced further input from allied health services. External health service staff confirmed inclusion of multidisciplinary meetings to discuss consumers with complex care needs.

Consumers and representatives said they were offered a copy of the consumer care and service plan. Consumers and representatives, staff, and management described regular care and service plan review, including when there is any change to a consumer’s circumstance. All staff said they have access to current care documentation through an electronic information management system.

# 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)(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 | 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 |
| 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s 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 personal and clinical care received. Staff demonstrated an understanding of consumer care preferences, and management confirmed clinical staff have access to best practice guidelines.

Consumers and representatives were positive about the service’s management of risk. Staff described, and documentation confirmed, assessment and effective risk management strategies implemented for numerous high impact or high prevalence risks. Staff identified receiving education about high impact, high prevalence risks and the service has associated policies and procedures to guide staff practice. The service has a process of monitoring consumers identified as vulnerable.

Consumers and representatives described a consultative process with staff, to determine consumer goals and preferences when approaching end of life. Staff described how consumer comfort is maximised, with access to specialised end of life services available if required. The service has relevant documents to support and guide staff practice caring for consumers approaching end of life.

Consumers and representatives were confident in the responsiveness of the service to identified consumer change. Staff described, and documentation confirmed a process of identification and escalation in response to consumer deterioration or change, with management identifying senior clinical staff and documentation available to provide staff guidance.

Consumers and representatives were satisfied, and documentation evidenced communication about consumer condition, needs and preference as effectively shared. This included those involved in provision of care within the organisation, and with other external professional health services. Staff response and documentation confirmed timely referrals to other providers of health services in response to identified and or changed consumer needs.

Consumers and representatives, staff, and management described effective strategies to assess and minimise infection-related risks in caring for consumers. Staff described strategies to promote antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s 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 supports provided by the service to meet consumer goals and optimise their independence.

A wide range of social activities were identified as available to consumers, developed in collaboration with consumers, representatives, and staff. Staff described modifying some activities to facilitate participation for consumers living with cognitive, mobility, or sensory impairments.

Consumers and representatives reported consideration given to consumers’ emotional, spiritual, and psychological well-being, to inform daily living supports and services provided. Staff described and documentation confirmed consideration of the emotional, spiritual, and psychological well-being of consumers, including those identified as experiencing low mood and or anxiety.

Consumers and representatives described consumers being assisted to participate in activities in which they are interested. Documentation reflected consumer engagement in programs and activities they enjoy.

Consumers and representatives were confident staff understood the changing needs of consumers, demonstrating effective continuity of care. Staff described the updating of consumer information in response to change, and documentation showed regular communication with others responsible for consumer care including referrals to a range of services and supports for daily living.

Consumers and representatives were satisfied with the quality, quantity, and variety of meals provided. Catering staff identified receiving regular weekly updates of consumer dietary requirements and or with any change. Staff reported the service provides a dietitian approved menu.

The service facilitates the purchase and maintenance of consumer equipment and documentation evidenced consumer assessment by allied health professionals to inform suitable equipment choice.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Prior to commencement of onsite social activities, service management identified the completion of a risk assessment of the proposed social support space.

During the audit, the environment was observed to have navigational signage, ramps, and handrails to support consumer accessibility. Consumers were observed moving throughout the environment participating in activities and socialising.

Consumers and representatives described the social support site and transport vehicles as clean and comfortable and management advised of a preventative maintenance schedule for vehicles, the social support site, and associated equipment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s 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 being aware of the service’s feedback and complaint process and felt supported to raise concerns. Management explained the identified small number of formal complaints were a result of staff responsiveness to issues as soon as they arise.

While consumers and representatives reported feeling safe to raise concerns and identified access to numerous avenues and services to support complaint escalation, most consumers were not aware of advocacy services, however, clarified they had not felt the need for this service to date.

Consumers and representatives described a service responsive to complaints, practicing open disclosure, and keeping consumers informed. Staff identified receiving education in complaints management and open disclosure, and there are guidance documents in relation to complaints management to inform staff practice.

Management discussed the use of feedback and complaints to inform service improvement, however acknowledged the use of feedback and complaints to formally inform the service’s plan for continuous improvement could be improved.

# 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described staff as skilled and competent. Staff confirmed being notified of rostering in advance with management explaining an effective process for scheduling staff and filling unplanned leave.

Consumers and representatives said staff were kind and respectful. Staff explained care delivery as guided by consumer preference. They explained service provision of education about cultural awareness has help inform kind, caring and culturally sensitive consumer interaction.

Consumers and representatives were satisfied the workforce is competent and qualified, with management identifying, and position descriptions confirming qualifications, skills and knowledge required to effectively perform workforce roles.

Management described an effective recruitment process, and documents confirmed staff access to ongoing and mandatory education. The service demonstrated a regular and robust process of workforce performance review.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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

I am satisfied based on the Assessment Team’s recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service demonstrated consumer engagement in development, delivery and evaluation of care and services through consumer participation in a range of forums. The service promotes a culture of safety and inclusivity through engagement with staff and promotion of programs to encourage open communication and transparency in reporting safety issues. The board evidence accountability of service provision through oversight of all programs delivered, with ongoing monitoring of service safety and effectiveness.

Consumer information is stored securely in line with legislative requirements, and where electronic information management systems are in use, data is password protected and accessed according to staff position and role.

Opportunities for continuous improvement are informed through audits, complaints, incidents, consumer and staff feedback, suggestions, and regulatory updates. The service demonstrated effective systems in place to manage financial resources necessary for delivery of safe and quality care and services.

Workforce governance ensures sufficient and competent staff are employed for the delivery of safe and quality care and services, and the service maintains information about regulatory compliance through subscription to industry and legal advisory groups. The service has governance documents and resources to guide compliance with regulatory process and practice.

The service has an effective feedback and complaints system, including data review by management and the board.

Ther service demonstrated effective service wide risk management. The service employs a suite of validated risk assessment tools to identify high impact and high prevalence consumer risk to inform care planning. The service holds a vulnerable consumer register, however, management identified not all vulnerable consumers meet the registration criteria. Staff monitor the wellbeing of vulnerable consumers during times of emergency and staff could identify a process of escalation should a consumer fail to respond to a scheduled visit.

The service provides regular staff education with a focus on consumer risk inclusive of elder abuse and incident management. Service management described supporting consumers to live their best lives with assessment and care planning specific to each individual consumer.

The service demonstrated a clinical governance framework inclusive of antimicrobial stewardship, minimising the use of restrictive practice and open disclosure, with guidance material and resources available to staff, providing service expectations. Staff and management advised the service respects and supports consumer rights to freedom of movement while ensuring consumer safety.

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)