**Performance**

**Report**

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| Name: | Heather Hill Home Care |
| Commission ID: | 700932 |
| Address: | Level 3, 20 Park Road, MILTON, Queensland, 4064 |
| Activity type: | Quality Audit |
| Activity date: | 15 November 2023 to 17 November 2023 |
| Performance report date: | 11 December 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: 8837 LEADING STAFF PTY LTD  
Service: 26362 Heather Hill Home Care

**This performance report**

This performance report for Heather Hill Home Care (**the service**) has been prepared by S Turner, 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
* other information held by the Commission.

# 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 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

Consumers were treated with dignity and respect and their background was considered in the delivery of care and services. Consumers and representatives were satisfied with the way consumers were treated and provided feedback that included comments such as ‘staff are wonderful’; they said staff supported consumers’ choices and promoted their independence.

Consumers and representatives described how the service aimed to ensure consistency with staffing and said this helped develop rapport and understanding.

Community coordinators completed a personalised needs analysis when a consumer commenced receiving services to ensure care plans reflected consumers’ preferences including in relation to their cultural and spiritual care. Care planning documentation demonstrated language used was respectful and contained individualised information about consumers, their cultural background, their life stories and preferences relating to the gender of staff who delivered care.

Staff were aware of how to access information about consumers’ needs, goals and preferences and said this information was held on the service’s electronic care management system. Care and support staff had a sound knowledge of consumers’ needs and described how they respected consumers and valued their individuality.

Consumers and representatives were provided with current and timely information that was relevant to care and service delivery and was in a form that was clear and easy to understand. Information provided to consumers included home care package agreements, budgets and statements, a client handbook, complaints forms and the Charter of Aged Care Rights.

Consumers’ privacy was supported, and personal information was kept confidential. The consumers’ handbook and the entry process included information about privacy and staff described the actions taken to maintain consumer privacy during care and service delivery. The electronic care management system was password protected with a hard copy folder that included details about the consumer’s care needs stored in each consumer’s home.

The service had policies that included risk management that promoted independence and supported consumers to continue to do the activities they enjoyed.

Strategies to monitor consumer satisfaction were in place and consumer satisfaction surveys undertaken by the service earlier in 2023 demonstrated high levels of satisfaction with the way staff respected the consumers’ identity and their culture.

For the reasons detailed, I find Standard 1 Compliant.

# 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

Effective assessment and planning informed the delivery of safe, quality care and services. Consumers and representatives were satisfied with assessment and planning processes and said that risk was considered as an element of the process.

A standardised assessment tool was used to conduct a comprehensive analysis of each consumer and identify their needs and preferences. Assessment processes considered risks to consumers’ health and well-being and included an assessment of the consumer’s home environment. Registered staff assessed consumers on entry to the service using assessment tools that considered medical history, clinical care needs, social and cultural profiles, allergies, functional abilities, and consumers’ goals and preferences.

Consumers’ care needs were reviewed regularly to ensure their changing needs and preferences were identified over time. Management said care and services were reviewed in consultation with consumers, representatives and care staff; this process was supported by a care plan review schedule. The service supported consumers’ wishes in relation to advance care planning and end of life care and procedures were in place to guide management and staff with this process and additionally with care plan reviews and recognising and responding to deterioration.

Consumers and representatives were satisfied that assessment and planning occurred in partnership with the consumer and others the consumer wished to be involved in their care. Consumers and representatives provided examples of how the service had engaged with them and with other services such as My Aged Care. Care planning documentation included evidence of the involvement of local hospitals and allied health staff such as a podiatrist and physiotherapist.

Assessments, care and service plans and other associated documentation were documented in the service’s electronic care management system; management and staff accessed this information through their mobile devices. Consumers and representatives said they were able to access the care and service plan which was held in hard copy in a folder in the consumer’s home; they said they were satisfied with the information they received.

For the reasons detailed, I find Standard 2 Compliant.

# 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

Consumers and representatives provided consistent feedback that care was safe, effective and optimised consumers’ health and well-being. They said they were referred to other providers of care and services and provided examples of occasions where they had been referred to allied health providers including a physiotherapist and podiatrist.

Care and service plans included consumers’ goals and preferences, described consumers’ needs and were aligned with the information provided by consumers and representatives. Care planning documentation demonstrated consumers received care and services that included physiotherapy, podiatry, cleaning, bed making, assistance with accessing the community, and transport. Referrals to other providers of care and services were considered during care reviews. Staff demonstrated detailed knowledge of individual consumers and their care and service requirements and described how care delivery was tailored to each consumer. Consumers, representatives and staff were satisfied with the information provided about the consumers and their condition; they confirmed that information provided was accurate and current.

Risk assessments were completed for high impact and high prevalence risks and care strategies were developed to minimise the impact for consumers. Examples of identified risks included mobility, falls, transfer risks, sensory loss, pain, medication management, skin breakdown, infection control and isolation. Management and staff understood the risks relevant for individual consumers and the strategies that were needed to manage those risks. Care staff said they referred to consumers’ care and service plans or contacted clinical staff if they required guidance or support in managing high risk situations.

Consumers and representatives were confident that staff would recognise a deterioration in the consumer’s health or well-being. The service has processes established so that consumers could report care related concerns and these were followed up by registered staff. Care staff said they reported to registered staff when consumers were unwell or had been involved in an incident such as a fall. The service worked with palliative care teams in public and private hospitals and in local hospices. Management and staff have been supported to complete training in palliative care.

The service was aware of contemporary infection control practices including the current precautions for the minimisation of risks associated with influenza and COVID-19. Reviews of antibiotic prescribing were completed to reduce the risk of resistance to antibiotics. Staff were trained in infection control practices and a range of procedures were in place to guide staff. Care planning documentation demonstrated there were processes to identify consumers with an infection and that their condition was monitored.

Procedures relevant to Standard 3 guided staff and management and included best practice personal and clinical care, managing risks, infection control risk management, managing deterioration and end of life care.

For the reasons detailed, I find Standard 3 Compliant.

# 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

Consumers and representatives were satisfied services and supports for daily living assisted consumers in maintaining their quality of life and their independence. Staff understood what was important to consumers and described how they provided assistance to be as independent as possible, according to consumers’ preferences. Consumers and representatives provided examples of staff assisting with meal preparation, assisting with shopping and attending appointments, and identifying strategies to support consumers to continue doing the things they enjoy, such as gardening.

Consumers said they felt comfortable discussing their needs with staff and described how registered staff call them regularly to ensure all is going well. They said they were provided with opportunities for social interaction and social connection and were supported by care staff with these activities.

Information about consumers was communicated through care plans, the electronic care management system, handover, email and was also communicated directly. Care planning documents were individualised, included goals, hobbies, interests, social and emotional networks, and outlined the services and supports provided. Staff demonstrated an understanding of consumers and could describe how they supported consumers. Consumers and representatives were satisfied with staff knowledge of consumers’ care needs and preferences.

Management and staff described referral processes and consumers were satisfied they were referred to other providers when a need was identified. Consumers could provide examples of when referrals had been made and care planning documentation detailed referrals including to meal providers for the supply and delivery of meals. Consumers said they were ‘very happy’ with the meal services they received and described how they could order their preferences for delivery.

Arrangements were established for the purchasing, servicing, maintaining and replacement of equipment. Consumers and representatives said equipment was safe, suitable, clean and well-maintained and provided examples of repairs and maintenance. Staff said they would report any equipment concerns they identified.

For the reasons detailed, I find Standard 4 Compliant.

# 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

Consumers and representatives were aware of how to provide feedback and make complaints and said they felt comfortable doing so. Some consumers provided examples of issues they had recently raised with the service and said, ‘management and staff were great’, the concern was addressed promptly, options were discussed, and an apology provided. One consumer provided feedback they were ‘very happy’ with the outcome.

The service provided information to consumers and representatives about complaints processes through the consumer booklet. For example, contact details for external complaints mechanisms and advocacy bodies including the Aged Care Quality and Safety Commission and Older Persons Advocacy Network, were included in the consumer booklet.

Staff had access to resources that included complaints management procedures and a register of complaints. The procedure provided guidance about timeframes for investigating and actioning a complaint and addressed open disclosure.

Management and staff said they regularly sought feedback from consumers about the care and services they received and completed this when reviewing care plans. Regular surveys about the quality of care and services were provided to consumers and representatives with the most recent survey occurring in July 2023.

The service documented feedback and complaints and reviewed this information to identify improvement opportunities; a plan for continuous improvement was used to record these initiatives. Management described how they analysed, investigated and actioned complaints and could address those areas where a trend had been identified. Consumers were satisfied the service used their feedback to improve the quality of care and services they received.

For the reasons detailed, I find Standard 6 Compliant.

# 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

Care and services were delivered by the service’s staff with support from contracted staff. Consumers and representatives were satisfied with the availability of staff and management at the service and spoke highly of staff saying, ‘staff are lovely, and always on time’, and that staff were ‘very good’; one consumer said they would ‘recommend the service to anyone.’

A rostering officer prepared the roster based on consumer needs and preferences. Care staff were allocated based on the geographical location of the consumers which supported staffing arrangements in the event of unplanned leave, and in consideration of consumers’ requests for specific staff. Management said when a carer went on leave the replacement carer completed ‘buddy shifts’ so they were familiar with the needs of the consumers they were assisting.

The service had policies and procedures to guide staff in providing care that was culturally safe and consumers and representatives said staff were respectful, kind and caring. Management said they monitored workforce interactions through informal consumer feedback, care plan reviews and satisfaction surveys. A consumer satisfaction survey completed in July 2023, identified high levels of consumer satisfaction with staff behaviour and communication.

Consumers and representatives were satisfied the workforce was competent and had the appropriate skills and qualifications to deliver their care needs. Staff knew how to access the service’s procedures, recruitment and training processes were in place, and staff understood the requirements of their role and demonstrated a consistent understanding of their responsibilities. Care and service delivery was supervised by management and community coordinators who were registered staff.

The service had a training program that incorporated an induction and annual mandatory training. Staff were satisfied with the training provided and said they had completed training that included manual handling, infection control, fire safety, the Quality Standards, cardio-pulmonary resuscitation and first aid. Management said staff qualifications, screenings and competencies were monitored electronically and an alert was generated if these were not current; where appropriate the staff member was not rostered until this was addressed.

Consumers and representatives were satisfied with staff performance and management said if performance issues were to arise action would be taken to provide additional training or re-assign the staff member. Staff said they received feedback on their performance from care coordinators and from management. Management said the service had implemented a star rating system to monitor contracted organisations that delivered supports and services to consumers. Consumers were asked to rate the service they received, and this was monitored by management to inform future contracting.

For the reasons detailed, I find Standard 7 Compliant.

# 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

Management engaged with consumers in the development, delivery and evaluation of care and services. Consumer feedback was actively sought by management and was used to develop and improve the service and consumers provided feedback they were satisfied with the quality of care and services they received.

A culture of safe, inclusive, quality care and services was promoted by management and was incorporated into the organisation’s procedures to guide staff. The organisation’s governance structure was designed to ensure accountability with the designated governing body being the Board of Directors. The management team and the Board met regularly to review the service’s performance and plan improvement initiatives. The organisation had implemented systems to manage incident reporting, feedback and complaints, and to monitor consumer satisfaction; this information was reviewed at senior management meetings and reviewed by the Board.

There were effective governance systems that included information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints. For example, the organisation had the following in place:

* Effective information management systems addressed assessment, care planning, care delivery and the provision of budgets and statements. Consumers and representatives were generally satisfied with the information they were provided. Staff were satisfied they could access the information they needed to deliver care and services and said the information was accurate and up to date.
* Staff who had key roles in supporting continuous improvement had been appointed. A plan for continuous improvement was used to track improvement initiatives and staff had been trained in how they could contribute to the process. The service brought forward recent examples of improvements in staff training, information management, governance structures, and risk assessment processes.
* Systems to ensure the organisation was informed about the regulations its required to meet as a provider of aged care services. Relevant regulatory requirements were incorporated into the service’s policies, procedures and practices. Staff were informed about regulatory requirements through the organisation’s training program and organisational procedures. The organisation effectively provided notification to consumers and representatives about Quality Audits, monitored staff police checks and vaccinations, offered a home care package agreement to all consumers, and provided budgets and statements.
* Relevant procedures that included financial management and reporting and an accounting software package that supported financial governance.

The organisation had risk management systems and practices that included a personalised needs analysis that was completed with all consumers and identified any potential risks that might impact the consumer. A governance risk management procedure covered a range of matters including adverse clinical events, consumer safety, financial risks and dignity of risk. There was an incident reporting system and incidents were discussed at the clinical governance committee meetings and Board meetings.

There were systems and procedures in place to guide management and staff with respect to clinical care and this included a clinical governance committee. The role of the committee was to manage the clinical governance framework by reviewing issues that emerged from care meetings, management meetings, complaints and feedback, and incidents. The clinical governance framework addressed antimicrobial stewardship, the minimisation of the use of restraint and open disclosure.

For the reasons detailed, I find Standard 8 Compliant.

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)