Home Care Assistance South East Melbourne

Performance Report

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| **Address:** | Suite 115/44 Lakeview Drive SCORESBY VIC 3179 |
| **Phone:** | 03 9005 1159 |
| **Commission ID:** | 300960 |
| **Provider name:** | Quantum Care Services Pty Ltd |
| **Activity type:** | Assessment Contact - Desk |
| **Activity date:** | 1 September 2022 |
| **Performance report date:** | 20 September 2022 |

# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Home Care Assistance South East Melbourne, 27674, Suite 115/44 Lakeview Drive, SCORESBY VIC 3179

# Overall assessment of Service

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| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Not Applicable |
| Requirement 1(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Applicable |
| Requirement 8(3)(b) | HCP | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

As not all requirements were assessed during this assessment contact an overall rating for the Quality Standard is not provided.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

# HCP

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Evidence analysed by the Senior Quality Assessor showed the service demonstrated the provision of current, accurate and timely information to assist consumers and representatives to make choices and decisions. Five of five consumers and/or representatives interviewed were overall satisfied with the way information is provided, including recent information about changes to the Social, Community, Home Care and Disability Services (SCHADS) Award, changes to minimum hour requirements after 5.00pm and increases to service fees. Sampled consumers and/or representatives interviewed by the Senior Quality Assessor stated they had been involved in discussions with management about the impact of recent award changes and about options to maintain care and services as far as possible to meet consumer needs and goals. Management showed the Senior Quality Assessor evidence in the form of a letter that was sent to consumers and/or representatives on 14 June 2022, explaining the changes to be implemented from 11 July 2022. Management interviewed by the Senior Quality Assessor stated that four of eighty-two consumers had changes to their care and services and these involved care and services after 5.00pm or on weekends. Evidence analysed by the Senior Quality Assessor showed care managers discussed the changes and care options with consumers and/or representatives prior to the implementation of any changes and received verbal agreement which is to be formalised as care plan reviews progress. An example identified by the Senior Quality Assessor is as follows:

During an interview with the Senior Quality Assessor the representative of Consumer A (HCP L4) said Consumer A lives with dementia and Parkinson’s Disease. Consumer A receives personal care each morning across the week for one hour. However, evening care has changed from between 4.00pm and 5.00pm and again from 6.30pm to 7.30pm to a consolidated block of time from 4.30pm to 7.00pm. Two support workers attend each shift to assist with Consumer A’s mobility. While the representative described to the Senior Quality Assessor the ways the changes adversely impact timing preferences, routine and cost, the representative stated they are satisfied with information provision, care is their choice, management have ‘helped in every way’ to find the best outcome and a care manager recently reviewed Consumer A’s care plan information.

As not all requirements were assessed during this assessment contact an overall rating for the Quality Standard is not provided.

**Assessment of Standard 1 Requirement**

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| Requirement 1(3)(e) | HCP | Compliant |

*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.*

# STANDARD 8 Organisational governance

# HCP

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

## Evidence analysed by the Senior Quality Assessor showed the service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. Management interviewed by the Senior Quality Assessor said the governing body is made up of two directors responsible for monitoring safety, inclusion and quality in relation to care and services. Five of five consumers and/or representatives interviewed stated the organisation provides safe, inclusive, quality care and services. For example:

A director interviewed by the Senior Quality Assessor explained how the governing body receives information and advice to meet its responsibilities through peak body membership, governments bulletins, state-wide network meetings and franchisee support.

Evidence analysed by the Senior Quality Assessor showed while the directors meet six monthly, a director attends a weekly meeting with care managers including a registered nurse and enrolled nurse and the rostering team. The Senior Quality Assessor noted this meeting enables service oversight and informal feedback about quality, safety, upcoming changes and the impact of care and service changes related to fee increases and the SCHADS Award.

The Senior Quality Assessor analysed evidence which showed a director prepares communication for consumers and representatives in consultation with the staff team, including recent communication on the SCHADS Award. The Senior Quality Assessor noted the director had provided their contact number to all consumers and invited contact for any queries or clarification.

Management interviewed by the Senior Quality Assessor stated there have been no complaints related to the recent changes in care and services resulting from the implementation of the SCHADS Award.

Correspondence analysed by the Senior Quality Assessor that was sent to consumers from a director dated 14 June 2022, described the organisation’s commitment to considering more efficient scheduling and rostering arrangements and to minimising the impact to service provision.

All consumers and/or representatives interviewed by the Senior Quality Assessor stated in different ways the service operates in the interests of consumers, supports consumer health, safety and wellbeing and is inclusive of the consumer as an individual.

As not all requirements were assessed during this assessment contact an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirement

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| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.