**Performance**

**Report**

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| Name: | Home Care Assistance South East Melbourne |
| Commission ID: | 300960 |
| Address: | Unit 13, 417 - 419 Warrigal Road, CHELTENHAM, Victoria, 3192 |
| Activity type: | Quality Audit |
| Activity date: | 18 December 2023 to 19 December 2023 |
| Performance report date: | 30 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9707 Quantum Care Services Pty Ltd  
Service: 27674 Home Care Assistance South East Melbourne

**This performance report**

This performance report for Home Care Assistance South East Melbourne (**the service**) has been prepared by Nicola 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.

# 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 Assessed** |
| **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 they are treated with respect by staff at the service with their culture and identity valued. Consumer rights along with expectations in relation to staff behaviour were made explicit in documents provided to consumers. Support workers described reviewing consumers life story and background prior to attending a rostered service to support a better rapport with consumers.

Management demonstrated an awareness of the cultural needs of consumers explaining assessment processes which consider cultural background and preferences. Cultural considerations were observed to be embedded within consumer assessments and care plans. Consumers and representatives were satisfied they were supported to make choices, decisions, and connections. Information is provided to consumers about their rights to informed decision making and the Charter of Aged Care Rights booklet is included in the welcome pack. Management described the process of selecting support workers who best align with consumer preferences to encourage respectful connections. This was supported by a consumer account who indicated when well enough they prefer to complete tasks themselves with support workers for support.

Management and staff demonstrated how consumer rights to take risks are balanced with safety considerations. Risks are discussed with consumers and representatives and alternatives are offered as appropriate. A review of care documentation demonstrated risks were identified with strategies to mitigate individual risk. There was evidence of individualised strategies in place to support independence where risk was identified.

There is accessibility to care managers to ensure consumers receive care according to their choices and understanding. Management described sending emails, monthly invoices for services and updates to consumers, however, most information is communicated during the face-to-face visits. This was supported by consumer and representative accounts confirming the information provided is easy to understand and support staff communicate directly with consumers when there are unforeseen delays.

Management explained staff and support workers do not have access to any personal information until they have completed mandatory training and onboarding documentation. Support workers were aware of privacy obligations and how to ensure consumer privacy is protected.

# 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.

Consumers and representatives were satisfied initial and ongoing assessments were comprehensive and facilitated safe and effective care. Initial assessments are conducted to obtain medical history, physical functioning, cognition, psychological and social supports, home environment and mobility. Management described comprehensive assessment and care planning processes which included use of validated assessment tools to assess falls risk and cognition. Allied health services are outsourced to assess the home environment in relation to safety, home modifications and equipment when required. A review of an individualised care plan clearly identified detailed information supporting risk-taking activities, along with listed strategies.

Discussions regarding advance care directives and end of life preferences occur at the initial assessment and during re-assessments. Additional resources are also provided to consumers and representatives as requested. Support workers identify goals, needs and preferences through the electronic care plan using the mobile telephone application.

Service delivery reflected consumer preference related to the types of care provided, frequency of visits, preferred times and days, as well as any gender specific requests for support workers. Consumers and representatives recalled conversations related to preferred services and access to external providers. This was supported by a consumer account reflecting request for referral to a specific wound management service which was facilitated through the service.

Consumers are provided with a home-based folder and encouraged to keep accessible a hard copy of the care plan. Support workers described how they access consumer care plans through the electronic management system on their mobile telephones. The assessment review process occurs 12 monthly, when requested by consumers or representatives, or when changes occur. Changes were described as deterioration, changes in health and mobility or following an incident resulting in injury or potential harm and discharge from hospital.

# 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 personal and clinical care services and support workers explained how care is tailored to individual need. There is clinical oversight of assessment reviews, clinical care referrals, reports and recommendations. The Assessment Team reviewed emails from brokered allied health providers acknowledging referrals, reports outlining assessments undertaken and notification when approved equipment or modifications are provided.

Home and environmental risk checks are completed by support workers during initial visits at which time any concerns are escalated. Management described how the service is maintaining a high-impact high risk register to identify vulnerable consumers. The Assessment Team noted an example of strategies implemented to assist with the safety of a consumer within their own home environment which were not documented in detail. Following feedback from the Assessment Team, the service reviewed and updated the consumer care plan to include further detail reflecting the medical practitioner’s recommendations.

Consumers are encouraged to share their advanced care plans with the service, and information provided is stored electronically and noted on the care plan. Referrals to palliative care services are made in consultation with the consumer and representative. For consumers who choose to remain at home, the service works alongside palliative care teams to ensure continuity of care throughout the palliation period.

Support workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change to management, calling emergency services if required, and documenting deterioration in shift notes. Care documentation was reviewed identifying timely responses when changes in consumer health or condition were reported and actioned.

Feedback from consumers and representatives included staff knowing consumers well, recognising changes and communicating with care managers and others as appropriate. The Assessment Team reviewed records, noting information provided by external services such as occupational therapists and physiotherapists was consistent between recommendations and care plans.

There is a referral network in place for both internal and external referrals. The service has access to established brokered service arrangements to ensure the provision of diverse and skilled allied health and clinical care to meet consumer needs, goals, and preferences. A review of care file documentation demonstrated referrals were made in response to identified needs, including to medical practitioners, nursing services, podiatry, occupational therapy and when indicated, palliative care providers.

Management advised they refer to consumer pharmacists and general practitioners for oversight of antimicrobial use as the service does not currently administer medications to consumers. Training in infection prevention and control is provided at the service and undertaken during orientation and annually. Support workers described standard precautions, appropriate handling of soiled linen and waste disposal, as well as Personal Protective Equipment requirements when caring for a consumer with an infectious condition.

# 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

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.

Support workers described activities and outings that were most important to consumers, and representatives confirmed consumers look forward to the social contact associated with support worker attendance. Care plans provided clear directives to support consumers to achieve their goals and support workers described how they report any changes and document it in the service’s mobile telephone application.

There was evidence of consumer participation in programs and activities to meet their needs, goals and preferences which was reflected in a representative account describing the type of assistance provided to maintain contact with friends and shopping.

Staff explained consumer information is updated when changes in condition, needs and preferences occur. A review of care documentation demonstrated communication with others responsible for care including representatives, staff and other services, occurs with consumer consent. Referrals to a range of services and supports for daily living are facilitated through the assessment and referral process.

Support workers assist with meal preparation as requested and consumers can also source their choice of prepared meals, and meal delivery is partially funded through their Home Care Package. Consumer file documentation included information including food allergies and dietary requirements.

Where equipment is required, the service supports consumers to access recommended items. Care documentation demonstrated consumer needs for equipment are assessed to inform suitable equipment, and evaluation of equipment occurs through the service’s allied health professionals.

# 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 Assessed |
| 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 Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

Standard 5 was not assessed as the service does not provide any services onsite nor transport consumers in service-owned vehicles.

# 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 were comfortable to provide feedback or make complaints. Information is provided to consumers in a folder on commencement with the service which contains feedback and complaints policies as well as a feedback form. This was supported by a consumer account reflecting contact from the service seeking feedback, having access to feedback forms and completing a survey.'

Alternative complaints mechanisms and advocacy services information are provided in consumer folders. Verbal requests and arrangements for interpreter services are managed as they occur. Following feedback from the Assessment Team regarding inclusion of this information in consumer folders, the service committed to reviewing the feedback and complaints policy to include interpreter service.

Consumers and representatives were satisfied complaints had been appropriately addressed. There was evidence of apologies offered where concerns were raised by representatives, and support workers indicated they would apologies and explain if something went wrong. Complaints are investigated through discussion with the consumer and with relevant staff.

Complaints data is compiled monthly, trends are discussed at quarterly staff meetings and by the quality care advisory and governing bodies. There was evidence of improvement strategies following feedback related to changed service times and the introduction of a diary system to assist with communication of changes to services.

# 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.

Management described how they recruit to meet the needs of incoming consumers, to ensure staff availability and to meet consumer preferences. Workforce issues are discussed at weekly operational meetings with additional recruitment as required. Management explained consumer preferences with diverse cultural backgrounds are respected when allocating support staff. Where consumers had experienced dissatisfaction with a carer, alterations were facilitated, and consumers confirmed satisfaction with new arrangements.

Mixed feedback was provided by consumers regarding the quality of domestic assistance by carers. Management described the required qualifications for positions and induction documentation demonstrated checks and initial training being provided to ensure staff are able to perform their roles. Support worker initial shifts are evaluated through discussion with the staff member and the consumer. Subcontracted providers are required to hold Australian Health Practitioner Regulation Agency (Ahpra) registration where applicable and to provide current police checks.

Training is provided to staff at induction and the annually thereafter. Additional training is provided in response to regulatory or legislative changes, and complaints. Hands-on training by allied professionals is provided when required, for instance, when a new piece of equipment is introduced for a consumer. There was evidence of completion of assigned training modules with staff confirming they receive training related to the code of conduct, abuse and neglect, Serious Incident Response Scheme (SIRS) reporting and infection control.

Management monitors the performance of most staff formally and informally, as confirmed by support workers and performance review records. The Assessment Team noted that the performance of some staff has not been formally reviewed for more than 12 months. Two of 3 support workers confirmed performance discussions have occurred in the previous 12 months which was supported by a review of documentation demonstrating formal and informal monitoring of the performance of most staff.

# 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.

The service conducts annual consumer surveys and regularly seeks feedback from consumers less formally. There is evidence of progression toward establishing a consumer advisory body in accordance with recent legislative changes related to provider governance as well as a new governing body. A review of documentation demonstrated the service’s quality care advisory body will also report to this body consistent with legislative requirements. Executive management explained that in response to a review of consumer falls, the management group introduced written falls avoidance information to the standard consumer folder.

Support workers confirmed information is available to them to provide effective care with care plans available through the mobile telephone application, and care managers update support workers following change to consumer condition or needs. Home Care Package budgets are explained to consumers initially to support their understanding, and monthly statements include a simple breakdown followed by more detailed information.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. The service’s continuous improvement plan evidenced such improvement actions. Unspent funds are reviewed monthly with excessive amounts considered and, where consumers are not receiving services, documentation must demonstrate how their needs are being met.

The service maintains information regarding the currency of staff and brokered provider certifications. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through membership of the peak provider body and attendance at regular meetings. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services Plan for Continuous Improvement (PCI).

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an incident management system and an overarching reportable incident, accident and emergency policy and procedure which dictates that SIRS guidelines to be followed.

The service has a clinical governance policy which outlines antimicrobial stewardship, restraint, and open disclosure. The Assessment Team noted that the service was not following the requirements outlined in the policy related to restrictive practice, however, in response to feedback management amended the service’s PCI, committing to further improve in this area.

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)