**Performance**

**Report**

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| Name of service: | Home Instead - Mid North Coast |
| Service address: | 2/143 Horton Street PORT MACQUARIE NSW 2444 |
| Commission ID: | 201300 |
| Home Service Provider: | Senior Care Group Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 9 November 2023 |

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

**This performance report**

This performance report for Home Instead - Mid North Coast (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Caring for Seniors across the NSW Mid North Coast from Port Macquarie to the Great Lakes, 26415, 2/143 Horton Street, PORT MACQUARIE NSW 2444

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 11 September 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(e) Implement, monitor and ensure records from brokered services are documented and communicated within the organisation, and with others where responsibility for care is shared.
* Requirement 4(3)(d) Centralise information and ensure records from brokered services are documented and communicated within the organisation, and with others where responsibility for care is shared.

# 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

The Assessment Team recommended that Requirement 1(3)(e) was non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 1(3)(e):

The Assessment Team noted that most consumers and representvies indicated the monthly statements were very difficult to understand. Management confirmed they were aware of feedback regarding the format of the statements and challenges consumers face in interpreting the information.

The Approved Provider submitted a response with clarifying information as well as examples of improvements and changes made to consumer information and correspondence. The response also indicated a change to the information management system and adaptation of a new and more detailed statement format with exact details of attendance, date, time and type of visit.

As a result, with consideration to the actions implemented by the Approved Provider I am satisfied this requirement is compliant.

Compliance with the remainder of the requirements:

Consumers confirmed they are treated with dignity and respect providing examples of how staff are friendly and courteous. Staff described how they respect that they are entering a consumers home and a review of care planning documentation included reference to individual circumstances and involvement in decision making.

The workforce receives ongoing education through multiple platforms on respect, diversity, culture and sexuality. Staff also complete mandatory “recognising diversity training” and dignity of care is part of the services training program for care givers.

The service has policies and procedures which focuses on supporting consumer independence and choice and a consumer example confirmed the service supported and involved them to make decisions about care. Staff described the types of engagement and connections maintained through consumer choice and discussion.

Management described their understanding, approach and review of consumer dignity of risk including their awareness of consumer rights and involvement of family members as required. The service utilises a dignity of risk service form and a review of care planning documentation demonstrated individual strategies to support consumers to maintain their independence and mitigate identified risks.

Staff are provided with confidentiality and privacy documents prior to commencement and education on privacy and confidentiality is included at induction and reiterated at staff meetings. Computer logins are password protected and lockable filing cabinets are used for all hard copy files.

# 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 recalled receiving service documentation, which included their care plan, service agreement and supporting documents. Consumers also described the individual services and noted how the service assessed their individual risks. Staff described their review of care plans on the mobile application prior to their shift to ensure they have not missed any changes or updates before attending consumer homes.

The service has a set of policies and procedures governing all aspects of assessment and planning, as well as supporting processes and documentation. The Assessment Team reviewed information on advanced care planning and end of life care located in the consumers ‘client journal’ provided by the service.

Consumers and representatives confirmed they are involved in assessment and care planning processes and provided positive feedback on how the care consultants involve them. Consumers also confirmed there are ongoing reviews of needs and where indicated involvement of family or others. A review of care plans demonstrated ongoing commitment to regular input to service provision from consumers, representatives and other external services including clinical and allied health professionals.

Consumers confirmed there is a folder containing the ‘client journal’ which care staff and brokered services access ibformation relevant to delivery of care and services as well as document shift notes. Most consumers and representatives confirmed review of care and services are conducted on an annual basis with an initial six month review of the care plan and check in on the consumer. The Assessment Team noted reference to the 12 month review period in the home care agreement, however there were no formalised processes available for review.

# 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. | Non-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 and the approved provider’s response that the service does not comply with requirements 3(3)(e) and as a result is non-compliant with standard 3.

Requirement 3(3)(e):

The Assessment Team noted that consumers receiving personal and clinical care are supported by brokered nursing and allied health staff. Care staff access care plan and scheduling details through the mobile application. However, brokered service staff were not providing the service with all progress notes or records outlining the services delivered to consumers.

Information appeared to be obtained for each consumer’s conditions, needs and preferences during the initial intake and assessment process. However the information appeared generic in nature and did not provide specific information or communication for care staff to deliver care tailored to the consumer. The systems in use did not support the multiple locations of storage and did not provide a single location for access of records.

The Approved Provider submitted a response to the Assessment Team report indicating arrangements have been made to receive all feedback from brokered services within 24hrs of care as well as an update to the electronic care planning system. There is evidence to support that Approved Provider has commenced actions to address the identified deficits. However, given the potential implication of incomplete information sharing on continuity of care and safe practice further time to ensure successful integration of information sharing and availbility is required.

Compliance with the remainder of the Requirements:

Clinical assessments are conducted for all consumers, including those not appearing to require personal and/or clinical care. Once complete, consumers deemed as requiring clinical and/or personal care are referred onto the appropriate brokered service provider, such as nursing or other allied health professionals. A review of care plans demonstrated that personal and clinical care was tailored to meet individual needs and optimise health and wellbeing.

Care staff provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The service organises consumer specific strategies amongst assigned care teams to ensure accurate support is provided to everyone in a person-centred and tailored approach. The Assessment Team noted that where the brokered service is responsible for provision of clinical care, information sharing was limited.

Care staff demonstrated an awareness of how services may change for consumers nearing the end of life, including changing approach to support personal hygiene and providing in-home social support rather than taking them out into the community. Consumers and representatives indicated care staff knew consumers well and were confident they would identify and report changes to overall health and wellbeing. They also indicated referrals were made to allied health professionals for mobility review, equipment and home modifications as required.

Management confirmed that all care staff provide consumer feedback including shift notes on the services electronic record system. Critical information is communicated to the service immediately through a phone call to the ‘people experience team’ who liaise with the ‘client experience team’.

A review of care plans demonstrated that referrals to brokered services, external organisations and other providers of care and services were guided by the needs and preferences of each consumer in a timely manner.

Consumers and representatives confirmed staff take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. Training logs confirmed that staff received training on the use of Personal Protective Equipment and practises to reduce transmission-based infections.

# 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. | Non-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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service does not comply with requirement 4(3)(d) and as a result is non-compliant with standard 4.

Requirement 4(3)(d):

Consumers advised that although shifts are often filled, a change in staff still impacts consumers, particularly when consumers are not kept informed and don’t feel as though they have choice to express their preferences. The Assessment Team noted that where care is shared with brokered services the information sharing was not supported. The multiple locations of records has also contributed to concerns with the ability to access accurate or complete information related to consumer conditions, needs and preferences.

The Approved Provider submitted a response to the Assessment Team report indicating arrangements have been made to receive all feedback from brokered services within 24hrs of care as well as an update to the electronic care planning system.

There is evidence to support that Approved Provider has commenced actions to address the identified deficits. However, given the potential implication of incomplete information sharing on continuity of care and safe practice further time to ensure successful integration of information sharing and availbility is required.

Compliance with the remainder of the Requirements:

Staff described the referral process including obtaining consent from the consumer to share their details. Consumers and representatives were satisfied with referral processes and confirmed they were assisted to access external services such as physiotherapy, hydrotherapy, occupational therapy and podiatry. A review of care planning documentation demonstrated referrals to brokered services, external organisations and other providers of care and services was guided by the needs and preferences of each consumer

Meal and equipment services were not assessed as they were not provided through the service.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Standard 5 was not assessed by the Assessment Team as management reported they do not operate centre-based programs.

# 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

The Assessment Team recommended that Requirement’s 6(3)(c) and 6(3)(d) were non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service has implemented actions to address the identified deficits, as a result this standard is compliant.

Requirement 6(3)(c):

Consumers and representatives indicated staff would take concerns seriously and address their complaints. Management described the principles of open disclosure and advised complaints go to the relevant service department or client experience manager. The Assessment Team noted that staff were not aware of open disclosure in the compliants process despite the services open disclosure framework.

The Approved Provider submitted a response to the Assessment Team report including supporting materials, distribution and training of open disclosure information, introduction of open disclosure meetings and inclusion of open disclosure material in consumer journals. There is evidence to support an active plan to ensure staff are aware of and information is available to support the use of open disclosure incidents occur and things go wrong.

Requirement 6(3)(d):

The Assessment Team noted evidence of feedback received which had not been recorded in the complaints register. Management provided conflicting information regarding use of the complaints register and when complaitns were recorded. There are two systems in use which also contributed to the conflicting information available to review. There was also no evidence that the service had used information from complaints to make improvements to safety and quality systems, or regularly reviewed to improve how they manage complaints.

The Approved Provider submitted a response to the Assessment Team report including supporting materials and the revised complaints register now implemented as the central location for recoding feedback and complaints. There is evidence of trending analysis and outcome monitoring to inform areas of improvement and contribute to the plan for continuous improvement.

Compliance with the remainder of the Requirements:

Consumers and representatives confirmed they are satisfied that when they raised concerns they were usually addressed quickly by the service. Management explained that the service conducts an annual experience survey and they support consumers to make complaints and provide feedback about their care and services through the Client Handbook and directly with care consultants.

The Assessment Team reviewed the services consumer handbook, which details how to make a complaint or provide feedback to the service via phone, email and post. It also details the Commission and the ‘National Aged Care Advocacy Program’ contact details, and translator assistance being also available. Staff confirmed they would escalate requests to connect with advocacy or language services and complaints to the Aged Care Quality and Safety Commission.

# 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.

Staff confirmed there is enough time to deliver safe and quality care and services and if they may need more time with a consumer, they can contact the service. Management demonstrated the electronic management system (Alayacare) used for staff rosters, service allocations, availability, preferences and links consumer needs to the appropriate care team. The ‘people experience team’ complete recruitment and review of applications and assessing locations that may have priority needs and skills.

Consumers and representatives provided feedback that the staff who provide services are kind, caring and respectful. Staff confirmed they were assigned an experienced worker as a buddy before they could work independently, there is online training for professional development and emails and updates on what’s happening ensuring they are well informed. Management described having a recruitment and initial onboarding process to ensure that the workforce hired is competent to perform their roles.

The Assessment Team reviewed the Empower Learning System, which detailed training records for staff reflective of the care they were providing. Management confirmed that all staff must complete mandatory training during onboarding and induction, with additional training delivered online or face to face. Management explained they keep staff informed about changes to aged care legislation through constant communication via emails, staff newsletters and care giver meetings where they had group exercises on the aged care standards.

Management and staff confirmed annual review’s take place to discuss and review performance. A learning plan is developed with further training, external coaching and leadership training provided for relevant 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

The Assessment Team recommended that Requirement’s 8(3)(c) and 8(3)(e) were non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service has implemented actions to address the identified deficits.

Requirement 8(3)(c):

The Assessment Team noted that feedback and complaints processes were not effective to ensure that concerns were formally documented and outcome tracked in the delivery of care and services. The Approved Provider response to the deficits identified with Requirement 6(3)(d) provided evidence of implementation of a revised and centralised register to enable analysis, monitoring and trending of feedback and complaints.

While the Assessment Team did not identify concerns with information management I note the absence of effective systems in place for information sharing with brokered services and the in progress actions to address this.

Opportunities for continuous improvement are identified through feedback and incident analysis, from consumers, staff, leadership teams and via surveys and internal audits conducted by National Office.

Management confirmed budget updates and monthly statements are provided to consumers by the organisations finance department outlining expenditure and highlighting unspent funds. Unspent funds are reported to the Client Experience Manager with this information being accessible to the general management team.

The Assessment Team reviewed the organisational chart that outlined the reporting framework for accountability and responsibility, job descriptions for all staff and management. Management advised they subscribe to several peak body and Government advisory groups and regulatory compliance is managed at local level by the executive group.

Requirement 8(3)(e):

The Assessment Team noted that staff did not have an awarenesss of open disclosure principles, discussed further under 6(3)(c). The Approved Provider response to the deficits identified with Requirement 6(3)(c) provided evidence of strategies to address this including implementation of training, document distribution, introduction of open disclosure meetings and inclusion of open disclosure material in consumer journals. The deficits at 6(3)(c) are addressed and there is evidence of the planned actions to improve the knowledge deficit with open disclosure principles.

Compliance with the remainder of the Requirements:

The service demonstrated how it involves consumers and representatives in developing, delivering, and managing care and services and evaluation through an annual experience survey.

Management advised the service is supported by organisation wide Home Instead governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation.

The organisation has a risk management system policies and procedures, and a consumer incident register for identifying and managing high impact or high prevalence risks associated with the care of consumers. Where individual consumer risks are identified these are included on the risk register and are monitored on an ongoing basis either by Care Consultants Team or the Clinical Care Lead (RN) and reviewed at monthly meetings.

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)