**Performance**

**Report**

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| Name: | Home Instead - Redlands and Logan |
| Commission ID: | 700921 |
| Address: | 15/112 Birkdale Road, BIRKDALE, Queensland, 4159 |
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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: 8884 A & V Meyers Pty Ltd  
Service: 26267 Home Instead Redlands and Logan

**This performance report**

This performance report for Home Instead - Redlands and Logan (**the service**) has been prepared by S Byers, 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 were satisfied staff recognise and value their identity, culture and diversity. Staff demonstrated understanding of culturally safe care and described how it influences the delivery of personalised services. Care documentation reflected planning considers the individual needs and preferences of each consumer, capturing their background, culture and diversity. Staff have completed recognise diversity training.

Consumers and representatives were satisfied they are supported to make choices, decisions, and connections. Staff described and documentation confirmed that consumers are supported to make choices as part of the assessment and planning process, and while services are being delivered.

Consumers were satisfied they are supported to engage in activities that may involve an element of risk, to live their best lives. Staff and management demonstrated understanding of the service’s dignity of risk process and described how they support consumers to make choices and decisions about their services, including choices that may place them at risk. Consumer documentation reflected staff discuss risks and mitigation strategies with consumers.

Consumers and representatives said they are provided with timely information and that staff support them to understand the information to make informed decisions. On commencement with the service, consumers and representatives are provided a consumer handbook containing the Charter of Aged Care Rights, complaint procedures, advocacy numbers and care journey details. Consumer files confirmed consumers are provided a home care agreement, individualised budget and care plan. Consumers receive a quarterly newsletter, monthly statements and are sent updates, such as price changes in a timely manner.

Consumers and representatives were satisfied that the consumer’s privacy is respected, and information is kept confidential. Staff demonstrated understanding about confidentiality of information and described how consumer information is protected. Consumer information is stored in secure electronic databases, is password protected and staff access is limited by role. The service has a privacy and confidentiality policy to guide staff practice.

# 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 confirmed they are involved in the assessment and planning process. The service demonstrated risk assessments are completed when a consumer enters the service with assessments reviewed periodically and when changes occur. Management and staff described the assessment and planning process. The process includes consultation with a multidisciplinary team including consumers and representatives, general practitioners and other health professionals. Documentation including hospital discharge information and My Aged Care assessments are used to inform the development of an individualised care plan. Care planning documentation reviewed identified comprehensive assessments and planning, including the use of validated assessment tools, and non-response plans individualised for each consumer.

Consumers and representatives said the services provided meet their needs, goals, and preferences. Staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer's individualised needs. Management explained advance care planning is discussed as part of the initial onboarding and assessment and planning process with end-of-life plans developed in consultation with consumers and their families. Consumer files included information about advance care planning and end of life plans.

Staff described how they work in partnership with other organisations and providers of care and services when undertaking assessment and planning. Care documentation reflected consumer and representative involvement in the assessment, planning and review of care and services. Care files reflected the involvement of others involved in the care of the consumer, including brokered Registered Nurses and General Practitioners.

Consumers and representatives confirmed care planning outcomes are communicated and they receive a copy of their care plan. Management advised the service maintains electronic care plans and that in-home care plans are provided to consumers and updated regularly. Brokered clinical staff confirmed receiving information from the care manager regarding care plans or nursing assessments. Subcontracted Registered Nurses confirmed they receive sufficient information from the service to deliver safe and quality care. Care staff have access to consumer care plans on a digital application which contains information relevant to the services they deliver.

Consumers and representatives were satisfied staff regularly discuss care needs with them, and any changes are addressed promptly. Care planning documentation detailed care and services are reviewed regularly for effectiveness, and when circumstances change, such as deterioration in health or incidents requiring hospitalisation. Management and staff described the care review process and demonstrated understanding of when a review or reassessment may be required.

# 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 expressed satisfaction with the personal and clinical care they receive. Staff discussed how they support consumer needs, goals and preferences which are reflective of consumer care plans. Care documentation included assessments, care plans, progress notes and correspondence that records care that is safe, effective, and tailored to the needs and preferences of the consumer. The service has policies, procedures, and assessment tools to guide staff practice in delivering personal and clinical care.

The service demonstrated processes are in place to identify and monitor consumer risks. Risk assessments are undertaken for high-impact or high-prevalence risks to identify strategies to minimise the risks. Staff demonstrated knowledge of individual consumer risks and the interventions in place to manage the risks. Management and staff explained that the service has an incident management process which includes the reporting, documentation and investigation of incidents that occur during service delivery.

The service demonstrated care delivery for consumers at end of life ensures their personal care needs are addressed, pain is managed, and the consumer’s dignity is maintained. Management and staff described how care and services are adjusted for consumers nearing the end of life. The service partners with palliative care teams to provide additional support. Care managers and staff are trained in end-of-life care.

Staff described how changes to a consumer’s circumstance or condition are identified, actioned, reported and escalated, where necessary. Care planning documents and care notes recorded the identification of, and response to, deterioration or changes in the consumer’s condition.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Evidence in care documentation, reflects information is appropriately communicated to others involved in care. Staff access care plans and information regarding service delivery from the electronic management system including any changes to a consumer’s health, incidents, or medication changes.

The service demonstrated referral processes are in place. Care planning documentation demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services, and their recommendations incorporated into care plans.

Staff confirmed completing regular training and described the proper use of personal protective equipment. The service demonstrated it has established policies and procedures in place, including antimicrobial stewardship and infection prevention and control, which include specific COVID-19 guidelines to guide staff practice.

# 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.

Consumers and representatives confirmed they receive services and supports which enhance their well-being and quality of life. Staff demonstrated understanding of what is important to consumers and described how they adapt services according to consumers’ needs and preferences. Care documentation detailed the services and supports in place to assist the consumer to achieve their documented goals and preferences of daily living.

Staff demonstrated awareness of individual consumers needs and preferences and described strategies to support consumers emotional, spiritual and psychological well-being. Consumers and representatives confirmed staff know them well and provided examples where the emotional and psychological strategies were implemented in practice. Care documentation aligned with information provided by consumers and staff.

Staff described, and care planning documentation confirmed the service actively supports consumers to access and participate in their community, maintain relationships and do things of interest to them. Staff provided examples where consumers are supported to maintain relationships with people important to them. There is a calendar of events that provides weekly outings and social interaction for consumers. Management explained that recommendations of events and outings are informed by consumer feedback. Consumers confirmed they enjoy attending the activities and events organised by the service.

Consumers and representatives were satisfied information about their needs and preferences is effectively shared within the service and with others involved in their care. Staff and management described how relevant information about consumers care and services are documented and communicated through care plans available at the consumers’ home and the services digital application. Management advised, and documentation confirmed consent processes are in place in relation to information sharing. Where responsibility of care is shared with brokered providers, processes are in place to ensure relevant information is shared and handovers occur.

The service has processes in place to ensure consumers can access and are referred to individuals, other organisations and providers in a timely manner. Staff and management described the referral process to other organisations and individuals involved in the consumer’s care. Management advised internal and external services are used to ensure consumers can access the broad range of supports needed including attending other service provider’s respite groups.

The service demonstrated consumers are provided with meals which are varied and of suitable quality and quantity. Consumers receiving delivered meals partially funded through their HCP funds were satisfied the meals met their preferences and there was enough variety available. Staff advised if a consumer was not satisfied with the meals provided the service would arrange an alternative meal provider. Documentation review confirmed consumer’s dietary needs, preferences and staff assistance and support is assessed and documented in care plans. The service has access to a range of food delivery suppliers that offer special modified diets and cultural options.

Consumers and representatives confirmed that allied health professionals assess the suitability of equipment prior to purchase, and that equipment is safe and suitable. Care planning documentation confirmed consumer equipment needs are assessed and equipment supplied in line with allied health recommendations. Staff demonstrated understanding of maintenance reporting processes. Maintenance records reflected maintenance is reported and addressed promptly.

# 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 satisfied they are encouraged and supported to provide feedback and make complaints. Consumers and representatives were aware of advocacy and language services and external complaint mechanisms. Care staff described how they support consumers to raise concerns and were aware of the internal and external options available. Documentation confirmed consumers and representatives are provided information about complaint handling in the consumer handbook and HCP agreement. The service has feedback and complaints policies and procedures in place to guide staff practice.

Consumers and representatives were satisfied with the actions taken to resolve their concerns, complaints are responded to in a timely manner and an apology provided each time. Staff and management demonstrated an understanding of open disclosure and provided an example of how this is practiced. The complaints register reflects complaints are documented, and open disclosure processes are used to resolve complaints and feedback. The service’s complaints management policy refers to open disclosure and is supported by a separate open disclosure process.

Consumers and representatives were satisfied their feedback is used to improve care and services. Management described how complaints are reviewed and monitored regularly for trends to improve the quality of care and services and provided examples of improvements in practice. Complaints and continuous improvement documentation supported improvements made from consumer feedback. Meeting minutes confirmed complaints are discussed at management meetings.

# 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.

Consumers and representatives were satisfied the workforce is sufficient to ensure they receive safe and quality care and services. The service demonstrated sufficient number and skill mix of permanent, casual staff and brokered providers for required services to ensure continuity of care. Staff and management said there is enough staff to cover services, including when there is unexpected leave. The service has policies and procedures in place to guide recruitment practices and monitor staffing levels. Meeting meetings reflected staffing levels are discussed and monitored.

Consumers and representatives said staff are kind, caring and respectful of each consumer’s identity and preferences for service delivery. Staff described how they treat consumers with respect to meet their individual needs and preferences and consider their cultural needs.

Documentation reviewed included position descriptions outlining necessary skills and capabilities required for roles within the service. Management described the monitoring processes in place to ensure the competency and currency of qualifications for staff, including brokered staff delivering services. Documentation reflected valid police checks, qualifications and mandatory training competencies.

Induction and orientation, mandatory training, coaching shifts and competency assessments are in place to recruit, train and support staff. Staff confirmed they receive ongoing mentoring, and management are available to provide support. Training documentation confirmed staff have completed training in annual medication competency, elder abuse, manual handling, infection control, dementia awareness, Serious incident Response Scheme (SIRS) and Code of Conduct in aged care. Management described how they identify any training needs through internal audits, consumer feedback, performance reviews and workforce observations. Brokerage agreements detailed qualifications and training requirements for brokered staff, reporting requirements and recorded that these are reviewed annually.

Staff and management advised staff performance is monitored and reviewed during probation, on an ongoing basis and through annual reviews on performance. Training and development plans are discussed at quarterly meetings and annual reviews. Staff are encouraged to provide feedback about any training needs they identify with their managers. Performance related concerns are raised directly with individual staff and actioned appropriately.

# 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 demonstrated it has effective systems to engage consumers and representatives in the planning, delivery and evaluation of care and services. Consumers and representatives are engaged in care planning and service provision and are invited to provide feedback through surveys and Consumer Advisory Board meetings.

The leadership team is informed of the service’s operations through regular meetings and performance reports. This was supported by reports, meeting agendas and minutes that demonstrated trending of feedback, complaints and incidents related to the delivery of safe and inclusive care is communicated to the governing body.

The organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems. The organisation has an Improvement and Risk Register that monitors critical areas for improvement and includes planned completion dates and progress notes. Policies and procedures are updated to reflect legislative or regulatory changes. The organisation has systems and open disclosure processes in place to document feedback, analyse it and use it to improve outcomes for consumers.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed by management. Home safety assessments are completed for each consumer upon commencement at the service and risk management plans are regularly reviewed. Consumer files confirmed all consumers have a non-response protocol in place. Management demonstrated understanding of their incident reporting responsibilities and documentation confirmed incidents are assessed, investigated, and resolved, with SIRS incidents escalated and reported. The organisation has an incident management system where incidents are recorded, analysed and trended. Staff have received training in SIRS and identifying abuse and neglect of consumers.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Management described their clinical governance roles and responsibilities, clinical and quality meetings, and the review and monitoring of obligations to maintain safe and quality care. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)