**Performance**

**Report**

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| Name: | Home Instead - Sunshine Coast and Gympie |
| Commission ID: | 700939 |
| Address: | Unit 1/8 Innovation Parkway, BIRTINYA, Queensland, 4575 |
| Activity type: | Quality Audit |
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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: 8947 Yours In Caring Pty Ltd  
Service: 26627 Home Instead Sunshine Coast & Gympie

**This performance report**

This performance report for Home Instead - Sunshine Coast and Gympie (**the service**) has been prepared by M Glenn, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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.

**Standard 1 requirement (3)(e)**

* Ensure consumers are provided information in a format which is easy to understand and communicated in a way which enables them to understand the information and exercise choice.

# Other relevant matters:

* Standard 5 was not assessed as part of the quality audit as the service does not provide onsite respite facilities for consumers.

# 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is non-compliant as one of the six requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(e) in this Standard not met.

**Requirement (3)(e)** The assessment team recommended this requirement not met as information is not communicated to consumers in a way which is tailored to their communication needs to enable understanding and the ability to exercise informed choice. Eight consumers/representatives interviewed provided negative feedback relating to communication of information. One representative said they often have to request statements to be sent, noting they find them unclear and difficult to understand, and when they ask questions about the statements, staff do not provide explanation in a way which they understand. One representative said they requested a reassessment for a HCP following hospital discharge advice, and while they rang several times to communicate this need, no action was taken by the service. A consumer said they experience issues accessing information about their package and said when they ask questions staff are not informative in their response, and another consumer said they do not understand the breakdown of their statements. The complaint register includes 31 complaints related to communication and consultation recorded between July 2023 and February 2024, and consumer feedback surveys conducted between September 2022 and 2023 shows only 31% of respondents expressed satisfaction with the communication. Management are aware of issues relating to communication and expressed future intentions to expedite communication initiatives scheduled in the continuous improvement plan, originally scheduled for June 2024.

Based on the assessment team’s report, I find information provided to consumers is not consistently communicated in a way that is clear, easy to understand and enables them to make informed choices. In coming to my finding, I have placed weight on feedback provided by consumers and/or representatives demonstrating information provided to them is not clear or sufficiently understood, and where sought, explanations of the information provided by staff is not sufficient to enable consumers and representatives to have a good understanding of the information. Consumer and representative feedback was further supported by feedback, complaints and survey data which demonstrates a trend in dissatisfaction with communication processes going back to September 2022. As such, I find the evidence presented does not demonstrate the service has ensured consumers are supported or enabled to make informed choices through clear communication.

For the reasons detailed above, I find requirement (3)(e) in Standard 1 Consumer dignity and choice non-compliant, therefore, the Standard 1 non-compliant.

**In relation to all other requirements**, most consumers and/or representatives interviewed said consumers are treated with dignity and respect and staff interactions are kind. The service’s care approach ensures consumers’ rights and dignity are respected. Staff interviewed spoke respectfully about consumers and demonstrated an awareness and respect for each consumer’s individual and diverse identity. Consumers and representatives confirmed staff understand consumers’ needs and preferences and services are delivered in a way that makes consumers’ feel safe and respected, and where consumers have provided feedback, the service has met their expectations regarding cultural safety. Cultural safety considerations are discussed through ongoing conversations with consumers and care and services are planned and delivered to meet the needs and preferences of individuals, ensuring inclusive care and support.

Care files show consumers are supported to make their own decisions to remain independent and to involve others they want involved in care decisions. Staff described how they encourage choice through open communication and spoke of the importance of not taking independence away from consumers. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Consumers are supported to take risks if they choose, and steps are taken to mitigate potential impact of risks when possible. Consumers are supported though discussion of potential risks, allowing them freedom to continue taking those risks if they choose.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Assessment and planning processes are used to ensure the delivery of safe and tailored care and services to consumers, including risks. Care files include home risk safety assessments for consumers receiving in-home care which outline information pertaining to individual consumer risks and mitigation strategies. Staff have an awareness of consumer risks and the corresponding strategies implemented to minimise them. Consumers and representatives expressed satisfaction with care planning processes, confirming it adequately addresses consumers’ needs.

Assessment and planning process identify and address consumers' current needs, goals, and preferences. Management and staff are actively involved in the collaborative assessment and planning process undertaken with consumers and/or representatives to obtain a comprehensive understanding of the consumer. Care files include information tailored to each consumer's individual goals, requirements, and preferences and show consumers and/or representatives are actively engaged in planning and reviewing the services consumers receive. Consumers have the ability to select individuals involved in their care, and their preferences, ensuring coordinated delivery of care and services. Assessment and planning processes are also undertaken in collaboration with various stakeholders and regular communication regarding evolving consumer needs is maintained.

Consumers and representatives expressed satisfaction with the level of information provided during assessment processes, and confirmed they have access to care plan documents. Care planning documentation is completed alongside the consumer or their representative, after which consumers are provided a copy of the care plan. Staff said they receive timely updates regarding consumers' care and service delivery needs, ensuring they remain informed of any changes. Regular review of care and services is undertaken, particularly when consumers’ circumstances change. Care plan reviews occur at least annually, with more frequent assessments conducted as needed based on changes in consumer care requirements. Consumers and representatives are satisfied with the communication from staff regarding service updates and adjustments to meet consumers’ evolving needs.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives expressed confidence in the safety and appropriateness of personal care provided, stating clinical care received aligns well with consumers’ needs. All clinical services are brokered out to a registered nurse organisation. Clinical assessments are conducted on intake, with care and services tailored to meet consumer needs. Care files outline consumers’ personal and clinical care needs, providing staff with clear guidance to ensure the delivery of safe and effective services. There are processes to identify, assess and manage high impact or high prevalence risks that could impact consumers’ safety and well-being. Care files show personal and clinical care is delivered in accordance with consumers’ individual needs and highlights key risks, such as falls, nutrition and hydration, and medication management. Referrals to allied health professionals are initiated where further support efforts are required to prevent and address identified risks.

There are processes to address end of life planning during intake and reviews. When a consumer approaches end of life, the service coordinates with a brokered registered nurse and external palliative care providers to ensure the consumer receives the appropriate care and support. Care files reflect discussions with consumers/representatives regarding consumers’ preferences and implementation of additional services, as required. While palliative care was not specifically mentioned by consumers or representatives, they confirmed the service delivers care aimed at maintaining consumers’ dignity and enhancing quality of life.

Consumers and representatives expressed satisfaction with the familiarity and competence of staff in meeting consumers’ needs, often without requiring specific direction. Care plans provide comprehensive guidance, and relevant progress notes are maintained in the consumer's home to facilitate communication among staff. Care files show information is shared with allied health professionals and others where documented consent has been provided. Where deterioration or a change in a consumer’s condition is identified, this is recognised and responded to and, where required, timely referrals to individuals, other organisations and providers of care are initiated.

Consumers and representatives interviewed highlighted staff adherence to infection prevention practices, including regular hand washing, hand sanitisation, and the use of personal protective equipment, when necessary. They also described how the service implemented safety measures during the COVID-19 pandemic and kept them informed about any related requirements.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and support received contribute to maintaining consumers’ quality of life and independence in daily living. Care planning documentation includes individualised guidance on how care and services should be delivered, and shows active involvement of consumers and their representatives in the planning process, ensuring consumers’ preferences and needs are addressed.

Consumers receive supports for daily living that effectively promote the emotional, spiritual, and psychological well-being, and confirmed they are supported to participate in activities which are meaningful to them and supports are tailored to meet these needs. This includes providing social support services and matching staff to consumers based on shared interests, emotional and spiritual connections. Staff described how they build rapport with consumers and maintain a bond to monitor well-being.

Consumers participation in the community is encouraged, interaction with others fostered and they are engaged in activities of individual interest. Consumers and representatives said the service supports consumers to maintain and have control over social and personal interactions and participate in various community activities. Staff understand each consumer’s interests and demonstrated flexibility in tailoring services to meet their changing needs and preferences. Information about consumers’ condition, needs and preferences is shared within the organisation and externally and, where required, timely and appropriate referrals to a variety of individuals and organisations are initiated.

Meals provided are varied and of suitable quality and quantity, with consideration given to consumers’ individual nutritional needs and preferences. The service is currently engaged with five meal providers, with multiple options available to consumers based on their location. Consumers’ feedback on meals provided is used to inform ongoing food services.

Where equipment is provided for consumers to use in their own home, an allied health assessment is completed to ensure suitability and safety. Consumers and representatives interviewed said equipment received through the service meets consumers’ needs and staff visit to monitor its condition. Staff described processes for tracking consumer equipment and for identifying and reporting risks to the safe use of equipment.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives interviewed understand how to provide feedback or make a complaint and feel comfortable to do so. Consumers are encouraged to provide feedback or make complaints through various avenues, including verbally to staff and management, through a quick response (QR) code and through annual satisfaction surveys. Policies and procedures are available to guide staff on complaints handling processes, including responding to consumer and representative feedback and escalating concerns. Staff described how they encourage consumers to provide feedback through ongoing verbal communication and in more depth at annual review meetings.

Consumer welcome packs and service agreements outline internal and external complaints mechanisms and advocacy services. Complaints information is also provided to consumers ongoing through regular newsletters. Whilst some consumers are not aware of the advocacy and interpreting services available, most are happy to manage their complaints with the service directly and feel comfortable raising concerns.

Appropriate action is taken in response to feedback and complaints and an open disclosure process is used. Most consumers and representatives interviewed feel safe raising concerns, stating staff have contacted them when they have provided feedback or a complaint and they have been satisfied with the response and actions resulting from their feedback. Dedicated quality assurance personnel are responsible for triaging consumer complaints and feedback before referring them to the relevant sections of the service. Efforts are made to investigate the matter within 24 hours or provide a timeline for resolution. Complaints data demonstrates prompt action is taken and open disclosure is practiced by acknowledging the concerns, remaining transparent, involving consumers in resolution strategies and keeping them informed. Most consumers and representatives are satisfied the service is responsive to feedback and complaints and have seen improvement to the quality of care and services as a result. There are processes to receive, monitor, and action feedback and complaints with opportunities for continuous improvement identified.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is compliant as all five requirements assessed have been found compliant. The assessment team recommended requirement (3)(a) not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as six consumers expressed negative feedback regarding the service's communication, which affected their service experience. Staff and management expressed concerns that the current workload is often overwhelming, impacting communication with consumers. They attributed systemic communication challenges to insufficient resources or staffing to effectively manage consumer caseloads. Staff and management also said they spend significant time traveling to attend to consumer needs, leaving them with limited availability to respond promptly to consumer requests, emails, or calls, and acknowledged the associated risk concerning the ability to effectively deliver and manage services under such circumstances. The complaints register includes 31 complaints related to communication and consultation between July 2023 and February 2024, and the consumer feedback survey conducted between September 2022 and 2023 shows only 31% of respondents expressed satisfaction with the communication.

I have come to a different finding from the assessment team’s recommendation of not met and find this requirement compliant. I do not consider the evidence presented demonstrates the workforce is not planned to deliver and manage safe and quality care and services, rather, the evidence highlights deficits relating to communication of information which has been considered and addressed in my finding for requirement (3)(e) in Standard 1. In coming to my finding for this requirement, I have considered there is no evidence to suggest that consumers are not provided with care and services in line with their assessed needs or preferences or that the workforce is not sufficient to deliver safe and quality care and services. In fact, evidence presented in requirement (3)(c) of this Standard indicates consumers and representatives commended the service for its ability to effectively meet consumers’ individual needs and preferences. I also consider outcomes for all but one of the 42 requirements across the eight Quality Standards demonstrates the workforce is planned and have the appropriate skills to meet consumers’ needs and to deliver quality care and services.

**In relation to all other requirements**, staff interactions with consumers are compassionate and respectful, ensuring each individual's identity, culture, and diversity is acknowledged and respected. Consumers and representatives expressed confidence and satisfaction in the workforces’ competence and knowledge, commending the service for its ability to effectively meet consumers’ individual needs and preferences. Staff confirmed they undergo education and training provided by the service, with regular reminders for mandatory training, police checks, and renewal of insurances and professional qualifications as necessary. Monitoring processes ensure the competency and currency of staff qualifications, including checks on criminal history, vaccination records, driver's licenses, and mandatory training competencies.

A comprehensive recruitment and training protocol ensures staff readiness for their roles, and includes induction, mandatory training, and buddy shifts. Continuous support and mentoring, along with accessible management, further bolster staff preparedness. Consumer feedback, performance reviews, and observation are used to identify and address ongoing training needs. Brokerage contracts are monitored, ensuring required documentation and qualifications of brokered staff delivering services are consistently maintained.

Staff performance is evaluated annually through a structured performance appraisal process. All staff confirm they have undergone or are awaiting a performance appraisal with their direct manager within the past year. Management highlighted the importance of incorporating consumer feedback into ongoing staff and subcontractor performance monitoring. Where identified, performance issues are addressed promptly through direct discussions with individuals, while recommendations are relayed to the respective staff members. Management described a comprehensive approach to monitoring brokered staff performance, which includes regular meetings, monitoring activities, and review processes. Consumer feedback is actively sought and considered during these evaluations.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Standard is compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers are supported and engaged in the development, delivery and evaluation of care and services through various avenues, including QR codes which staff can use to log feedback, weekly lunches held across different regions to foster relationships with consumers, feedback and complaints processes and surveys. Consumer feedback and experiences are regularly discussed at monthly meetings, highlighting a collaborative effort to continuously improve and adapt to meet the evolving needs and expectations of consumers.

Consumers and representatives said the service provides an inclusive and accountable approach to providing care and support. They highlighted the consistent demonstration of behaviours and values by the workforce, fostering a culture of safety, inclusivity, and respect in service delivery. The organisation is governed by a Board and management ensures that necessary information is provided to the governing body for decision-making through regular reporting. Oversight of service performance, safety, and quality of care is maintained through ongoing monitoring and management meetings at the service level.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

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)