**Performance**

**Report**

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| Name of service: | Home Instead Senior Care - Brisbane North |
| Service address: | 2 Chatham Street MARGATE QLD 4019 |
| Commission ID: | 700981 |
| Home Service Provider: | Lomman Waigh Enterprises Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 22 August 2023 to 24 August 2023 |
| Performance report date: | 27 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 Senior Care - Brisbane North (**the service**) has been prepared by G. McNamara, 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 Brisbane North Redcliffe North Lakes Caboolture and surrounding areas, 26995, 2 Chatham Street, MARGATE QLD 4019

# 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.

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| Assessment summary for Home Care Packages (HCP) 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 applicable as not all requirements were 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**

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Demonstrating it is providing each consumer with respect, dignity, and choice and valuing their individuality.
* Understanding what is important to each consumer through discussion and shared agreement on how care and services will be provided.
* Identifying the dignity of risk and supporting consumers with strategies to minimise the risk and support the consumer to live their best life.
* Providing timely information and updates when changes are made and continuing to work towards timely communication

Each consumer is treated with dignity and respect with their identity, culture and diversity valued. Staff interviewed spoke respectfully about consumers and demonstrated an awareness of the consumer’s individual identity. Management provided examples of how consumers’ rights and dignity are respected in their care approach. The documentation reviewed evidenced the service has a consumer-centred approach to delivering services. Consumers said staff treat them with respect, and they are provided dignity when care and services are delivered. Consumers said staff consulted them about their care and services.

A review of care documentation showed time is spent with the consumer asking and reviewing all the information provided, which is recorded in the ‘client's story’ section. The client story is the basis for understanding what is important to the consumer, what lived experience has occurred and gives insight to the consumer they are now.

Consumers are provided with services that are culturally safe and that respect individual consumers’ needs and preferences. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Policies, procedures and the service’s training register confirmed that staff have the resources necessary to understand and appreciate the unique cultural background of consumers. Consumers/representatives confirmed that staff understand their individual preferences and feel safe and respected when services are being delivered.

A review of organisational documentation and interviews with staff confirmed education on diversity and culture is provided to guide staff.

The service demonstrated each consumer is supported to exercise choice and decisions about their care, including when others should be involved, and maintain relationships. Staff discussed promoting choice and independence to consumers, and evidence showed consumers had been consulted in making decisions about their care and services. Choice and decision-making are discussed as part of the assessment and ongoing review with the details recorded. Formal decision-making information is discussed and recorded, including guardianship and Public Trustee arrangements. Documentation evidenced consumer involvement in decisions about the services they would like to receive. All consumers/representatives said the service supports and involves them in making decisions about their care. Staff interviewed said they support consumers to exercise choice.

A review of consumers' care planning documentation showed there is an emphasis on consumers remaining independent, with the services plan documenting information on the tasks the consumer can continue to attend to independently and tasks the consumer requires support with.

Each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently, and staff respect the decisions they make. The service has policies and processes to guide discussion, assessment, and agreement of the risk. Discussions are recorded, and support plans are updated to reflect the consumer’s decision and any strategies agreed upon.

Staff said they encourage consumers to be independent in the community and remind consumers to use any mobility aides that are set out in the support plan for use. Staff confirmed there are policies and processes to guide the dignity of risk.

The service has information systems in place for each consumer to receive accurate, current, and timely information about their care and services. Staff demonstrated how they use alternate ways to communicate with consumers who may have speech and other physical impacts affecting them. Consumers said they were mostly provided information that was timely and in a way that was understood. All consumers/representatives said they understood their statements.

Staff demonstrated awareness of two consumers who use communication cards as they are unable to verbalise their needs. Management said there is a consumer who only speaks Italian, and the staff member uses a language translator application on her mobile phone to communicate with them in Italian.

The service has organisational policies and processes which guide the timeliness and frequency of contact with consumers. This includes processes to inform consumers of changes in their service delivery where they have indicated they prefer to be contacted. Management said staff have access to translator services and this is covered in the onboarding training.

The service provides consumers with an information pack including The Charter of Aged Care Rights, consumer handbook, consumer agreement, pricing schedule, budget, advocacy services and feedback and complaint information.

The service demonstrated they have policies and processes to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. Consumers said they felt their information was kept confidential, and they felt staff respected their personal privacy when delivering care and services. All consumers/representatives interviewed, confirmed that they feel their information was kept confidential and that staff provided them with privacy when providing care and services.

Staff demonstrated awareness of the need to keep confidentiality with consumers and provide privacy when delivering care. Management said this was included as part of professional boundaries training. A review of consumer care documents showed the service identifies primary contacts and there is a record of whom the consumer is happy to share information with, including those involved in their well-being, care, and services.

The service has organisational policies and procedures to guide staff in understanding their role in providing privacy and how consumer information is to be handled and kept confidential.

All consumer information is stored electronically with password protection and multi-factor authentication. Access to electronic consumer information is role-specific, and information is shared only as needed. Consumer privacy and information sharing are guided by documented policies and procedures as sighted by the Assessment Team.

I find that the HSP, in relation to this service, is Compliant with Standard 1.

# 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

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Involving consumers/representatives in decisions about care and services.
* Considering and addressing each consumer’s current needs, goals and preferences, including discussing advance care planning.
* Effectively communicating the outcomes of assessment and planning to consumers/representatives.
* Regularly reviewing care and services for effectiveness.

The service ensures and promotes active participation of consumers and their representatives in the assessment and care planning process. This involvement takes place through various communication methods, including in-person meetings, case conferences, and ongoing reviews. Sampled consumers expressed satisfaction with the quality of care and services provided that is tailored to their specific needs, goals, and preferences.

Staff, including contracted service providers, demonstrated they can identify the potential challenges consumers might encounter. They ensure the presence of comprehensive care planning documents in the home file and it is accessible to all staff, consumers and their representatives. These documents offer guidance for delivering care and services to each consumer as well as the mobile phone application which includes a ‘bio snapshot’ of the consumer’s care plan. The documentation encompasses assessments and planning, incorporating evaluation tools. In addition, tools for assessing risks are employed to address potential threats to consumers' health and well-being. These risks include issues like falls, pain management, medication, continence, psychogeriatric concerns, waterlow pressure injury, nutrition, hydration, and wound care when applicable. Strategies are in place to handle situations where consumers do not respond to scheduled visits.

Consumers/representatives interviewed expressed satisfaction with planning and assessment in relation to identifying risks. One consumer’s representative stated the service provided them with a comprehensive care plan at the time of joining their service and confirmed they still have a physical copy and can access at all times in their home, and that at the time of joining, the staff conducted an environmental assessment in their house to ensure there was no trip hazard. That consumer’s initial onboarding assessment plan was reviewed and seen to contain all required and relevant information.

Consumers/representatives stated that the service involves them and other relevant individuals in the planning and provision of care and services, and noted discussion on advanced care planning. Care planning documentation reviewed indicated that the assessment and planning process is customised to align with the consumer's present goals, needs, and preferences. Conversations regarding Advance Care Directives (ACD) and end-of-life (EOL) preferences are initiated with the consumer during the initial assessment or when a significant change in their condition occurs. These discussions are then recorded in the care planning information.

Staff displayed an understanding of individual consumers and their preferences when it comes to receiving care and services. The service has implemented policies, procedures, and training modules to offer guidance to staff regarding the assessment and care planning processes.

One consumer advised they receive 5 days a week of service, 2 hours a day which includes undressing, dressing, shower and house cleaning. The consumer’s goal is to give their spouse as much time away from them as possible. That consumer’s care plan included a breakdown of the Monday to Friday schedule, including tasks for each day, with the above stated goal included. the care plan. The Assessment Team interviewed the staff assigned to deliver the care to that consumer, and they were able to articulate that consumer’s daily schedule, plan, health condition and goals.

Sampled consumers/representatives stated that the care and services offered by the service are of exceptional quality. They noted that these services are customised to cater to their requirements and preferences, and emphasised their active participation in the decision-making process as well as its transparency. Upon examining the care planning documentation, the service demonstrated in maintaining an open communication with all parties involved in the consumer's care, including their chosen contracted service providers. Staff also shared instances where they collaborate with other providers to ensure that the consumer's care aligns with their specific preferences. For example, one consumer’s representative advised staff teaches them what to do and what to look for in regard to their spouse’s health conditions such as the integrity of their skin, and involve them in their spouse’s care. That consumer’s clinical care is contracted out to a third party provider, which the Assessment Team interviewed. During the interview the contractor provided details of the consumer’s condition. The Assessment Team conducted a review of that consumer’s file and sighted progress notes and a report dated 16 July 2023, with the author being the contractor addressing the consumer’s condition.

Policies and procedures offer guidance to support their workforce for matters related to referral and working in partnership with other parties involved in the care of the consumer.

Consumers/representatives advised they were able to access a copy of the care plan. They said they were comfortable reaching out to the service for any concerns, and the staff consistently address these concerns promptly. Care planning documentation for consumers includes dated progress notes that demonstrate the service's practice of inputting information from consumers and representatives during the initial assessment and care planning stages, as well as during subsequent reviews or when changes in the consumer's health and well-being are noted.

Staff remain well-informed about the consumer's care requirements and preferences, through diverse communication avenues such as telephone, email or via their mobile phone application. Any adjustments to the care necessities are promptly updated in the care planning records. Additionally, staff advised any concerns and issues related to the consumer’s overall health and condition, are escalated to their Manager. Subsequently, their Manager will evaluate and update the care planning accordingly and in partnership with the consumer and/or representative. A duplicate of this is then provided for the consumer's in-home records, and an electronic version of the care plan is also uploaded onto the service's database. Consumer interviews and review of care files and progress notes confirmed this.

Sampled consumers/representatives stated that staff maintain regular communication through phone check-ins, ensuring the service they receive addresses their requirements and any concerns are being adequately addressed. Staff reported that scheduled reviews are carried out at least every 6 months for their consumers who are on HCP L3 and HCP L4, whilst for consumers who are on HCP L1 and HCP L2, assessment and planning are conducted annually. Additional reviews are initiated in response to consumer requests, changes in care needs or preferences, and any identified risks, hazards, incidents, or complaints. Management oversees the timelines for these reviews across all consumers and are discussed in weekly management meetings, which includes representatives from the Operations and Clinical Governance team (refer to standard 8, requirement 3(e) for more information). Staff also advised the existence of established procedures to direct the review of care plans, encompassing checklists and assessments whenever deemed necessary.

Interactions with staff, consumers, or other care providers are documented, ensuring record-keeping is up to date.

I find that the HSP, in relation to this service, is Compliant with Standard 2.

# 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**

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Delivering personal and clinical care that is best practice and tailored to the needs of the consumer.
* Effectively managing high impact or high prevalence risks associated with the care of each consumer.
* Recognising and responding to deterioration or change of a consumer’s condition.
* Documenting and communicating information about the consumer’s condition, needs and preferences.
* Minimising infection-related risks through standard precautions to prevent and control infection, including COVID-19.

Sampled consumers/representatives advised staff are knowledgeable and understand their personal and clinical care needs. Consumer care plans contain sufficient information to support staff to deliver care. Sampled staff and management demonstrated an understanding of consumers' requirements and preferences. They outlined specific tactics employed to provide care effectively, as evidenced, for example, in one consumer’s file which showed strategies to care for them while managing their advanced dementia.

Consumer care plans reflects an individualised approach to care, ensuring safety, efficacy, and alignment with the unique needs and preferences of each consumer.

The service has policies, procedures, and evaluation tools to support staff and provide guidance when administering both personal and clinical care.

Sampled consumers/representatives reported that staff effectively communicate potential risks to the consumers' well-being. Furthermore, they involve consumers in planning strategies to mitigate these risks. The care planning documentation for consumers identifies risks, encompassing factors such as falls, diabetes, weight loss, difficulties with swallowing, concerns related to skin integrity, including chronic wounds and pressure injuries. Both clinical and care staff demonstrated an understanding of risks associated to the consumer’s impact and prevalence. These risks include falls, proper management of medications, effective pain management, and infection control. The care records for individual consumers reflect their specific risk profiles. Staff remain well-informed about the high prevalence risks pertinent to each consumer, and they refer to the care plan or engage with their manager for additional guidance when needed.

In the event of incidents, staff promptly report them, and the management documents and reviews these occurrences. This process prompts follow-up actions as necessary. The service extends access to policies and procedures regarding high-impact or high-prevalence risks linked to consumer care to all staff members. For example, one consumer’s file evidenced management of their advanced dementia, mobility impairment, need for pureed food and complex family dynamics.

Another file showed effective management of complex medical conditions of another consumer, including Chronic obstructive pulmonary disease (COPD) and exacerbating factors in relation to that condition.

The Assessment Team was informed by the service that none of their consumers were presently receiving palliative care at the time of the Quality Audit.. Management confirmed that the service possesses policies and procedures designed to provide direction to staff in managing End-of-Life (EOL) care, encompassing elements such as effective pain management and comfort care. Sampled consumers/representatives confirmed Advance Care Directives (ACD) and End-of-Life (EOL) plans are in place or have been prompted by the service. The service updates these plans as required and maintains a relationship with contracted palliative care teams. This collaboration facilitates the preferences of consumers who wish to spend their final moments in the comfort of their own homes, as evidenced, for example, in relation to a consumer that had been under palliative care for an extended duration.

Consumers/representatives are encouraged to communicate any concerns or alterations in their health to staff and to adhere to their suggestions. Sampled consumers/representatives highlighted the service's attentive and prompt response to changes in their condition. This involves assessments conducted by Registered Nurses, referrals to Medical Officers or Allied Health Professionals, and immediate action as required. Staff follow procedures and notify their Managers via phone if they have any concerns about a consumer's condition. During the Assessment Team's examination of consumer care planning documentation, it was evident that there was a timely and responsive approach whenever reports or modifications to a consumer's condition were brought to attention.

Sampled staff and management, demonstrated an understanding of recognising, reporting, and addressing consumer deterioration or changes in health and well-being was displayed. Staff maintain vigilance in observing consumers for indications of illness, including behavioural changes, and promptly report any apprehensions to management. The service possesses a suite of policies, procedures, and related materials to equip staff in adeptly recognising and responding promptly to a decline or deterioration in a consumer's health and well-being. For example, one consumer’s representative detailed how their concerns about the consumer’s condition and weight were acted upon, which was confirmed by documentation sighted.

Sampled consumers/representatives advised staff meet their personal and clinical care needs. Care and service plans, as well as other pertinent information, are readily accessible both within the consumer's home and on the care management system. Staff are well-informed about specific consumer service requirements by reviewing the in-home file and receiving communication from management and the service regarding any alterations in the consumer's condition. Staff record any changes, incidents, or noteworthy details in dated progress notes. These notes are then escalated to management for appropriate action or review if required. These matters are also discussed during regular meetings to ensure that all staff are kept informed about any changes.

The service operates within a clinical governance framework and has established policies and procedures that guide staff practice. Reporting and escalation processes are in place to facilitate effective communication within the organisation and among all parties involved in the consumer's care. This was evidenced in relation to a consumer requiring a higher level of attention from their attending Doctor.

Consumers/representatives stated that the care delivered by the service is prompt and fitting for their needs. They highlighted that the staff and Management team including the contracted Registered Nurse appointed for their care are accessible for addressing concerns and arranging consultations with allied health professionals whenever necessary. The care plan documentation for consumers demonstrates the service's commitment to involving various health professionals, including hospital discharge staff, physiotherapists, occupational therapists, dietitians, and podiatrists. The recommendations provided by these professionals are incorporated into the consumers' care plans.

Staff advised that if the service is unable to offer appropriate support to fulfill the personal and clinical care requirements of consumers, assistance is provided in accessing alternative support services through different providers. These services include nursing, allied health interventions, and meal services. The service has policies and procedures that support staff with directions for managing the referral processes. This ensures that consumer needs are addressed promptly and efficiently. This was evidenced in relation to referral of a consumer to a physiologist within a week following them expressing concerns about muscle loss.

Consumers/representatives stated they have a sense of reassurance due to the service's dedication to infection control and prevention. The service demonstrates a proactive approach to identifying and managing consumers and staff who exhibit COVID-19 symptoms or test positive. Such cases are identified, documented, and closely monitored until symptoms subside or negative test results are obtained. The service has an ongoing commitment to train staff in infection control practices, with a particular emphasis on COVID-19.

The service has an existing clinical framework which provides guidance on infection control practices. Furthermore, the service includes policies and procedures pertinent to antimicrobial stewardship, infection prevention and control, COVID-19 safety plans, and outbreak management plans. The service remains proactive in monitoring and responding to evolving infection control requirements in accordance with the state Department of Health alerts. Any necessary changes are promptly communicated to both staff and consumers as needed.

I find that the HSP, in relation to this service, is Compliant with Standard 3.

# 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

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Providing a wide range of services for consumers to support them to live the life they choose and remain connected to their community.
* Promoting consumers' emotional and psychological well-being through compassion and connection between consumers and workforce members.
* Effectively communicating information about the consumer’s needs and preferences within the organisation and with others where appropriate.
* Ensuring timely and appropriate referrals to individuals, other organisations and providers of other services.

Sampled consumers/representatives and staff indicated that the support provided is contributing and promoting their independence, health, well-being, and overall quality of life of the consumers. Staff demonstrated knowledge of consumer’s individual preferences and interests. They also demonstrated awareness and were able to describe the measures they undertake to mitigate any associated risks connected to the services and support provided.

Care planning documentation reviewed about consumers contained informative details, along with strategies intended to guide staff practices. This information includes the specific services required by consumers and outlines what holds significance to them. In a broader sense, the service is effectively addressing the needs, objectives, and preferences of the consumers it caters to. For example, the assistance given to one consumer was seen to not only benefit their physical needs but also significantly contribute to their emotional well-being.

The service demonstrated their commitment in dedication to enhancing the emotional, spiritual, and psychological well-being of its consumers through its daily living support services. Staff demonstrated their competence in addressing consumers' emotional, psychological, and spiritual needs. This proficiency is further supported by the positive feedback received from all sampled consumers/representatives.

Care planning documentation demonstrates an informative approach by incorporating information concerning the emotional, spiritual, and psychological well-being of the consumers. Staff's understanding of the unique requirements of each consumer is readily apparent, as they provide personalised support to cater to these specific needs. This support extends to offering social support such as shopping and companionships, should the consumer express a desire for them. For example, one consumer, who is paralysed stated that the assistance given to them allows them to maintain their sense of dignity and independence, alleviating any feelings of being a burden on their partner.

Consumers/representatives stated that the service plays a role in facilitating their connection with loved ones and engaging in activities that resonate with their interests. Management advised that the consumer care planning documentation contains information about each consumer's background and their preferences for social activities. This information serves as a foundation for planning and organising social events that are tailored to meet their specific needs.

Review of care planning documentation further validated that the service integrates the social activity preferences of consumers into their daily care routines. This approach encompasses the service's commitment to addressing their care requirements and enhancing their social well-being and quality of life. For example, one consumer’s representative advised that staff assist their mother to go shopping and said she loves going to a named place to shop. The representative stated that the ability to go to the shop she loves allows her to reconnect to the community outside of her home.

The service has exhibited practices where information regarding consumers' needs and preferences is effectively communicated within the service and among other parties engaged in their care. Consumers stated that staff possess an understanding of their requirements and preferences.

Both initial care planning documents and the tasks required in care staff's mobile devices offer adequate information that guides them in providing care and services in alignment with consumer preferences. Given that staff are generally assigned to specific consumers and maintain long-term working relationships, they have developed an understanding of consumers, their care needs, and unique circumstances.

When the responsibility for daily living services and support is distributed between various parties, the service demonstrated effective communication mechanisms. This ensures that information concerning the consumer's condition, needs, and preferences is communicated both externally to those not directly part of the service and internally within the broader service network.

The service demonstrated a practice of making timely and appropriate referrals to various individuals, external organisations, and other providers of care and services. Consumers have expressed their satisfaction with the support received from these referred services. Both staff and management were capable of articulating the process involved in referring consumers to other organisations and individuals involved in their care.

Staff shared that if they identify an additional requirement for a consumer, they will escalate it to management. Depending on the nature of the need, management undertakes a review of the consumer's care and services, subsequently making suitable referrals. Management highlighted the network they have established with other services, providing consumers with a range of options for referrals. For example, one consumer’s representative advised that her father's health has experienced a decline, necessitating assistance for walking short distances. Furthermore, their cognitive function had also diminished. Consequently, he was recommended for a cognitive impairment assessment to determine his placement on the cognitive impairment scale. The representative added that the service recognised and responded to his changing health condition. They collaborated closely with their family and subsequently initiated a referral for a higher care package, HCP Level 3. This transition was evident in the consumer’s care plan and the recorded progress notes.

Consumers/representatives expressed satisfaction regarding the meal services offered by the service. The service engages a third party provider to provide and supply precooked meals to their consumers. In terms of food services, staff document their meal preparations in the communication book to maintain a record and ensure meal variety for each consumer. The consumers sampled, along with their representatives, have voiced their satisfaction with both the diversity and quality of the meals provided. For example, one consumer expressed a high level of satisfaction with the quality of the pre-cooked meals provided.

Sampled consumers/representatives advised that the equipment provided by the service for utilisation within their homes aligns well with their requirements and is deemed suitable. Care planning documentation indicates that staff undergo training in the use of equipment, when applicable. Management has clarified that in instances where the equipment cannot be obtained through the consumer's home care package, the service is committed to aiding the consumer/representative in identifying a cost-effective equipment solution.

Consumers and their representatives shared their experiences of the service actively assisting them in sourcing equipment when necessary, which is consistent with management’s statement.

I find that the HSP, in relation to this service, is Compliant with Standard 4.

# Standard 5

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| Organisation’s service environment | Not Applicable |

The service does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# 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

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Encouraging consumers and representatives to give feedback and make complaints.
* Providing information on how to raise feedback, make a complaint and contact other external organisations for support should they need to.
* Acting on lodged complaints and where things have gone wrong in a timely manner and using an open disclosure approach in the resolution of a complaint.
* Using feedback and complaints to improve services provided to consumers.

The service demonstrated that consumers are supported to provide feedback and make complaints. Consumers and representatives confirmed they have been provided with information and ways to provide feedback. Staff and management described how they encourage and support consumers to provide feedback and make complaints. All consumers and representatives interviewed advised they are encouraged and knew how to provide feedback and make a complaint about the service. For example, one consumer detailed the complaint they made and stated they were satisfied with the outcome and felt supported to provide their concerns.

Staff said all consumer feedback is documented and followed up with the consumer. Management spoke of referring consumers to feedback forms located in the client journal and encouraging consumers to call the office if they have any concerns and to provide feedback, good and corrective.

Management took the Assessment Team through the welcome pack containing information on how to provide feedback and the support available to do so if required. Management said consumers are regularly asked to provide feedback during reviews with staff and the consumer feedback survey.

The service has organisational policy and procedures on feedback and complaints that outline steps to be taken to ensure complaints will be acknowledged, reviewed, investigated, and responded to in a timely manner.

The service demonstrated that consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. Management demonstrated that where required consumers and representatives can be supported with language and other specialist services. For example, all consumers and representatives interviewed said they felt comfortable providing feedback and raising concerns about the service.

Staff said there have been times when they have directed consumers to connect with advocacy services to aid with communicating with Services Australia to determine income-tested fees.

Documentation sighted confirms consumer complaint and feedback information contained internal contact methods and various external party contacts, the Aged Care Quality and Safety Commission and State-based complaint services.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. An established feedback and complaints handling process supports staff and management in capturing and responding to feedback and complaints.

Staff and management consult with consumers where the service has not met their expectations, offer an apology and work to resolve issues promptly. Complaint documentation demonstrated that open disclosure is used as part of the complaint management process.

Management shared the example of one consumer complaining about the service not letting them know that they were changing the care staff. This was logged on the negative feedback register, it was tabled at the weekly leadership meeting, and it was discussed that the scheduling team would investigate further. Management stated the investigation identified that different care staff were going there. To resolve this a care team of 8 staff members was enacted for the consumer, and this satisfied their concern.

Sample of other recent complaints and follow up with consumers/representatives demonstrated the service has acted on the complaint, investigated what has occurred and engaged the consumer/representative on what the outcome will be.

The service demonstrated feedback and complaints are reviewed and are used to improve the quality of care and services. Management was able to provide examples of how feedback gathered had been used for continuous improvement of the service. Negative and corrective feedback is recorded in a register, it is actioned, analysed, and reviewed to improve the service's overall performance.

Feedback and complaints are discussed at management levels and feed into the monitoring and reporting of service performance, and are used to identify improvements, including on a broader organisational scale. Management referred to a complaint trend identified in 2022 where staff were not notifying consumers when a change was made to their schedule. This was reported and tabled in meetings resulting in an operational change that insists all consumers must be contacted in advance to making changes to their schedule.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers/representatives who had made a complaint with the service said the service made efforts, or have been able to make changes, to improve care and services. The service demonstrated that feedback provided by consumers is effectively monitored and actioned where appropriate. The negative feedback register is tabled at management and staff monthly meetings which contain an analysis of complaint volumes, themes, response rates, outcomes and recommendations for continuous quality improvements.

The Assessment Team observed how the service records, responds, monitors, and manages feedback to improve the quality of care and services where appropriate.

I find that the HSP, in relation to this service, is Compliant with Standard 6.

# 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

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Ensuring the workforce is planned to enable the delivery and management of safe and quality services to consumers.
* Working to provide consistent care workers to deliver regular care and consumer services.
* Monitoring whether its staff are competent for the roles they undertake to deliver services to the satisfaction of the consumers it supports.
* Providing induction, training, and ongoing support to its workforce at commencement and ongoing.

The service demonstrated that the workforce is planned to enable the delivery and management of safe and quality care and services. Consumers/representatives generally reported the workforce is sufficient to ensure they receive safe and quality services and confirmed staff arrive within allocated timeframes and do not feel rushed. Additionally, consumers stated they would often get the same staff members delivering services. There is a system in place to record preferred staff members for each consumer, and the rostering team will check this list before allocating staff.

The service demonstrated the workforce is planned to enable the delivery and management of safe and quality services. Consumers felt services were delivered as planned and received continuity of services.

Nine of 10 consumers/representatives said services are delivered by staff who know their needs and preferences and turn up on time as scheduled. For example, one consumer said they know their care staff and care manager well, and they receive the scheduled care and services they need on time, every time. Staff said they are providing regular planned services, and they know the consumer’s needs and preferences. They confirmed that sufficient time is generally allocated to provide services to consumers.

Management said that there had been no unfilled shifts in the last month but prioritised essential services to be delivered to the consumers. Management described how the service manages current industry staff challenges and availability, establishing a workforce planning strategy to ensure that care and services are provided. They advised that, prior to accepting a new consumer, they ensure they have staffed capacity, and that staff are able to provide services.

A review of scheduled services demonstrated consumers were generally provided services as scheduled, and the service adjusted services according to the consumer’s day-to-day needs and preferences when required.

Consumers/representatives said staff are kind, caring and respectful of each consumer’s identity, culture, and diversity. The staff interviewed were familiar with consumers and spoke about them in a respectful way. Staff were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences. Management could describe strategies used to make consumers feel respected and provide consumer-focused care. Policies and procedures clearly set out the service’s approach to respecting each consumer’s individual uniqueness. For example, one consumer representative said staff have become very well known to them and the extended family. They have attended many social events to care for the consumer, and they appreciated that they all get along together as they find staff are kind, caring and respectful.

The service demonstrated that its workforce is competent and have the skills and knowledge to effectively perform their roles. There are processes in place to monitor competencies and where identified implement further education and training. Consumers did not identify or raise any concerns around competency through interviews. Staff interviewed provided examples of how their competency is assessed including through observation of manual handling techniques or as part of actions following an incident. For example, the Assessment team cited one example of a consumer with multiple physical and behavioural concerns, whose management was seen to lead to an outcome which was the result of multi-level teamwork, and demonstrated competence in managing the situation.

All consumers/representatives felt confident that the workforce was competent and qualified to perform their roles. Management demonstrated there are processes in place to ensure staff are competent in their roles through reference to job descriptions, certification and checks completed prior to commencement.

Monitoring systems were reviewed showing there are processes to track staff competencies and alerts provided when the competency is nearing renewal. This includes but is not limited to current registrations for allied health and clinical providers, driving licences and police certificates. A designated role monitors clinical contracts ensures there is compliance in line with the Aged Care Act and discusses any consumer feedback with the external provider.

Management and staff described the service's recruitment and orientation process, including mandatory training courses. Staff confirmed they receive training specific to the roles they are undertaking. Staff interviewed said that they feel well supported with sufficient information about consumers prior to servicing them for the first time and for their ongoing support. The Assessment Team sighted the service’s training records, which evidenced staff completing appropriate training, including but not limited to hand hygiene, incident management, manual handling, Serious Incident Response Scheme (SIRS) and Code of Conduct.

Management said the workforce also has access to additional non-mandatory online learning and identifies any training needs via pathways including consumer feedback, staff/peer feedback and from their individual performance and development reviews. These processes have recently been extended to include care

Consumers/representatives said they are satisfied with the service and appreciate the staff's knowledge, professionalism, and ability to cater to individual needs. The Assessment Team sighted the position descriptions, which provided a detailed overview of the essential skills and capabilities required for staff roles. These position descriptions serve as a guideline to ensure that staff members possess the necessary qualifications and abilities to deliver the appropriate level of care and service to consumers.

The service has a process for assessing, monitoring and reviewing staff performance. Staff and management said performance is monitored and reviewed on an ongoing basis and formally assessed through an annual performance appraisal cycle and performance review discussion. Staff said they have had annual performance reviews. Performance reviews cover measures of success, goals to achieve and areas to develop with staff and manager input. Staff performance is also monitored by consumer/representative or staff feedback and complaints, with any feedback discussed directly with staff. The performance of contracted staff is monitored by feedback received from consumers/representatives and random spot checks.

Performance discussions are held with all new staff at the 2, 13, and 26-week touch points. This provides the opportunity to discuss how the staff members' service delivery has progressed and share feedback the scheduling team may have accrued. Where positive or corrective feedback is available, this is discussed in a conducive manner and refers to policies and procedures if required.

There is an employee recognition program in place where consistently high-performing team members are considered for quarterly and annual awards including recognition for staff that go over and beyond to deliver service.

The internal monthly newsletter is another tool where a high-performing care staff member is invited to share their profile and be recognised for consistently positive performance.

I find that the HSP, in relation to this service, is Compliant with Standard 7.

# 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

Based on the evidence cited in the Assessment Team’s Assessment Contact Report, summarised below, the Home Service Provider (HSP) is, in relation to this service:

* Demonstrating that consumers are engaged in the development, delivery and evaluation of care and services.
* Overseen by a governing body that takes responsibility for ensuring that effective governance systems are in place to manage information, continuous improvement, financial responsibilities, and regulatory compliance.
* Ensuring that systems and procedures effectively manage risks associated with the safe care of consumers, including high-impact and high-prevalence risks.
* Working within a clinical governance framework that guides staff on antimicrobial stewardship, minimising the use of restrictive practices, and the use of open disclosure.

The service demonstrated consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. To gather their insights, the service conducts annual surveys that gauge consumer satisfaction and encourages them to contribute suggestions for organisational improvement. The Assessment Team reviewed the results of the latest survey, which revealed an overwhelmingly positive response regarding the services provided. The majority of the consumers expressed their agreement, or strong agreement, that the services not only offer value for money but also contribute to enhancing their overall quality of life.’

Consumers and representatives interviewed said they felt comfortable making suggestions about how the delivery of their care and services could be improved. One consumer’s representative confirmed they had only just completed a consumer experience survey with their parents input.

All staff said they believe the service is well run, and they feel well supported. Some staff have been with the service for several years and said it is one of the best organisations they have worked with. A contractor stated it is by far the best organisation they are partnered with.

The Assessment Team received a presentation on the client experience survey results for last year and out of the 107 consumers that responded, 88% were positive and were very satisfied with the quality of services received.

The service demonstrated that the governing body oversees the organisation in a manner that promotes a culture of safe, inclusive, and quality care. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services.

All consumers/representatives said that they believe the service is well run and were satisfied with the quality of care they receive. Feedback was positive and demonstrated confidence in the service’s management and responsiveness to individual needs.

Staff advised they work in a supportive environment that requires them to follow safe practices when providing services. Staff stated they are provided updates in monthly staff meetings and are well supported by their managers if they have any queries whilst on the job.

Management advised the services best in care framework document goals, roles and governance required to provide a client-centred, high-quality consumer experience.

A review of documentation includes evidence of reports, such as best practice measures and quality safety reports being shared with senior management and the broader organisation. Shared learnings are disseminated to all staff, consumers, representatives, and other stakeholders as required.

The service holds weekly meetings with management to discuss consumers who are at risk or require additional assistance, such as when circumstances change. This process serves to promote an inclusive quality of care and accountability for the delivery of care. The following weekly meeting minute notes were sighted:

Sampled Meeting Minutes in August 2023 showed discussion on the health and cognitive stability of consumers, and plans to address same.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

(i) Information management

The workforce, including contractors, have access to consumer information, including medical records and incident reports, on a need-to-know basis. All consumer files and information are securely stored on the service's information management system, protected by usernames and passwords. The service has implemented a privacy policy that informs consumers about the collection, storage, and use of their information. The service has a robust privacy policy that ensures consumers are made aware of how their information is collected, stored and used. Management described ways the service provides consumers information in a way they will understand and enables consumers to exercise choice regarding their care and services.

(ii) Continuous improvement

All incident reports, feedback, complaints and other risks are identified through the service’s incident and feedback reporting procedures. Incidents and feedback are reviewed by management, who take steps to escalate or monitor their progress and from which continuous improvement opportunities can be identified. Internal audits are also completed on a regular basis from which quality improvements are identified. The service has a continuous improvement plan that determines the overarching direction of the service and tracks progress against time frames. The service provided continuous improvement examples that have taken place.

The Quality, Risk and Compliance Manager is responsible for ensuring that the QMS framework is adopted in all facets of the business, as part of everyday operations.

(iii) Financial governance

The organisation has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. Consumers/representatives sampled confirmed receiving monthly statements and invoices and that they are straightforward to understand. The organisation provides consumers with individual budget updates and monthly statements and has processes to manage unspent funds. Management said they have regular meetings where they discuss consumers individually, including their packages and budgets. The team discusses consumers who have opportunities to maximise their funds and the necessary actions to help the consumers do so.

(iv) Workforce governance, including the assignment of clear responsibilities and accountabilities

Management and staff are provided with a position description and have a clear understanding of their roles and responsibilities. The service supports and develops its staff to deliver safe and quality care and services. Staff interviewed demonstrated a clear understanding of their role, their responsibilities and accountabilities. Management advised there are ongoing recruitment strategies to ensure sufficient staff for service delivery.

(v) Regulatory compliance

The broader service has a Clinical Safety and Quality Team that monitors regulatory changes. In consultation with service delivery areas, information is distributed to staff and consumers as appropriate, including via the intranet, clinical and general alerts, webinars, newsletters and meetings. Policies and procedures are updated to reflect legislative or regulatory change, as necessary. The service has updated its policies and procedures to reflect regulatory changes, including the introduction of the Serious Incident Response Scheme (SIRS) to home and community care.

(vi) Feedback and Complaints

The service demonstrated effective governance systems related to complaints and feedback, including using feedback to actively look for ways the service can improve. All feedback received is reviewed by management, who can escalate or monitor the complaint depending on severity. Feedback data is compiled into a regular report and presented to the broader organisation for review. The service demonstrated that feedback is used to improve care and services. The governing body is kept informed of all feedback provided to ensure oversight of quality care and services is maintained.

The service has appropriate risk management frameworks, policies and procedures to manage and respond to high-impact or high-prevalence risks. Incidents are recorded in an incident register, and management demonstrates how incidents were assessed, investigated and resolved where possible. Data regarding incidents is provided to senior management through regular reports that allow appropriate oversight of factors that might affect the safety and quality of care provided by the service. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. Vulnerable consumers are identified and recorded in a Vulnerable Consumers Register. This information is used to maintain oversight of consumers and used during times of disaster to support consumers and a Business Continuity Plan is in place to ensure continuation of services. Changes in consumers’ conditions are recorded and contact is made with appropriate parties, such as a representative, along with the care manager and registered nurse. All staff receive training in abuse and neglect as part of induction, and this is discussed at staff and management meetings.

The service provides clinical care and has a documented clinical governance framework and policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. There are staff trainings in relation to these policies and staff were able to provide examples of the relevance of the policies to their work. Processes to improve clinical care are identified and reviewed by the service and management were able to provide examples of steps to ensure quality clinical best practices. For example, staff and management described strategies to minimise infection risks including adherence to hand hygiene practices and the use of personal protective equipment (PPE). The service has an infection prevention champion onsite to support staff in the implementation of appropriate practices.

Staff demonstrated an awareness of restrictive practices and advised training was received on induction to the service. Management advised there is a Minimising Restrictive Practice Guideline in place and said any use of restraint is reported. Management advised there are currently no consumers with whom a restrictive practice is used within the service. Management was able to describe effective processes to minimise the use of restrictive practice.

The service has a Complaints and Feedback Management Framework that covers detailed principles of open disclosure and complaints management. Staff and management understand the underlying principles of acknowledging when things go wrong, being transparent, offering an apology and meeting the consumer’s needs.

I find that the HSP, in relation to this service, is Compliant with Standard 8.

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)