**Performance**

**Report**

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| Name: | Home Instead Senior Care Brighton |
| Commission ID: | 300898 |
| Address: | Suite 3, 596 North Road, ORMOND, Victoria, 3204 |
| Activity type: | Quality Audit |
| Activity date: | 7 December 2023 to 8 December 2023 |
| Performance report date: | 8 January 2024 |

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

# Service included in this assessment

Home Care Packages (HCP) included:

Provider: 8953 Bismatro Pty Ltd

Service: 26493 Home Instead Senior Care Brighton

**This performance report**

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

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Providers response acknowledging receipt of the Assessment Team report on 4 January 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction their interactions with the service’s personnel are respectful. Each stated they felt valued and described how their life stories, background and individuality are acknowledged. Care documentation reflected planning and considered the individual needs and preferences of each consumer, captures their background, culture, and diversity including what is important to them.

Caregivers were familiar with the traditional greetings and cultural requirements of consumers, describing consideration of preferences, background, and culture when performing their roles. Mandatory training during onboarding for caregivers includes a module on diversity and inclusion to guide staff practice, a policy for the same further consolidates the service’s commitment to culturally safe care. This was supported by a consumer account reflecting it feels very ‘social’ when caregivers are in the home.

Care managers and caregivers provided examples of ways they support consumers with choice and independence, by offering options and providing opportunities for discussion. A welcome pack provided to each consumer signing on with the service includes the Charter of Aged Care Rights and supports the choices of consumers in planning their Home Care Package (HCP). A brochure for the Office of Public Advocate is included in the welcome pack to provide guidance in advance care planning, advocacy and other services.

Consumers and representatives described their satisfaction with how the service supports consumers to live their best lives. Risks are discussed with consumers and representatives with mitigation strategies identified. All consumers indicated they are enabled to exercise choice in the planning of services and are well informed about what the service can offer and provided with information related to other resources.

The Assessment Team noted the minimum billing of 2 hours for home care visits which consumers identified as limiting their ability to have more frequent shorter visits. Consumers indicated they understand the information in the statement, with one representative indicating their disappointment with the minimum 2 hour billing for home care.

Caregivers described being aware and respectful of privacy when in a consumer's home. They discussed maintaining confidentiality by password protecting electronic equipment used to access consumer information, and never discussing these details outside of the service.

# Standard 2

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service seeks to understand consumer needs and preferences through the care planning and assessment process. Caregivers explained their understanding of consumer needs and risks enabling them to provide appropriate service delivery and reported accessing the information through the mobile service application (app). The Assessment Team observed brochures available on advance care planning which are included with the services welcome pack.

Clinical staff confirmed consumer needs and goals are discussed during the initial meeting including advance care planning discussion. Caregivers explained consumer care plans are visible after they accept a service and are alerted by short messaging service (sms) when there are updates to the care plan.

Care managers explained care plans are reviewed annually when clients requested a change or when there were changes in care needs. Changes to consumer care plans are uploaded to the electronic management system and are offered to consumers who request a copy for their records. This was supported by a representative account confirming updates to care planning requirements according to consumer preference and need.

# Standard 3

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

All consumers and representatives expressed satisfaction with the personal and clinical care received, confirming it meets consumer needs. Caregivers outlined how they tailor care to the needs of individual clients. Management explained if further training was required with specific equipment this would be provided in the consumer's home to ensure care was tailored to consumer needs.

Consumer documentation reviewed demonstrated high-impact or high-prevalence risks associated with the care of the sampled consumers are identified and documented, with clinical and allied health assessments occurring where appropriate. Interventions to manage and mitigate the risks to consumers are developed and evident in consumer care plans and home care assessments. All incidents are investigated, preventative actions or changes to care initiated and consumer deterioration identified and followed up. Management retains a list of vulnerable consumers who are monitored closely to ensure they receive the care required to keep them safe.

Clinical staff detailed strategies for consumers nearing end of life including referral to palliative care services, pain assessment and management, maintaining comfort, sourcing required equipment, engaging allied health professionals, increasing the contact from the service and being present to support the family.

Caregivers demonstrated knowledge of their responsibilities in reporting consumer deterioration or change to a care manager, calling emergency services if required, and documenting deterioration in shift notes. Care managers described how they actively respond when deterioration is reported they are alerted through the electronic management system. Care documentation reflected changes in a consumer’s health or condition are reported, documented, and actioned. This was supported by a representative account confirming they were confident any changes would be identified by caregivers and contact relevant parties.

The Assessment Team reviewed care documentation including progress notes, which reflects information is appropriately communicated to others involved in care. Consumers and representatives were satisfied that when needed, the service enables appropriate individuals, other organisations and service providers to become involved in care and service delivery. Care documentation sampled demonstrated referrals were made in response to an identified need.

Management discussed the mandatory infection control training and procedures staff complete. The Assessment Team reviewed the work procedures available to support workers and confirmed they include hand hygiene and PPE donning and doffing.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported the services they receive help them to maintain independence and quality of life. Caregivers described the various activities and outings that were most important to consumers. This was supported by a consumer account confirming the service they receive has allowed them to remain independent and in their own home with access to allied health support, equipment and home modifications.

Consumer care documentation included considerations of emotional, spiritual and psychological well-being of consumers. The information related to consumer loss and grief, isolation, and psychological considerations for a number of consumers living with mental health conditions. Caregivers described how they report any changes to the representative and the case manager and document the details in the service’s app and communication book.

Care documentation reflected consumer participation in programs and activities to meet their needs, goals and preferences. Consumers and representatives indicated caregivers know consumer daily living needs and how to provide individual support with continuity of services and supports. The Assessment Team observed messages sent between October – November to caregivers alerting them to various information and updates. There was evidence of referrals to other services and assistance to access resources to maintain consumer independence.

The service does not directly provide meals to consumers under its program however caregivers provide meal preparation to consumers who request it. Consumers can also source their choice of prepared meals and meal delivery is partially funded through the home care package, with consumers contributing the balance. Caregivers who assisted with meal preparation for consumers with cultural preferences said the meals were enjoyed or consumers would let them know they didn’t enjoy them.

Consumers and representatives said the service supports them in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance when required.

# Standard 5

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

Findings

This Quality Standard for the Home Care Package service was not assessed as all the specific requirements have been assessed as not applicable.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are provided with opportunities to provide feedback. They spoke of regular phone calls from care managers, access to the office phone number and email address, and caregivers who can raise concerns on their behalf. A review of file notes demonstrated regular phone conversations with care managers and an annual satisfaction survey was distributed in September 2023.

While not all consumers or representatives could recall receiving information regarding advocates, language services and alternative complaint mechanisms, a review of documentation demonstrated this information is provided through the welcome pack. Most consumers were satisfied with the outcome of any complaints, however there was ongoing concern related to the minimum 2 hour home care visits which limit flexibility to spread care delivery across more visits.

Consumers and representatives described positive changes made to their services following feedback and complaints and management provided examples of broader improvements arising from consumer feedback. The Assessment Team noted the use of a newsletter to facilitate better access to staff and contact details for questions, concerns and feedback.

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives interviewed spoke of initial and ongoing discussion to ensure suitability of caregivers who provide safe and quality care. Management explained their electronic rostering system does not have the ability to produce reports of unfilled shifts however were able to demonstrate how they monitor and fill shifts on a daily basis. Management also described their process of capturing all changes to caregiver hours and undertaking ongoing recruitment to ensure they have enough caregivers to meet the needs of their consumers.

Caregivers described the care plan which is accessible using the electronic application on their mobile phone and contains information related to each consumers life story, cultural background, choices and preferences.

Management outlined recruitment processes and requirements undertaken to ensure staff are competent and appropriate for the role. Staff competency is assessed initially during the interview process, referee checks and onboarding process. All clinical and allied health professionals are sourced by brokered services. A review of documentation demonstrated service agreements in place and statutory declarations provided by the brokered service stating qualifications, registration and insurance were current.

Caregivers confirmed online learning is easy to access and beneficial to their work. All had attended training at the office and spoke positively of the hands-on competency-based approach. Mandatory online training is completed prior to commencement and annually including work health safety, understanding culture and diversity, infection control, incident reporting and food safety. A session is also provided on use of the electronic phone application, accessing care plans, writing notes and submitting incidents. A two-day in-house training program is mandatory for all new caregivers prior to commencement of duties.

Caregivers confirmed regular contact with care managers including performance feedback. A review of documentation identified performance review records are in place and current for all caregivers.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described how the service encourages feedback from consumers and representatives to enhance broader service improvements during telephone calls. Management explained how this information is used in their continuous improvement plan to improve care and service. A review of documentation evidenced file notes outlining regular care manager discussions with consumers and representatives assessing current services, evaluating effectiveness and discussing proposed changes.

The clinical governance committee is under development and will commence in 2024. The committee will be responsible for preparing clinical data reports, identifying trends and collating incidents which will be provided to the board. Currently clinical information is provided to the board by the care management staff. Information is monitored through progress notes, incident reports, contact with consumers and representatives, and ongoing communication with care managers and administration support staff to ensure care and services are being delivered safely, effectively, and in line with best practice.

Where possible, the service matches caregivers who share the same culture, religion, language, and gender preference to consumer needs.

A review of policies and procedures demonstrated a comprehensive portfolio stored securely within the services electronic management system. Policies and procedures are created and updated by the Home Instead national office. The Assessment Team observed the information available to staff through the mobile phone application which caregivers can access prior to, during, and post service delivery. The caregivers are only able to access information related to the consumers on their roster.

There is a Plan for Continuous Improvement (PCI) developed from review of incidents and complaints, consumer reviews, risk identification and feedback. The PCI includes information related to actions, outcomes, staff responsible, and the proposed completion date. Financial governance systems are in place to manage the resources and financial requirements to ensure continued delivery of quality care and services. Management reported maintaining oversight of income and expenditure through unspent fund review and review of budget estimates, including consumer expenditure and workforce budgets.

The service maintains records of competency and qualifications for staff and reviews compliance of mandatory education. All caregivers were compliant with mandatory education requirements at the time of the Quality Review.

Management advised they receive email notifications from a range of organisations and agencies, including the Aged Care Quality and Safety Commission and their national office in relation to changes to aged care legislation and regulatory requirements. The managing directors attend regular meetings with their national office at which time information related to regulatory compliance is shared and discussed. Changes are communicated to staff via email, in newsletters and staff meetings.

The service has systems and processes in place to ensure complaints and feedback are effectively captured, recorded, escalated, and resolved.

The service demonstrated effective risk management systems comprising an improvement and risk register, vulnerable consumer register, documented policies and procedures, and an incident management system.

The service employs clinical staff to oversee and educate staff on the use of antimicrobial stewardship, minimising the use of restraint, open disclosure and clinical care. There is an organisation wide clinical governance framework in place to support the service.

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)