**Performance**

**Report**

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| Name: | Home Nursing Group |
| Commission ID: | 200317 |
| Address: | Level 1, 191 – 193 Beardy Street, ARMIDALE, New South Wales, 2350 |
| Activity type: | Quality Audit |
| Activity date: | 9 January 2024 to 10 January 2024 |
| Performance report date: | 9 February 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: 3369 Home Nursing Group Pty Ltd  
Service: 17786 Home Nursing Group Home Care Package Service No 1  
Service: 17787 Home Nursing Group Home Care Package Service No 2  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8443 The Home Nursing Group Pty Ltd  
Service: 25662 Parkside Care Pty Ltd ATF Community Care Unit Trust No. 1 - Care Relationships and Carer Support  
Service: 25663 Parkside Care Pty Ltd ATF Community Care Unit Trust No. 1 - Community and Home Support

**This performance report**

This performance report for Home Nursing Group (**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.

# 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | 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 staff are aware of consumer backgrounds, values and what is important to them. Support workers have completed mandatory training related to elements of consumer diversity and described cultural and linguistically diverse backgrounds. Consumer assessment processes have the option to capture diversity descriptors and cultural and spiritual needs for consumers. Management described how they roster staff to deliver culturally safe care with staff trained in cultural competency and safety.

Support workers include consumers in point-of-care decisions by discussing their care needs and ensuring they can authorise others to assist with making decisions about their care. Support workers described how they support consumers to mobilise and transfer with minimal intervention and how they escalate concerns. The service documents and formalises dignity of risk, particularly around ‘contradictory decisions’ and supports consumers to access assistive devices and complete home modifications to support independence.

Consumers and representatives confirmed monthly statements are clear and easy to understand. Support workers described strategies for communicating with consumers with communication barriers and office staff demonstrated timely written communication with consumers.

The service has a detailed privacy policy that describes how personal information is kept confidential and access to consumer information through the mobile telephone application is password protected.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

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

The services Assessments and Assessment Planning procedure describes how the service undertakes CHSP and HCP consumer assessments. Management explained that care planning and assessment information determine the level of assistance provided.

Consumers and representatives confirmed they receive services that meet their needs, goals, and preferences. A review of care documentation reflected individual, tailored care and service plans were documented for each consumer. There was evidence of advance care planning and end-of-life preference discussions with consumers and representatives.

The Assessment Team reviewed consumer care planning documents, which demonstrated the service is documenting key roles and responsibilities and involvement of others involved in consumer care. Information is gathered from consumers, carers and/or other agencies to help the service determine the level of assistance the consumer requires to maintain a safe standard of living and is accessing the correct areas of support.

Consumers and representatives confirmed they had received a copy of their care plan, and that information had been provided regarding support and service fees under the relevant HCP or CHSP funding program. A review of care planning documentation demonstrated the service is regularly reviewing and completing reassessments in response to change in consumer condition. Management explained that staff are encouraged to contact them as needed. Where consumer care or support needs could not be met, referrals to access support are completed and a review is triggered following incidents.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | 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 provided positive feedback about how clinical and personal care is provided and confirmed it reflects their individual needs. There was evidence of use of validated assessment tools to establish risk as well as mitigation strategies to support staff. High-impact and/or high-prevalence risks such as diabetes, delirium, confusion and impaired cognition, dementia, falls risks and pain are appropriately assessed and supported.

Management advised consumer mobility and pressure injuries had been identified as high impact high prevalence risks. Trends are gathered and analysed through the services incident management system and collaboration with CHSP and HCP managers as well as the clinical team.

Staff described care delivery alterations for consumers nearing the end of life and the application of safe, practical ways in which consumer comfort is maximised. There was evidence of appropriate processes to connect consumers with specialist palliative care providers. Management confirmed staff were aware of how to escalate concerns related to consumer condition and encouraged to contact them in circumstances of change.

Management and staff confirmed new care plans and assessment, case notes, and service plans are readily available for to staff at point of service. The Assessment Team reviewed consumer care planning documentation and assessment documents, which were sufficiently detailed and consistent across care files. There were policies and procedures in place to guide communication of information internally and with other relevant parties such treating practitioners, carers or representatives.

The Assessment Team noted the services planning policy and procedure documents the process for making referrals to allied health professionals and other providers with the consent of the consumer.

There was evidence of adherence to hygiene and practices to reduce infection-based risk and brokerage agreements with allied health services which also require compliance with industry infection control best practice.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

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

Consumers and representatives confirmed they receive supports for daily living that help them to maintain independence and optimise their health well-being and quality of life. Support workers demonstrated knowledge of consumer needs and preferences how they support consumers well-being through access to social support services, mobility aids and equipment. Consumer goals and preferences and the services in place to support these goals and preferences were documented. Management advised that the service conducts regular check ins and care planning review with consumers to ensure goals are current and supported.

Consumers were confident staff would support them when feeling low or lonely. The service has care planning and person-centred care policies to assist staff with identification of consumers needs in relation to spiritual, emotional and psychological wellbeing. Care planning documentation reflected consumer needs and preferences, with evidence of the service responding to these needs.

Consumers and representatives consistently stated they are assisted to participate in the community, go out shopping, attend appointments or engage in activities they enjoy. Staff described what was important to consumers and the lifestyle and social activities they enjoy.

Consumers were satisfied with staff knowledge about them and how the services are coordinated. Consumers said the service is effective in completing referrals to other organisations. Staff described how information is effectively communicated about consumer needs and preferences and when there are changes. Care planning documentation showed consumer information is communicated with staff and sub-contracted allied health clinicians to ensure effective service coordination and continuity of care. Referrals are made appropriately to support the needs of the consumers. Management described how they use the electronic management system to communicate consumer information to staff and attend hospital discharge meetings to enable responsive organisation of services for consumers.

Consumers and representatives were satisfied with the functioning of the equipment provided. Management advised equipment and modifications are purchased based on an occupational therapy review and assessment. The service has agreements in place to ensure all equipment is tested and trialled with the consumer to ensure the equipment is in working condition.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed | 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 | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | 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 described mechanisms for submitting feedback or complaints and identified staff members to contact with feedback.

Welcome packs for new consumers included formation on options for consumers to provide feedback and periodic consumer surveys demonstrated most consumers feel confident to submit feedback. Consumers were aware of how to contact advocacy services and training was available to support the use of translating and interpreter services. The service has a complaints policy that details how to support diverse consumers to raise concerns and information on how to contact external resources including National Aged Care Advocacy Line and Older Persons Advocacy Network.

The service has an incident and complaints register with detailed records of complaints as well as an open disclosure framework. There was evidence of completed investigations, outcomes and use of open disclosure in assisting with complaints resolution.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

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

The service completes an annual workforce plan to ensure the provision safe and quality care consumers. Workforce planning is discussed at regular management meetings and recruitment aligned with increases in HCP’s. Rostering staff monitor planned and unplanned leave and ensure consumers are offered replacement support staff to cover shifts.

Consumers and representatives said support workers and other staff are kind, caring and respectful, and listen to their needs and requests. Support workers were able to provide examples of how they treat each consumer respectfully and are aware of their individual preferences including cultural needs.

Management described how they ensure staff have appropriate qualifications and competencies, including registrations and credentials as part of their workforce planning, capability framework and monitoring process. Minimum qualifications are required by staff to ensure they can perform their duties. Sub-contractors are required to achieve defined competencies to be engaged and are monitored for compliance with sub-contractor agreements.

Consumers and representatives interviewed were satisfied that staff are competent. Training is provided to staff via a range of mechanisms including email, face to face and education platforms. There is a face- to face orientation program and buddy shifts to upskill new support staff. Training records reviewed showed staff were trained in a range of topics for example, dementia support and infection prevention and control.

Management performance appraisals occur annually. Support staff interviewed explained they receive regular supervision with their manager and complete an annual performance review. Feedback and complaints from consumers and representatives are used to inform performance reviews including for sub-contracted and brokered service providers.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | 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 said they have a variety of ways to have a say about the delivery of services. The service has a consumer engagement strategy with a dedicated staff member responsible for leading consumer engagement. Management explained how they engage with consumers through feedback, surveys and the consumer advisory body.

The Board monitors care and service delivery and strategic direction for the organisation, as well as general oversight of operations and financial control through Board committees. Management reports and sub-committee meeting minutes reviewed demonstrated service information is overseen by the Board to ensure consumers are receiving safe, inclusive, and quality care and services. Board decisions are communicated to committees, executive management, service management and staff as appropriate. Service improvements identified were sighted on the services Plan for Continuous Improvement (PCI).

Consumer information is held within secure electronic health information management systems and documented consent to share information applies. Information is managed under the service’s established policy and procedures to guide the collection, use and management of personal information. Staff confirmed they have access to adequate information through the mobile telephone application.

Management advised opportunities for continuous improvement are identified through analysis of data related to internal and external audits, key performance indicators, quality activities, trend analysis of their complaints, feedback and incidents. Key improvement activities are documented on the PCI as demonstrated by an internal audit which identified the need to capture equipment purchases for consumers resulting in an update to the client relationship management system.

Management monitor consumer statements and the finance team report on unspent funds for the HCP consumers and information discussed with care managers. There is management oversight of the workforce, and processes for monitoring the performance of contracted and subcontracted staff, including review of contract performance by the procurement team. Position descriptions specify staff responsibilities and accountabilities to support quality care.

The service has processes in place to track regulatory and legislative updates and ensure that information is appropriately disseminated. The service has a complaints and feedback system in place, complaints policy and serious complaints reporting. Complaints are handled in a timely and appropriate manner.

The organisation has a risk management framework and policies and procedures for managing high impact or high prevalence risks associated with the care of consumers. There was evidence of effective risk management systems including a risk register, incident management, system, vulnerable persons register, disaster management and business continuity plans. For consumers identified as a high risk of falls are referred to relevant allied health service following initial assessment, screened in their home environment and risk mitigation strategies are implemented. Staff are trained in incident reporting and how to identify and respond to suspected abuse.

The organisation’s governing body has a clinical governance framework that includes 5 domains including governance, leadership and culture, safety and quality improvement systems, training and education and consumer partnership. The clinical governance committee meets monthly to discuss clinical incidents and identify high risk consumers or trends. Clinical issues are reported to the Board and incidents are reported and trended monthly and discussed at the clinical governance committee.

The service has policies in relation to restrictive practice and open disclosure. Staff are trained in infection control and the principles of antimicrobial stewardship.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)