**Performance**

**Report**

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| Name: | Huntley Home Care |
| Commission ID: | 700937 |
| Address: | Shop 20, 115-117 Uhlmann Road, BURPENGARY, Queensland, 4505 |
| Activity type: | Quality Audit |
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| Performance report date: | 15 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7065 The Hub Family Medical Centre Pty Ltd  
Service: 26359 The Hub Family Medical Centre Pty Ltd - Huntley Home Care

**This performance report**

This performance report for Huntley Home Care (**the service**) has been prepared by S Turner, 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 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

Consumers and representatives said consumers were treated with dignity and respect and were valued as individuals. They said that staff delivered care and services in a way that made consumers feel safe. Staff spoke respectfully about consumers and provided examples of how they ensured consumers’ dignity was respected and culturally safe care was delivered.

Consumers and representatives said they received information in a way they could understand and in a format that was appropriate to their needs. This included information about aged care services, practical supports to access the care they needed, budgets and monthly statements. They said if they had any queries or concerns about the information provided, including for example their monthly statements, it was addressed promptly by management.

Management and staff described the ways the service supported consumers to make informed choices. Consumers and representatives said they felt supported to be involved in planning, making their own decisions and in maintaining consumer independence. They said they can speak with management at any time to make requests or changes to their services and that these were acted upon promptly. One consumer provided an example of how the service provided them with advice about services they may have found helpful but understood and respected their choice when they declined.

Consumers and representatives said consumers felt supported to live the life they wanted. Risk assessments were completed when a consumer commenced with the service so that management could identify and plan for any current or future risks. Care staff explained how they supported consumers to undertake activities that may involve an element of risk; they said they encourage consumers to use mobility aids and assist with meal preparation where a need is identified.

Consumers and representatives said staff were respectful of consumers’ privacy and they felt that the consumers’ information was kept confidential.

Care planning documentation included detailed information about the consumer such as their background, identity and preferences. Information about the consumer was stored in locked cabinets and this information was being transferred onto the service’s electronic care management system.

The service had policies and procedures relevant to this standard that included dignity, respect, cultural awareness, person-centred care, sexual well-being, managing risk and consumer choice, and privacy and confidentiality.

For the reasons outlined above, I am satisfied Standard 1 is Compliant.

# Standard 2

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

Findings

Consumers and representatives said consumers received care and services that met their needs, goals and preferences. They were satisfied with the information provided about care and services and said they had access to the consumer’s care plan as this was stored in a folder that was kept at the consumer’s home.

Care planning documentation included information about the consumers’ needs, goals and preferences and addressed advance care planning and end of life preferences where this was the consumer’s choice. There was evidence of the involvement of consumers, representatives, medical officers, allied health professionals and other service providers in assessment and planning and care directives were followed by staff.

Consumers and representatives said they could request additional care or services if their circumstances changed. Staff said care plans were reviewed at least 12 monthly and when consumers’ needs changed; a care plan tracker supported this process. Care planning documentation demonstrated that a review occurred following an incident or change in the consumer’s needs and on a minimum annual basis.

Staff said care planning documentation provided detailed information about consumers, including in relation to risks, that guided them in the delivery of care and services to consumers. Staff said assessments were conducted when the consumer commenced with the service and were then conducted at regular intervals. Risk assessment tools were used to identify risks associated with health and well-being including risks associated with mobility, skin integrity, lifestyle and home safety and care plans included strategies to minimise the risk of harm.

Staff said they received up to date information about consumers via staff meetings, email and through the care plan which was updated when changes occurred.

The service had policies and procedures relevant to assessment and planning that included advance care planning.

For the reasons outlined above, I am satisfied Standard 2 is Compliant.

# Standard 3

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

Findings

Consumers and representatives said the clinical and personal care provided was safe, effective and optimised consumers’ health and well-being. Representatives provided examples of how the staff effectively managed risks associated with the care of consumers and expressed their satisfaction with care delivery.

Most consumers and representatives said they had discussed preferences in relation to end of life care with the service and staff could describe how they supported consumers nearing end of life. Feedback included ‘the service provided excellent care and service’ to support a consumer and their family as the consumer approached end of life.

Consumers and representatives were confident that staff would recognise a change in the consumer’s condition and said consumers had access to medical officers and other health professionals when they needed it. Staff knew the process to follow for identifying and escalating a change in a consumer’s condition and care documentation reflected that referrals occurred to support consumers’ changed needs. Representatives and staff provided examples of consumers who had experienced a change in condition and how this had informed care and service delivery.

The care of consumers with chronic and complex health conditions was reviewed and demonstrated that medical staff, nursing staff, allied health and other health service providers such as the local hospital participated in care delivery. Consumers’ health was monitored closely, and health care directives were documented in the care plan. Staff understood consumers’ needs and preferences and could describe how care delivered was tailored to the consumers’ needs.

Risk assessments were completed, and strategies were developed to minimise risk to consumers. Risks identified included falls, pain management and changed behaviours. Staff were familiar with risks for individual consumers and with the ways to manage those risks.

Staff were provided with information about the consumers’ care and service needs and this information was conveyed through care plans, staff meetings and via email. Care planning documentation demonstrated that information was communicated to organisations where the responsibility for care was shared. Consumers and representatives reported staff provided consistent care and services.

Management described how they maintained appropriate infection control and reviewed antibiotic prescribing to reduce the risk of resistance to antibiotics. Staff had received training in infection control practices including hand hygiene and the correct use of personal protective equipment.

The service had policies and procedures relevant to this standard to guide staff that included wound care, pain management, advance care planning and end of life care. There were policies and procedures that addressed antimicrobial stewardship, infection control and outbreak management.

For the reasons outlined above, I am satisfied Standard 3 is Compliant.

# Standard 4

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

Findings

Consumers and representatives reported the services and supports provided helped the consumer to maintain their quality of life and promoted their independence. Staff understood what was important to consumers and described the ways they helped the consumer to maintain their independence.

Management and staff described the way the service supports consumers’ emotional, spiritual and psychological well-being. The service had affiliations with psychologists and social workers and care staff said that if they identified a consumer was feeling low they would offer reassurance and emotional support, and notify the registered nurse. Consumers and representatives felt the service promoted the consumers’ emotional well-being with one consumer saying staff treated them ‘like family’ and that they enjoyed chatting with staff.

Care planning documentation was individualised, provided details about the consumers’ backgrounds and interests, and outlined the care and services that were to be provided. Care plans outlined various activities and social supports to promote consumer well-being and quality of life including for example, domestic support, shopping, sporting activities, craft and other social engagements. Where a need was identified, referrals were made to other organisations including the Department of Veterans’ Affairs or local respite centres. Staff were satisfied with the information provided to guide care delivery and consumers and representatives felt staff had a sound knowledge of the consumers’ needs and preferences.

Consumers were able to order melas from various subcontracted meal providers and were also able to have staff support them with meal preparation in their own home. Consumers were satisfied with meals provided and said they were varied, of suitable quality and quantity. Care staff advised they had received training in food handling and training records confirmed this.

The service provided transportation services using the service’s vehicles and at times care staff transported consumers using their private vehicles. Feedback was provided that vehicles were clean and appeared to be well-maintained; documentation confirmed vehicles were regularly maintained. Where private vehicles were being used, the service required staff to supply evidence of their driver licence and the appropriate vehicle insurance; this was confirmed by staff.

For the reasons outlined above, I am satisfied Standard 4 is Compliant.

# Standard 6

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

Findings

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints. They said the service conducted an annual satisfaction survey and provided examples of the feedback they had provided. One consumer reported that they had a positive experience when they raised a concern with the staff; they said the issue had been resolved promptly.

Complaints processes were communicated to consumers and representatives via the consumer handbook. The handbook included information about how to access advocacy services, the Aged Care Quality and Safety Commission, and translation and relay services. Consumers were aware of other organisations outside the service, including advocacy services that they could contact to make a complaint.

The principles of open disclosure were applied to complaints and staff explained how they acknowledged and apologised when mistakes occurred. Consumers said the service kept them updated with the progress and closure of complaints.

The service’s feedback and complaints register demonstrated feedback and complaints were documented, responded to, and that open disclosure processes were applied. Information received was used to improve the quality of care and services and evidence of this was found in the service’s plan for continuous improvement, the feedback and complaints register, meeting minutes and within incident reporting mechanisms.

For the reasons outlined above, I am satisfied Standard 6 is Compliant.

# Standard 7

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

Findings

Positive feedback was received from consumers and representatives about the care and services provided by staff. Feedback included staff knew what they were doing, arrived on time and contacted the consumer if they were delayed, staff were not rushed and that opportunities to reschedule were offered if this was the consumer’s preference.

Consumers and representatives said staff were kind, caring and respectful of their culture and identity. Staff described the training they received and how they treated consumers with respect. Management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and individual preferences.

Management said rostering staff attempted to fill unplanned leave with available staff and could reschedule services; additionally, management staff attended consumers’ care needs if this was required. Care staff said they had input into rostering practices and that their feedback was valued with changes made as necessary. The board of directors reviewed the service’s staffing and recruitment strategies at board meetings to ensure the workforce was appropriately resourced to deliver safe, quality, care and services.

Position descriptions were in place for each role and staff understood their responsibilities and the scope within which they worked. Management described the processes they applied to ensure staff had the appropriate qualifications prior to starting with the service. Staff said they had completed a national criminal history check when starting with the service and staff files were found to include these together with qualifications and training certificates. Staff and management explained the processes relating to competency checks which were completed at induction, at annual performance reviews and as required.

Staff were provided with an induction and a mandatory training program was in place. Staff spoke positively about the training they had received and said they also received support from registered and management staff. Staff said buddy shifts were provided for new staff and that support was provided to ensure new staff were competent to provide care for consumers. Training records demonstrated staff had received information about the Serious Incident Response Scheme, the Code of Conduct for Aged Care, infection control and hand hygiene.

Management and staff said that an annual performance review and regular staff check-in occurred. Feedback about staff performance was captured through compliments and complaints and where necessary, changes were made to ensure the consumer’s needs and preferences were met. Management said they had discussed performance concerns with individual staff who had to complete monthly professional development to ensure they were delivering safe, effective care. Consumers and representatives said when they had provided feedback about staff performance, they were satisfied that this had been listened to and acted upon.

For the reasons outlined above, I am satisfied Standard 7 is Compliant.

# Standard 8

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

Findings

Consumers and representatives felt their feedback was used to improve the quality of care and services and said they were supported to engage with the service. Management and board meeting minutes demonstrated that a consumer advisory board was being established which was to be involved in collaborations relating to continuous quality improvement initiatives. An annual consumer survey was conducted to monitor the service’s performance and the responses were analysed to identify improvement opportunities. The quarterly newsletter encouraged consumers to provide feedback about the quality of care and services.

Management said the board monitored the delivery of care and reviewed complaints; they said the board was provided with reports about incidents, staffing requirements, recruitment and any shifts that had not been filled. Management said they monitored for any legislative or regulatory changes and that staff were trained in the delivery of culturally safe and inclusive care; this was reflected in staff training records. Care and services delivered by brokered services, was monitored through feedback and other mechanisms to ensure staff were appropriately trained.

Effective organisation wide governance systems were in place in relation to continuous improvement, financial management, regulatory compliance, workforce management, and feedback and complaints.

The plan for continuous improvement was used to track improvement initiatives and was updated with improvement opportunities during the Quality Audit.

There were systems and processes to manage the service’s financial needs. Consumers were provided with individual budgets and a monthly statement and there was a process for managing unspent funds.

Staff had a clear understanding of their roles and responsibilities and were provided with a position description. The board received weekly reports about staffing issues and recruitment to ensure the service was able to meet consumers’ needs.

Management said they received updates from varied regulatory bodies such as the Aged Care Quality and Safety Commission and that this information was communicated to staff and consumers as needed. The service updated its policies and procedures to reflect any legislative or regulatory changes.

There was a system for the collection and analysis of feedback and complaints and this information was used to improve the service.

With respect to information management, some care planning documentation did not consistently include current or complete information about consumers’ needs and staff files did not contain the required on-boarding documentation. In response to this feedback the service adjusted its plan for continuous improvement to address these areas by 30 November 2023. I am satisfied that information systems and processes support the delivery of care and services. I note that staff demonstrated a sound understanding of consumers’ needs and preferences. Consumers and representatives spoke highly of staff and said care delivered was consistent and that staff knew consumers’ care requirements. Additionally, the service committed to addressing these areas promptly.

The service had effective risk management systems that included policies and procedures, an incident register, staff training, incident reporting mechanisms and systems that supported the organisation to monitor its performance. Staff training included the Serious Incident Response Scheme and training in abuse and neglect. Senior staff from within the organisation said they worked together to support consumers to live their best life.

Clinical governance was discussed at board meetings and there were policies and procedures that addressed antimicrobial stewardship. Restrictive practices were not used by the service and senior staff advised there was a preference for the service to remain restraint free although this would be reviewed as needed. Senior staff were able to describe their use of open disclosure and consumers and representatives confirmed the service would admit fault and discuss steps taken to rectify their concerns should they raise them.

For the reasons outlined above, I am satisfied Standard 8 is Compliant.

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