**Performance**

**Report**

**1800 951 822**

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| Name of service: | Independent Health Care Service Aged Care Packages (NAPS 17169) |
| Service address: | 4 Sunderland Street MOONAH TAS 7009 |
| Commission ID: | 300313 |
| Home Service Provider: | Independent Health Care Service Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 25 October 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 Independent Health Care Service Aged Care Packages (NAPS 17169) (**the service**) has been prepared by M Murray, 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:**

* Independent Health Care Service Aged Care Packages (NAPS 17169), 17169, 4 Sunderland Street, MOONAH TAS 7009
* Independent Health Care Service Pty Ltd EACH-D, 17229, 4 Sunderland Street, MOONAH TAS 7009

# 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.

# 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 | **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 advised that staff always treat them with dignity and respect.

Management said that the consumer’s cultural needs are always considered when providing services. When determining care staff to provide care, consideration is given to language and cultural needs and a matching process is undertaken to ensure the best fit.

Consumers are satisfied they can direct their own care and the staff respect their choices. Where some risk exists, this is balanced by the consumer with their well-being.

All consumers interviewed advised that they have home files containing their care plans, up to date care schedules and information relating to their HCP budgets and care fees. Invoices are received regularly and consumers said they are easy to understand.

Consumers felt their privacy is respected, staff are interested but do not pry into personal matters. Staff described alerting consumers to personal information in the home that they might like to keep confidential and encourage the consumer to store items such items safely.

The Assessment Team observed that all client files are held in lockable cabinets that are only accessible by relevant staff.

Based on the information summarised above the approved provider complies with this Standard.

# 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

The Assessment Team reviewed care planning documentation for consumers and confirmed assessment and planning is completed with the service coordinators and/or registered nurse, consumer and/or their representatives to inform the delivery of safe and effective services.

Care planning documentation evidenced comprehensive assessment and planning is undertaken for all consumers and considers relevant risks to the consumer’s safety, health and wellbeing. The Assessment Team noted a high level of detail about each consumer’s circumstances, preferences, likes and dislikes in care plans reviewed.

Validated assessment tools were sighted in care documentation including assessments for falls, pain, skin integrity, allergies and home safety.

Management said that, as part of initial care planning discussions with consumers, advance care planning and end of life planning occur.

Consumers said they did not require anything further with respect to advance care planning and end of life planning but that if their needs were to change, they felt they could raise the topic with staff.

Consumers are satisfied with their level of involvement in care planning and receive a copy of the agreed care plan.

Staff said regular assessments are conducted at minimum intervals of six monthly (for consumers with higher level packages) and annually or as changes occur for other consumers.

Clinical staff conduct weekly clinical meetings to discuss consumer risk, changes, deterioration, or incidents, this information contributes to future care planning.

Based on the information summarised above the approved provider complies with this Standard.

# 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 are satisfied care is tailored and meets their needs.

Staff described a range of consumers’ clinical and personal care needs, how the care provided is tailored to meet these needs and how they support each consumer to do as much as possible for themselves. Clinical staff discuss the management of consumer risks weekly and adjust care accordingly.

Care plan documentation included information on what to do in the event of a non-response to a scheduled visit.

The Assessment Team found the safety and efficacy of the care provided to each consumer is regularly reviewed and adapted based on risks specific to each consumer.

Consumers interviewed confirmed that the service and staff ensure they receive safe care, for example, clinical management in relation to falls and mobility were evident.

Where a high-impact or higher prevalence risk is evident the service works in collaboration with other services to optimise the outcome for the consumer. File reviews evidence effective management of wound care and continence care.

The organisation has links into specialist palliative care services to support consumers on an end of life pathway and seek to understand all consumers end of life wishes when they join the service.

Consumers said the service responds promptly to any change or deterioration in their well-being.

Care plan reviews evidence coordinated care being delivered and information being exchanged between general practitioners and hospitals.

Referrals are timely and appropriate and included speech pathologists and podiatrists.

Staff and management discussed the precautions in place to prevent and control the risk of infections. Staff have had training on COVID-19 and an infection control policy guides staff practice. Consumers said staff use masks, and undertake good hand hygiene when attending their care needs.

Based on the information summarised above the approved provider complies with this Standard.

# 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 are satisfied their services meet their needs.

Care plans included information about consumer goals and ‘steps for getting there’.

Consumers described how they are regularly asked if there is anything they wanted to do differently or achieve in the next few months.

Care plans include consumer goals such as remaining independent and keeping up social activities including shopping.

Staff demonstrated their knowledge of consumers and described strategies to support consumers’ emotional and psychological wellbeing through social support services and relevant referrals. Staff demonstrated a good understanding of what to do in the event a consumer’s emotional well-being has been negatively affected by circumstances or events.

Consumers and/or representatives confirmed that social support services enable consumers to do things of interest and maintain social relationships.

The Assessment Team found progress notes and case notes are regularly utilised to communicate about consumers within the service, and that this information is provided to relevant others who share responsibility for services.

Consumers and/or representatives confirmed that staff know them very well and they do not need to repeat information about their needs and preferences, including when receiving care and services from others outside of the service.

Referrals including referrals back to My Aged Care for additional support are undertaken as required.

Meals are not directly provided by the service, however, where meals are being purchased though the consumer’s package, consumers say they are satisfied with the quality.

The suitability for any equipment a consumer needs is assessed by an occupational therapist or similar allied health professional. Consumers are satisfied their equipment is fit for purpose and maintained, including in the case of wheelchairs and communication aids.

Based on the information summarised above the approved provider complies with this Standard.

# 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 applicable |
| 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 applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard is not applicable as the service does not operate services out of its premises.

# 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

The Assessment Team reviewed the client handbooks provided to each consumer noting easy to follow information regarding how to provide feedback to the service, ring an advocate or get in touch with an interpreter.

Consumers said they know how to make a complaint and when they do complain the service is responsive, keeps them up to date whilst the complaint is being investigated and discusses the outcomes and/or provides them with other escalation pathways.

Staff members interviewed displayed a strong understanding of feedback and complaint procedures and of open disclosure principles.

Management advised that all complaints are reviewed through various management committees and board meetings where they are discussed and evaluated for opportunities for service improvements.

Based on the information summarised above the approved provider complies with this Standard.

# 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

Consumers are satisfied with the consistency of care staff that deliver their care and services. The organisation has service coordinators who manage workforce planning and put in place strategies to minimise unfilled shifts and prioritise vulnerable consumers when staff absences occur.

Consumers spoke positively about their interactions with all staff from management to support workers.

Management described the process by which they endeavour to match support staff with consumers to find the best fit and to provide the best level of service possible to consumers.

The level of staff experience is assessed upon commencement with the service and re-assessed with every performance review. This determines the specific roles that care workers undertake and also guides training plans for staff.

Clinical care provided by the service is undertaken exclusively by qualified nursing staff.

Recruitment and induction processes include police clearances, first aid certification and vaccination status. Staff are subject to a mandatory probation period.

Management and staff said Certificate III and IV courses in Aged Care are offered to staff to support their ongoing development and career progression.

The service maintains a staff training matrix that documents all training undertaken and highlights any gaps in training. Management regularly follow up training gaps with staff and work with them to complete the required training.

Human resource files evidenced performance reviews are undertaken.

Based on the information summarised above the approved provider complies with this Standard.

# 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

The Assessment Team viewed several committee and board meeting minutes and confirmed that consumer feedback is discussed and considered at these forums.

Management described the service’s governance framework and how the governing body monitors the delivery of aged care services through the advice of several sub-committees.

The clinical governance committee meets weekly and reports to the board on clinical key performance indicators. The information received by the board is detailed and relevant and enables effective oversight of the quality of care provided at the service level.

The board consists of an executive director and three directors, all who are involved in the day to day running of the service and all who have experience in the home care services sector.

There are effective governance systems across all business streams.

The service has a centralised incident management system which captures incidents, risks and feedback.

Management said vulnerable consumers are considered a high impact risk and the service manages these through their vulnerable consumer register.

All support workers interviewed could describe signs to observe in regard to elder abuse and demonstrated what they would do to assist the consumer in the event of suspected abuse. Management outlined their processes for referring incidents to the serious incident response scheme.

The service has a clinical governance framework which outlines the roles and responsibilities of staff, management and the board. The framework identifies the governing body as ultimately responsible for ensuring that the service is run well and delivering safe, high-quality care.

The framework includes the service’s strategy to minimise the use of antimicrobials. The service is committed to ensuring consumers and their representatives are appropriately informed and to assist in minimising the risk of harm from antimicrobial therapy.

Policy documents describe staff responsibilities and accountabilities regarding the use of restrictive practices. Support workers and coordinators could describe different types of restrictive practices and the processes involved in having restrictive practices approved, including informed consent.

Policies guide staff practice in risk management, delivering best practice care and open disclosure.

Based on the information summarised above the approved provider complies with this Standard.

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)