**Performance**

**Report**

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| Name: | Infinity Home Care |
| Commission ID: | 700930 |
| Address: | 13/21 Lake Weyba Drive, NOOSAVILLE, Queensland, 4566 |
| Activity type: | Quality Audit |
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| Performance report date: | 21 December 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: 9002 Infinity Home Care Pty Ltd  
Service: 26505 Infinity Home Care

**This performance report**

This performance report for Infinity Home Care (**the service**) has been prepared by E Blance, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission.

# 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 were treated with dignity and respect. Consumers’ preferences were included in care planning documentation to guide staff. The service had processes to ensure staff were trained in how to treat consumers with dignity and respect.

While consumers said they did not have strong cultural beliefs that would affect the way care and services were provided, things that were important to them were understood by the service. Staff demonstrated ways they provided care and services which were culturally safe. Policies and procedures guided staff in providing culturally safe care and services.

Consumers could make decisions and could choose to have representatives involved in the decision-making process. Staff supported consumers to make choices for example where a consumer said they may choose to go to the local surf club for lunch or to the store to purchase equipment. Staff received education and guidance to support consumers to exercise choice and independence.

Staff supported consumers to take risks to enable them to live their best life. Policies and procedures guided staff in supporting consumers to take risk for example a consumer who is considered at risk of a fall who chose to go into the community unassisted, without mobility aids and consume alcohol. Risk mitigation strategies discussed with the consumer were considered.

Consumers and their representatives could access their care plan and schedule of services via the service’s mobile device ‘application’ (App) and considered that the App was easy to use and understand. Some consumers found monthly statements were not easy to understand. Management advised this was due to a new account system where some consumers had experienced technical difficulties, which had since been resolved.

Consumers were satisfied their privacy was respected. The service had established processes to manage the security of consumers’ personal information including when providing care and with systems to ensure information security and confidentially.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard 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 their representatives were included in the consumer's assessment and care planning. Risk assessment tools identified risks and mitigation strategies were outlined in care planning documentation to guide the delivery of safe care and services. For example, a consumer was risk assessed following a medication incident. Policies and procedures related to assessment, planning and the involvement of risk in planning guided staff practice.

Care planning documentation described consumers’ care, goals and preferences, and agreed activities to be undertaken by the service. Staff described that consumers and their loved ones were provided with information about Advance Care Planning on commencement with the service and staff would be available to discuss this when the consumers were ready to.

Consumers and their representatives were involved in the consumers’ assessment and planning when the consumer first entered the service and then biannually. Assessment and planning was based on an ongoing partnership with the consumer, and other organisations and providers of care and services were involved in the care of consumers including an Occupational Therapist (OT), Podiatrist, and Physiotherapist (PT).

Consumers and their representatives were satisfied with the information they received from the service. Consumers had received a copy of their care plan. Care planning documentation demonstrated the service consulted with consumers and their representatives and their needs and preferences were considered. Staff could view consumer care plans on the service’s mobile App.

Care and services were reviewed regularly or when consumers’ circumstances changed. Staff regularly communicated with consumers and made changes to care to meet consumers’ current needs. Reviews were completed when there was an identified change in the consumer’s health and well-being or circumstances for example, an assessment to determine if a consumer required a change to the level of their Home Care Package.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard 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 their representatives said personal care was provided in a safe manner and clinical care consumers received was right for them. Staff described consumers’ current personal and clinical care needs, and how each aspect of care was provided. Clinical care was provided by registered staff who worked with consumers’ medical officers (MO) and allied health professionals.

Care planning documentation demonstrated appropriate assessments and referrals were undertaken for the management of high-impact or high-prevalence risk, including for wounds and falls. Staff described risk mitigation strategies for consumers as well as best practice management for consumers’ conditions.

The service recognised the needs, goals, and preferences of consumers nearing the end of life and worked to support them in line with their wishes. Staff demonstrated an understanding of processes to support consumers nearing the end of their life, including recognition of pain. Advance care planning and end of life wishes were discussed with consumers. The service provided support to consumers and their representatives to make informed decisions so that consumer’s preferences were recognised, addressed, their comfort maximised, and dignity preserved.

The service recognised changes in consumers’ conditions and responded with referrals to medical and allied health professionals, as required. Staff demonstrated an understanding of recognising, reporting, and responding to consumers’ deterioration. Monitoring processes by clinical staff ensured deterioration was recognised and responded to appropriately.

Consumers were satisfied with the care and services received and advised staff worked well together to meet personal and clinical care needs. Care planning documentation and other relevant information was available on the electronic case management system and the mobile App. Information about care and service delivery was shared through handover processes and changes, incidents, and other notable information was documented. There were reporting and escalation processes to ensure information was communicated effectively within the organisation and with those who were involved in the consumer’s care.

Consumers and their representatives said the delivery of care, including the referral process was timely and appropriate. Consumers had access to a medical officer and other health professionals when needed. Input including from medical professionals, hospital discharge staff, PT, podiatrists and OTs, and their recommendations was incorporated into care planning documentation. Policies and procedures guided staff practice.

Consumers and their representatives described staff practices to prevent the spread of infection included hand washing, the use of hand sanitiser, and the use of personal protective equipment (PPE). Staff ensured appropriate infection control and minimised the risk of COVID-19 and other communicable diseases. Education records evidenced staff completed infection control training and registered staff evidenced an understanding of antimicrobial stewardship (AMS). Policies and procedures guided staff practice.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard 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 their representatives said services and supports consumers received, helped to maintain a quality of life and independence. Staff understood what was important to individual consumers and helped consumers do as much as they could for themselves if this was their preference for example assisting consumers to prepare for catching a bus to an activity.

The service supported consumers to take part in community and social activities that aligned with their preferences. Staff demonstrated an understanding of what was important to consumers and how the well-being of consumers was supported for example recognising when consumers may need emotional, spiritual or psychological support and discussing with clinical staff or referring to a counselling service.

Consumers and their representatives reported the organisation was flexible in the delivery of services, enabled consumers to participate in the community and do things of interest to them. Care planning documentation provided information about each consumer, including their interests. Social support time was tailored to suit the preferences of each consumer for example attending concerts and going fishing.

Consumers felt staff knew their needs and preferences. Information about the consumer’s care and service needs was available to staff via the mobile App and care plans within consumer’s homes. Care planning documentation evidenced ongoing communication and consultation.

Consumers and their representatives said they were happy with the services provided by other organisations the consumer had been referred to. Staff could describe the referral process for example to counselling service providers.

Consumers and their representatives were satisfied with the quality and quantity of the meals provided by brokered meal services as well as the retirement villages kitchen. They said there was a good choice of meals. Staff assisted consumers to prepare meals in their homes, allowing consumers to have meals they enjoyed.

Consumers who had equipment provided through their home care packages said the equipment was safe, suitable, clean and well maintained. The service provided transportation services using the service’s or staff’s vehicles as needed. Where relevant, an OT assessment was obtained. The service assisted with sourcing equipment for consumers as required, and had an agreement with a local aid and equipment store to assist with access to these.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard 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 their representatives were aware of how to provide feedback or make a complaint. The service provided information about complaints processes. Complaint forms were accessible. Satisfaction surveys were monitored for feedback by management.

Consumers were aware of how to raise complaints with external organisations. Information about how to access advocates, language services and external complaints processes was provided. The service had an established process to support consumers who wished to appoint an advocate.

Appropriate action was taken in response to complaints and an open disclosure process was applied. Consumers and their representatives who had made a complaint said they were satisfied with the response from management and the actions taken. A register of feedback and complaints was maintained. Policies and procedures in relation to open disclosure, disputes and grievances, and continuous improvement guided staff practice.

The service documented feedback and complaints and reviewed information to identify improvement opportunities. A procedure guided management in the evaluation of feedback and complaints. The service used a plan for continuous Improvement (PCI) to record improvement activities. The service had a continuous improvement policy and procedure which outlined the process used to review and improve the quality of care and services.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard 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

Consumers and their representatives were satisfied with staffing and management. The workforce requirements were based on the needs and preferences of consumers. Care and services were delivered by the service’s staff with support from contracted staff. Staff reported they had sufficient time to meet consumers’ care and service needs. Consumers said the service allocated the same staff members which allowed staff and consumers to become familiar with each other and the care needs. The service had processes for the employment of additional staff where operationally required.

Interactions between consumers and staff were kind, caring and respectful. Staff received education in how to engage with consumers in an appropriate manner. Policies and other resources were available to guide staff practice. Workforce education included topics such as cultural diversity and consumer dignity. Staff were observed by the assessment team interacting with consumers in a kind, caring and respectful manner.

Consumers and their representatives were complimentary about the competency and knowledge of staff. Recruitment and training processes supported workforce members to have the appropriate qualifications and knowledge. The qualifications of members of the workforce were monitored. Qualifications are vetted during the onboarding process and the service conducted national criminal history checks to ensure staff were suitable and capable to perform their roles. Position descriptions established responsibilities, knowledge, skills and qualifications for each role.

Consumers and their representatives expressed confidence in the workforce’s ability to deliver care and services. Staff received training that provided them with the knowledge required to perform their roles. Training records supported that staff had been educated to deliver the outcomes required by the Quality Standards.

Management conducted regular assessment, monitoring and review of the performance of each staff member. Documentation indicated staff had participated in a recent performance appraisal.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard 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 had confidence in the way the service was run and were engaged in the development, delivery and evaluation of their care and services. Changes at the service and organisational level involved the input of consumer and representative feedback. Engagement included through a consumer advisory meeting, directly with management, attending consumer meetings and completing feedback forms. The service’s plan for continuous improvement and consumer meeting minutes evidenced management, consumers, and representatives were actively engaged in the delivery and evaluation of care and services.

The organisational structure promoted a culture of safe, inclusive and quality care. The service’s clinical governance framework and board meeting minutes supported that the governing body promoted, and was accountable for, the delivery of safe, inclusive and quality care and services. The organisation communicated with consumers, representatives and staff regarding updates on policies, procedures and changes to legislation. The governing body met regularly to review the service’s mission, values, clinical reports, and staff/consumer meeting minutes to identify areas for improvement.

The systems and processes of organisational wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints was effective. Consumers were satisfied with the way information about care and services was managed and communicated. Continuous improvement initiatives were drawn from a variety of sources, including feedback and complaints mechanisms, analysis of clinical and incident data and staff meetings. The service’s financial management included review of the budget monthly, and changes to the budget was presented to the Director for consideration. The accountabilities and responsibilities of staff were set out in position descriptions. Handbooks and training in relevant work safety procedures was delivered to staff. The service had systems to ensure it complied with the regulations it was required to meet as a service provider.

The service had effective risk management systems and associated practices. Systems identified and managed high-prevalence and high-impact risks, including for abuse and neglect. Clinical indicators and incidents were analysed to identify risks and risk mitigation strategies.

A clinical governance framework and associated policies and processes to guide the delivery of clinical care was effective. Clinical care was delivered by registered nurses and monitored by management. Clinical staff were trained in topics that fell under the clinical governance framework, such as antimicrobial stewardship, open disclosure and restrictive practices.

I have considered the assessment team report and based on the information summarised above, I am satisfied this standard is compliant.

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)