**Performance**

**Report**

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| Name: | Kare Seniors |
| Commission ID: | 300907 |
| Address: | 13/215 Palmers Rd, TRUGANINA, Victoria, 3029 |
| Activity type: | Quality Audit |
| Activity date: | 21 November 2023 to 22 November 2023 |
| Performance report date: | 19 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: 7245 Kare Seniors Pty ltd  
Service: 26225 Kare Seniors Pty Ltd

**This performance report**

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

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 December 2023.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and representatives confirmed the service is respectful in its dealings with consumers. Care documentation reflects that planning considers the individual needs and preferences of each consumer, and captures their background, culture and diversity including what is important to them. This was supported by a consumer account reflecting support worker’s understanding of preferred methods to de-stress and non-judgemental approach.

Support workers were familiar with the traditional greetings and cultural requirements of consumers, describing consideration of preferences, background, and culture when performing their roles. The service records gender specific requests and staff were aware of specific cultural sensitivity.

Care managers described how consumers are enabled to direct their care and service delivery, involve whom they wish in discussions and choose how the information is shared. A welcome pack provided to each consumer signing on with the service outlines the Charter of Aged Care Rights and supports the choices of consumers in planning their Home Care Package (HCP). The service also includes this in the employee handbook to guide staff practice.

Consumers and representatives were satisfied with how the service supports consumers to live their best lives. Care managers described how safety considerations are balanced with consumer rights to take risks and provided documents detailing the education and discussions held with consumers, their representatives, and support workers. There was evidence of assessment of risk with an example of identified strategies to mitigate environmental considerations working with a consumer to ensure safety and supporting the approach with care.

Consumers and representatives provided mixed feedback in relation to their experience of receiving accurate and easily understood information. Consumers indicated they are enabled to exercise choice in the planning of services and are generally well informed about what the service can provide, however, some consumers and representatives considered that changes to budget and schedules were not communicated clearly. The Assessment Team noted evidence of regular contact to provide information and updates.

The service has a privacy policy to guide staff in expected practice and the employee information handbook advises all new staff of the service’s commitment to maintaining privacy and confidentiality.

# Standard 2

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

Findings

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

Consumer files demonstrated completed assessment and planning processes including clinical, psychological, sensory, and home environment assessments. Where identified, risks are discussed with consumers with mitigation strategies documented and consumers confirmed their satisfaction with the assessment and care planning process.

Consumers and representatives confirmed the care and services provided were reflective of their needs and preferences. Care managers confirmed consumer needs and goals are discussed during the initial onboarding meeting which includes emergency and advanced care planning, however, not all advanced care directives have been captured consistently. Following feedback from the Assessment Team, management acknowledged a more systematic approach would be beneficial.

Consumers and representatives confirmed their involvement in assessment and planning and said they are encouraged to contribute to discussions in relation to the services they receive. Care planning documentation reflected involvement with medical and allied health practitioners. Support workers explained they access care plan information through the mobile telephone application and the service’s electronic health information management system. The service uses a communication book at the site of service delivery in which support workers and family members can write to inform of any changes, preferences, or upcoming appointment details.

Care managers described telephoning consumers to perform welfare checks frequently and explained this, as well as support worker shift notes, can alert them to a need for reassessment prior to any significant change in health or circumstance. A whiteboard in the communal office space was observed with the dates of consumers requiring reassessments that are either scheduled or responsive to changes. This approach was supported by an example of a consumer who had several hospital admissions with evidence of a reassessment at the time of each discharge.

# Standard 3

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

Findings

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

Consumers and representatives expressed satisfaction with the personal care and/or clinical care they receive which is tailored to their needs. Clinical staff described an evidenced based best practice approach to care delivery that considers consumer care requirements and the need for individualised delivery of services and supports that may include allied health or specialist involvement. This was supported by evidence of consideration to family management of complex clinical care needs and support to access additional services such as allied health and clinical staff assistance.

Interventions to manage and mitigate the risks to consumers are developed and evident in the electronic consumer care plans, the service’s mobile telephone application, and home care assessments. Care managers described the process of assessment and identification of high-risk consumers and monitoring by the service through welfare checks. Assessment reviews take lace following hospital discharge and/or changes in function and health as demonstrated in consumer progress notes. The service has a risk register and an incident register that contain basic information with more comprehensive documentation in each consumer’s file.

The service has the capacity to assist consumers who wish to receive palliative care at home. The Assessment Team noted comprehensive communication between the service and the palliative care team and prioritisation of consumer comfort, oral care and consumer dignity following a file review.

Support workers demonstrated knowledge of their responsibilities in reporting consumer deterioration or change, by contacting a care manager, calling emergency services if required, and documenting deterioration in shift notes. Care managers described how they actively respond when any concerns or deterioration are reported, and a comprehensive reassessment is performed in a timely manner.

Consumers and their representatives were satisfied that when needed, the service enables appropriate individuals, other organisations, and service providers to become involved in care and service delivery. Care managers demonstrated that consumer requests or clinical indicators prompt referrals to appropriate professional health care providers. Allied health providers explained the referral process begins via an internet link that prompts the service to pre-fill relevant consumer information such as medical and situational conditions, treatment required and expected outcomes.

Management demonstrated training in infection control and PPE use is mandatory and completed annually. The Assessment Team noted an inconsistent approach to monitoring of antibiotic usage but were provided evidence of where oversight had been managed by the service. Following feedback, the service updated the antimicrobial stewardship policy which now describes a clearer method regarding collaboration with external parties such as medical practitioners and pharmacists, identifying and recording patterns or trends of infection with consumers, and seeking updated research in antimicrobial stewardship promotion.

# Standard 4

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

Findings

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

Consumers and representatives interviewed said they were satisfied that the services and supports for daily living enhance consumer independence, well-being, and quality of life. Support workers provided information on how they assist consumers to do the things they like, which was supported by a consumer account reflecting that support workers assist with activities such as going for walks, picking flowers and music.

Consumers and representatives consistently stated they are assisted to participate in the community, go out for coffee, do shopping, or engage in activities they enjoy. Support workers explained they actively encourage consumers to access the community shops and to participate in household activities to promote a sense of purpose and well-being. Care managers and support workers described how they provide reassurance to consumers, monitor and assess their mood.

Support workers demonstrated awareness of individual consumer lifestyle and preferences which inform the basis of the care plan and focus on consumer capability and engagement. Management acknowledged social support is a priority for most consumers of the service and a consumer confirmed their involvement with a local cultural group. Management described a strong emphasis on transparent and collaborative communication at all levels of staffing to ensure consumers receive care that aligns with their needs and preferences.

Consumers and representatives described the choices available through meal assistance options such as purchasing accounts with meal providers, support workers preparing light meals in-house and assistance with shopping and food preparation. Management explained support workers receive food safety training and assist consumers with shopping, preparation, reheating purchased meals, or making light meals such as sandwiches.

Management explained they review a consumer’s budget before referring to an occupational therapist or a physiotherapist for the purposes of equipment purchase, the service liaises with the supplier for routine maintenance and repairs as needed.

# Standard 5

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

Findings

This standard was not assessed as the service does not provide support to consumers at its premises, nor transport in service-owned vehicles.

# 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 recommended that Requirement 6(3)(d) was non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 6(3)(d):

There was evidence that feedback leads to improvements in the quality of care and services for individual complainants. However, the Assessment Team noted that management did not clearly identify how feedback and complaints were reviewed and used to achieve improvements for the broader consumer group. There were additional reports by consumers of feedback which had not been recorded in the feedback register, however there was conflicting information related to the nature of this feedback.

The Approved Provider submitted a response with additional clarifying information and structure of the review of feedback and complaints process. I acknowledge the Assessment Teams observations reflecting information from consumers, which serves to highlight the importance of ensuring feedback is documented at all opportunities. I am also reassured that the service has mechanisms in place to ensure the effective recording and review of feedback and are committed to maintaining this approach. As a result, I consider this requirement met.

Compliance with the remainder of this standard:

While not all consumers or representatives could recall being told how to provide feedback or being invited to, all said they feel comfortable to raise concerns with the service. The service’s consumer welcome pack contained advice on making feedback and lodging complaints, a feedback form, and a consumer survey form. Management confirmed consumer surveys are conducted during 3-monthly nurse home visits.

Advocacy services and information related to the Aged Care Quality and Safety Commission (the Commission), and an interpreter service are available to consumers in the consumer welcome pack. The Assessment Team noted not all feedback is recorded and mixed feedback related to the outcome of complaints, however the nature of this dissatisfaction largely related to issues outside of the services control. The service’s employee handbook outlines the requirement to use open disclosure and support workers advised they do or would use these principles when required.

# Standard 7

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

Findings

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

The service plans its workforce to ensure safe and quality care can be provided to consumers. A review of the service’s cancellation report for the month to date reflected one shift cancellation which the service was unable to either offer a replacement support worker or reschedule the visit.

Consumers and representatives indicated support workers and other staff are kind, caring and respectful of their diversity. Minimum qualifications are required by the service of its staff to ensure they can perform their duties. While the service does not conduct formal competencies for staff, regular ‘spot checks’ are conducted to ensure support workers are providing care and services in a competent manner.

There was a training schedule in place with records of mandatory training completion as well as evidence of a number of additional training modules. The Assessment Team noted completion of mandatory training were not separately identified, however noted training completion. A KPI document for care managers was observed to include client satisfaction, care plan compliance, support worker engagement, compliance with regulations, and documentation accuracy.

The performance appraisal register demonstrated all staff members who have worked at the service for more than 2 years have completed a formal appraisal and support workers confirmed spot checks of their practice while providing care.

# Standard 8

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

Findings

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

The service’s management team, comprising the chief executive officer, service manager, and assistant service manager, meet monthly to ensure team oversight of care and services. There was evidence of meetings to discuss items related to supporting consumers with diverse cultural backgrounds, management of subcontracted services, staff education, nursing assessments, infection control, and incident reporting. Management described promoting a culture of quality by recognising a ‘team member of the month’, providing training, and advising of study opportunities.

The service’s electronic health information management system contains care plans and other consumer documentation, documents are also saved in alternate online location online which continually re-saves, as well as an external hard drive. Support workers confirmed they have access to adequate information through the mobile telephone application.

Management advised opportunities for continuous improvement are identified through analysis of incidents, feedback, consumer surveys, and ‘welfare checks’ which provide the opportunity to monitor consumer wellbeing and support worker performance. This was supported by an example of consumer feedback related to support worker identification and the implementation of name badges and uniforms.

There was evidence of monitoring of unspent funds through monthly reporting and discussions around suitable services to be offered to consumers as well as a consumer funds management policy to inform process and review. Management outlined systems and processes to enable monitoring of staff behaviour and compliance with the service’s requirements. Where subcontractor providers are utilised, the Code of Conduct for Aged Care is discussed, along with expectations in relation to reporting of suspected abuse. Duties for different roles within the service are outlined within position descriptions, key performance indicator documents, and policies.

Management advised the service tracks regulatory and legislative updates via subscription to peak body updates and the Commission Regulatory Bulletins. While not all complaints were recorded to enable review and associated quality improvement actions, it is clear complaints training is provided and complaints are handled in a timely and appropriate manner.

There was evidence of effective risk management systems including a risk matrix, risk register, and incident management system. Management explained the service draws on home risk assessments, medical histories, and information from consumers to identify risks, implementing appropriate mitigation strategies. The service has policies relating to consumer care risk and incident management.

The Assessment Team noted that the service was in the process of implementing a clinical governance framework, during the visit additional information was provided which outlined the various aspects of clinical governance including policy and procedure, quality improvement, staff training and competency, and compliance and ethics. The service has policies in relation to restrictive practice and open disclosure. The antimicrobial stewardship policy was updated by management in response to Assessment Team feedback, to align more closely with the service’s current practices.

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)