**Performance**

**Report**

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| --- | --- |
| Name of service: | KinCare CACP - Eastern Metropolitan |
| Service address: | Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL, VIC, 3168 |
| Commission ID: | 300198 |
| Home Service Provider: | KinCare Health Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 12 August 2022 to 16 August 2022 |
| Performance report date: | 19 September 2022 |

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 KinCare CACP - Eastern Metropolitan (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

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| Home Care:   * Home Care Packages - Loddon-Mallee, 22956, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * KinCare Vic Gippsland, 23544, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * KinCare Vic Grampians, 23545, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * KinCare CACP - Eastern Metropolitan, 18831, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * Kincare CACP - Northern Metropolitan, 18832, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * KinCare CACP - Southern Metropolitan, 18833, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * KinCare CACP - Western Metropolitan, 18834, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * KinCare EACH - Eastern Metropolitan, 18835, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168   CHSP:   * Domestic Assistance, 4-7XW3ZQU, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 * Flexible Respite, 4-7XW3ZU7, Suite 25, Ground Floor, 270 Ferntree Gully Road, NOTTING HILL VIC 3168 |

# Material relied on

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

* the assessment team’s report for the Quality Audit; the report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s response to the assessment team’s report received 7 September 2022.

# 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 applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Compliant |
| **Standard 7** Human resources | Compliant |
| **Standard 8** Organisational governance | Compliant |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Compliant |
| **Standard 7** Human resources | Compliant |
| **Standard 8** Organisational governance | Compliant |

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

# Areas for improvement

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

# Standard 1

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

Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced consumers are treated with respect. The Assessment Team’s review of consumer file documentation found it encompasses respectful and inclusive language and outlined consumers’ stories and what is important to consumers.

Consumers gave the Assessment Team examples of how the service has understood their cultural and linguistic needs and said their care is delivered in accordance with their preferences and values. Consumers are satisfied that the services they get support them to remain independent and support their choices on how to live their lives day to day.

Staff described to the Assessment Team how they mitigate risks involved with consumers’ service delivery and demonstrated their awareness of dignity of risk principals and how they these are applied in practice.

The Assessment Team is satisfied that consumer privacy and confidentiality is protected.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant with this Standard.

# Standard 2

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

Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers and representatives are satisfied with their involvement in assessment and care planning processes and reviews.

Customer care managers described to the Assessment Team that they conduct assessments in the consumer’s home utilising information from My Aged Care. Care managers build on the My Aged Care information to develop a detailed assessment. This includes a home safety assessment and referrals to nursing and allied health professionals for clinical assessments as required.

The service has an end of life planning policy and consumers can engage in end of life discussions as part of the assessment process, although the Assessment Team’s report notes some inconsistency between staff in how they apply the service’s policy and that this was discussed with management.

Management discussed and staff confirmed, that consumer information is available to home care workers via an ‘app’ on their mobile phone. The Assessment Team are satisfied that protocols for privacy and confidentiality of information are in place and applied by staff and others.

Consumers gave the Assessment Team examples of timely care reviews occurring, for example, post hospitalisation.

The Assessment Team are satisfied that care planning documentation and information is sufficient to inform staff in how to deliver services safely and in line with consumers’ preferences.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant with this Standard.

# Standard 3

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

Findings

I have relied on the evidence of the Assessment Team and the approved provider’s response in my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of the Assessment Team’s evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers receiving personal and clinical care advised that it is tailored to meet their needs. Home care workers gave examples to the Assessment Team of when they have identified a change in a consumer’s care needs and how they have contacted the office and documented the concern in a case note or email.

Consumers/representatives are satisfied referrals occur to health professionals and other services when needed. The Assessment Team reviewed referrals to nursing services and allied health professionals that included physiotherapists, occupational therapists, dietitians and podiatrists and found them timely.

The Assessment Team’s report evidences consumers are satisfied that safe care is being delivered.

I am persuaded by the approved provider’s submission in relation to requirement (3)(3)(e) and am satisfied that their review of the clinical information system addresses the gaps noted in the Assessment Team’s report. I have formed a different view from the Assessment Team and find the approved provider complies with this requirement as, in my view, the failure is not systemic.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant with this Standard.

# Standard 4

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

Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers are satisfied with how the service supports their day to day lives and enables them to maintain their independence. Care documentation reflects supports that help to maintain the consumer’s wellbeing and the supports they need to pursue their interests. Representatives gave examples of staff being alert to when consumers are feeling low and need emotional support. Staff described the needs of the consumers they support to the Assessment Team and also knew the consumer’s preferences and goals.

The Assessment Team’s report outlines good information sharing between staff and the service in relation to concerns and incidents. Care planning documentation reviewed by the Assessment Team evidenced referrals to other organisations and people to support the goals, needs and preferences of consumers.

Consumers told the Assessment Team they were happy with meals and had the relevant equipment to support their mobility, communication and other needs.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant with this Standard.

# Standard 5

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The approved provider does not operate a location that consumers attend to receive services. This Standard does not apply.

# Standard 6

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

Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers know how to make a complaint and have been provided support to give their feedback and make complaints to the service. Consumers said they have complained via telephone calls and emails to their customer care manager.

The Assessment Team viewed feedback forms and management described how feedback is encouraged through surveys. Management and staff advised that information on advocacy services, translation and interpreter services and external complaints bodies is provided to consumers at the commencement of their service.

Consumers/representatives reported the service is responsive to all kinds of feedback and queries.

The Assessment Team reviewed the service’s complaint register and was satisfied that prompt response, investigation and communication with the consumer and/or representative occurs.

The service has a policy on open disclosure and relevant staff were able to describe how they apply the principles of open disclosure to the satisfaction of the Assessment Team.

Trends in feedback and complaints inform continuous improvement, for example, the service has upgraded their system to identify their phone number when contacting consumers, to alleviate anxieties expressed by consumers of scam callers.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant with this Standard.

# Standard 7

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

Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers are generally satisfied with the sufficiency of staff and said staff do not rush when delivering care and services and also that staff are kind. Consumers are satisfied staff know how to do their job.

The Assessment Team’s report outlines their review of the service’s rostering system and notes a system is in place to manage planned and unplanned leave.

Management described to the Assessment Team strategies used to attract new staff by offering permanent part time roles, higher salaries, financial incentive programs and upskilling staff to ensure the workforce is adequate to deliver the planned episodes of care and services.

Management demonstrated to the Assessment Team that standardised recruitment processes ensure staff have qualifications which reflect the scope of the role.

Staff said they have access to training to support them in their roles and the Assessment Team’s report outlines a review of the service’s training records that demonstrate mandatory training is completed.

Human resource file reviews evidenced scheduled performance discussions occur between management and staff. Management demonstrated to the satisfaction of the Assessment Team that annual performance appraisals inform training needs and underperformance is addressed.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant with this Standard.

# Standard 8

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

Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers are satisfied that they have been able to contribute their views to how the service is run.

The Assessment Team are satisfied with how the governing body informs itself of the quality and safety of the care and services that are being delivered and that reviews of trends in incidents, complaints and other key performance indicators occur to inform corrective actions and improve the quality and safety of care and services.

The Assessment Team spoke with key management about their governance responsibilities and accountabilities and the team’s report outlines appropriate oversight is occurring, for example, of the level of unspent funds in consumers’ home care packages is monitored. The level of unfilled shifts is also monitored and the governing body has line of sight to how reportable incidents are managed.

The Assessment Team found the service has an effective incident management system and is alert to vulnerable consumers and potential incidents of neglect. Policies and procedures support staff in identifying and responding to potential abuse and neglect. All Incidents, including near misses are trended to alert the governing body of high risk and high prevalence incidents to inform their directions to management on actions and priorities.

The Assessment Team’s report outlines that systems are in place to ensure the organisation has oversight of complex and high need consumers. A clinical governance framework is in place and the framework reflects accountability levels throughout the service for clinical care. A Quality and Clinical Governance Committee reviews relevant key performance indicators and receives reports on the prevalence of antibiotics, restraint and that the appropriate use of open disclosure occurs when things go wrong.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is compliant 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)