**Performance**

**Report**

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| Name: | Like Our Own |
| Commission ID: | 301041 |
| Address: | 22 Prince Street, HAMPTON, Victoria, 3188 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 1 November 2023 to 6 November 2023 |
| Performance report date: | 15 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: 9489 Texplore Pty Ltd

Service: 28365 In-home care

Service: 27347 In-home care

Service: 27349 In-home care

Service: 27353 In-home care

Service: 27351 In-home care

Service: 27350 In-home care

Service: 27348 In-home care

Service: 27358 In-home care

Service: 27357 In-home care

Service: 27356 In-home care

Service: 27355 In-home care

Service: 27354 In-home care

**This performance report**

This performance report for Like Our Own (**the service**) has been prepared by A. Grant, 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 Assessment contact (performance assessment) – non-site report was informed by 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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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. | **Not Applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not Applicable** |
| 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. | **Not Applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

Requirement 1(3)(e) was found non-compliant following a Quality Audit undertaken from 4 May 2023 to 8 May 2023, evidence analysed by the Assessment Team showed consumers found information difficult to understand and were unable to read statements and/or verify the accuracy of charges. Furthermore, sampled consumer agreements did not include information relating to the Charter of Aged Care Rights or contemporary information relating to their package level and funding.

During the Assessment Contact undertaken 1 November 2023 to 6 November 2023 the Assessment Team analysed evidence which showed a number of improvements have been implemented to rectify the originally identified deficiencies. For example:

* Updates to the consumer information pack. The pack was analysed by the Assessment Team and included information on advocacy, privacy, internal and external complaints services.
* Updates to the organisation’s assessment policy. The updated policy was analysed by the Assessment Team and included guidance for a re-assessment of care and services. A new agreement and revised care plan and budget are provided to consumers when moving to a higher-level package.
  + The Assessment Team noted one new agreement for a consumer (HCP3) was analysed and showed the updated policy had been followed.

Consumers interviewed by the Assessment Team all stated they understand their package enough to enable them to make choices. A consumer (HCP1) stated when interviewed they currently receive personal care twice weekly and understands that their funding may run out so they have had a re-assessment and will be able to access more personal care if their package is upgraded. The consumer stated they know this because the ‘manager’ came out and explained this.

Documentation analysed by the Assessment Team showed consumers’ preferred method of communication is captured during the assessment and planning process, and updated information is provided to consumers when there has been a change of circumstances.

The Decision Maker determines Requirement 1(3)(e) to be compliant based on the implemented improvements listed above, that have rectified the deficiencies identified in the original Quality Audit.

# 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. | **Not Applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

Requirement 6(3)(c) was found non-compliant following a Quality Audit undertaken from 4 May 2023 to 8 May 2023, evidence analysed by the Assessment Team showed best practice complaint handling and resolution systems were not in place to manage and resolve complaints.

During the Assessment Contact undertaken 1 November 2023 to 6 November 2023 the Assessment Team analysed evidence which showed a number of improvements have been implemented to rectify the originally identified deficiencies. For example:

* The Assessment Team analysed evidence which showed the Complaints Policy & Procedure has been updated to include and guide staff on the use of open disclosure.
* The Assessment Team noted the service’s submission to the Commission dated 14 July 2023, in response to a Non-Compliance Notice indicates open disclosure and complaints handling was discussed with staff on 7 July 2023. Furthermore, complaints records have been scheduled to be sampled to ensure new policies and procedures have been embedded.

The Assessment Team interviewed four consumers and two representatives, all stated they have no complaints about the services consumers receive and feel safe to make a complaint if they needed to. One representative stated when they had a concern in the past, they spoke with the case manager about the issue who was responsive and they were satisfied with the outcome.

Two recent complaints were reviewed by the Assessment Team and demonstrated they were recorded by various sources, escalated to the Chief Executive Officer (CEO) and actioned in a timely manner. Documentation showed open disclosure was practiced as part of the complaints’ handling process. The service’s Complaints Policy & Procedure includes the application of open disclosure and outlines roles and responsibilities for complaint handling, this is consistent with information in the feedback register.

The Decision Maker determines Requirement 6(3)(c) to be compliant based on the implemented improvements listed above, that have rectified the deficiencies identified in the original Quality Audit.

# 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. | **Not Applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not Applicable** |
| 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. | **Not Applicable** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Not Applicable** |

Findings

Requirement 7(3)(c) was found non-compliant following a Quality Audit undertaken from 4 May 2023 to 8 May 2023, evidence analysed by the Assessment Team showed there were no mechanisms in place to ensure effective oversight of all contractors, including those engaged directly by consumers.

During the Assessment Contact undertaken 1 November 2023 to 6 November 2023 the Assessment Team analysed evidence which showed a number of improvements have been implemented to rectify the originally identified deficiencies. For example:

* Revisions to the Independent Contractor Service Agreement to include guidance on probity check requirements, including qualifications or certifications applicable to the work they are providing. For example, AHPRA registration and professional or trade association membership.
  + A Contractor Service Agreement was analysed by the Assessment Team which showed roles and responsibilities have been set out in relation to probity checks, regulatory obligations, and inspections of service delivery.
* Procedures have been implemented to understand the qualifications and quality of services provided by contractors introduced by consumers prior to engagement. This includes understanding why the consumer wishes to engage them, researching them online (looking at reviews and how many people they service) and interviewing the contractor.
* All new/and existing staff and contractors are required to provide Statutory Declarations for eligibility to work in Aged Care (in addition to Police Check) prior to starting their first shift.
* Procedures to monitor service delivery of contractors engaged by consumers have been implemented. All contractors engaged by consumers have been reviewed and evidence of probity checks, qualifications and certifications applicable to the work they are providing have been obtained. Contractors who have refused to provide this information have ceased to be engaged.
* Regular and/or fortnightly communication occurs with consumers and representatives to monitor the quality of care and services delivered by contractors engaged by consumers.

Consumers and their representatives said workers and their case managers are competent, they described in different ways why they thought the workforce were good at their jobs. The representative of a consumer stated they have two workers and are happy with them. The representative stated the workers know the consumer has dementia and are very patient with them. The representative added ‘they are perfect’.

Management when interviewed advised how the service obtains evidence of staff qualifications and skills prior to employment. New employees are provided with a letter of offer that requests evidence of qualifications, for example for care workers these include, but not limited to, Certificates or equivalent. New employees complete an online induction and a buddy shift to assess competency. The Assessment Team noted for Independent Contractors the Independent Contractor Service Agreement includes compliance with the Code of Conduct and Aged Care Quality Standards.

The Decision Maker determines Requirement 7(3)(c) to be compliant based on the implemented improvements listed above, that have rectified the deficiencies identified in the original Quality Audit.

# 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

Requirement 8(3)(c) was found non-compliant following a Quality Audit undertaken from 4 May 2023 to 8 May 2023, evidence analysed by the Assessment Team showed organisational governance systems were ineffective in relation to workforce governance. Specifically, there were no established roles and responsibilities between the service and contractors engaged by consumers, and no monitoring of service provision occurred.

During the Assessment Contact undertaken 1 November 2023 to 6 November 2023 the Assessment Team analysed evidence which showed a number of improvements have been implemented to rectify the originally identified deficiencies. For example:

* The Assessment Team noted the service transitioned to a new electronic database in the past twelve months and information on the old system has been transferred into the new system.
* The Assessment Team reviewed the continuous improvement plan and noted it lists progress in the upgrade to the client management system to which will incorporate systems to improve reporting processes.
* The majority of consumers interviewed stated they often telephone the service for enquiries and their calls are always answered. For example:
  + The representative of a consumer when interviewed stated they can call the CEO and if they cannot answer someone else will.
  + A consumer stated they can call the service anytime to speak with their case manager.

*Continuous improvement*

Evidence analysed by the Assessment Team showed the service demonstrated continuous improvement systems and processes in place. The CEO when interviewed stated they go through the continuous improvement plan monthly with the lead registered nurse, to monitor progress of items.

The Assessment Team noted the service’s plan for continuous improvement evidenced issues identified for improvement through various sources, for example, consumer feedback, complaints from external sources and management. Examples of items identified, including planned actions, progress notes and status/completion dates include:

* Feedback from consumers was that they wanted to purchase meals through their funding, as a result the service reviewed local meal providers and engaged a meal service and now offer this service to consumers.
* Following the outcome of the Quality Audit in May 2023, several updates to policy and procedures, for example, the revised feedback and complaints policy to include reference and guidance in Open disclosure.

*Financial governance*

The service manages financial information of consumers on a home care package through monthly statements that are itemised. Following the Quality Audit conducted from 4 May 2023 to 8 May 2023, the service updated its Independent Contractor service agreement to guide contractors on inclusions in invoices, for example, the name of the provider or staff, the service date, and hours of service. The Assessment Team sighted the updated independent contractor service agreement for a meals service provider.

The CEO when interviewed advised budget updates and monthly statements are provided to consumers detailing expenditure and highlighting unspent funds. The Assessment Team analysed the HCP monthly statement for a consumer (HCP3) listing services (these are individualised) and items purchased in the previous month, package management fees and balance of funds.

*Workforce governance*

Evidence analysed by the Assessment Team showed the service implemented a number of improvements to address deficits identified at the Quality Audit undertaken from 4 May 2023 to 8 May 2023. These improvements specifically relate to the monitoring of contractors directly engaged by consumers or representatives and include:

* Procedures have been implemented to understand the qualifications and quality of services provided by contractors introduced by consumers prior to engagement. This includes understanding why the consumer wishes to engage them, researching them online (looking at reviews and how many people they service) and interviewing the contractor.
* Procedures to monitor service delivery of contractors engaged by consumers have been implemented. All contractors engaged by consumers have been reviewed and evidence of probity checks, and qualifications and certifications applicable to the work they are providing has been obtained. Contractors who have refused to provide this information have ceased to be engaged.
* Fortnightly communication occurs with consumers and representatives to monitor the quality of care and services delivered by contractors engaged by consumers.

The Assessment Team asked the CEO ‘what the service process is to monitor that these fortnightly contacts are occurring’, and they responded that each case manager is responsible for maintaining the minimum fortnightly contact/check-in with consumers and they monitor these are occurring during weekly meetings with each case manager, where the case manager goes through their client list.

*Regulatory compliance*

The CEO when interviewed by the Assessment Team stated the service maintains up to date information on legislation, funding, and relevant guidelines through various sources such as the Department of Health, My Aged Care and the ‘Provider Institute’. The Provider institute sends regular updates. Documents analysed by the Assessment Team substantiated this statement.

*Feedback and complaints*

Evidence analysed by the Assessment Team showed the service has a tool to record and action feedback and complaints. At the time of the Assessment Contact, no complaints had been recorded for the previous six months and this is reflective of information obtained during interviews with four consumers and two representatives.

The feedback and complaint tool shows, feedback and complaints are received by various methods, such as in person, telephone calls, emails and case managers reporting on behalf of consumers. All complaints are managed, investigated and responded to by the CEO.

The Assessment Team reviewed two complaints that were referenced in the report for the Quality Audit undertaken from 4 May 2023 to 8 May 2023, and these showed the consumers had expressed satisfaction with the outcome and management of their complaints.

Management informed the Assessment Team feedback and complaints are discussed between the lead registered nurse and themselves monthly.

The Decision Maker determines Requirement 8(3)(c) to be compliant based on the implemented improvements listed above, that have rectified the deficiencies identified in the original Quality Audit.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)