**Performance**

**Report**

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| Name of service: | Living Choice Home Care |
| Service address: | 79 Avoca Drive KINCUMBER NSW 2251 |
| Commission ID: | 201325 |
| Home Service Provider: | Living Choice Australia PTY LTD |
| Activity type: | Quality Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 19 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Living Choice Home Care (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Living Choice Home Care, 2308, 79 Avoca Drive, KINCUMBER NSW 2251

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 27 April 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 applicable** |
| **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

The Quality Standard for the Home Care Package service is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Able to demonstrate consumers are treated with dignity and respect.
* Providing information which enables the consumer to make decisions, including who is to be involved in their care.
* Supporting consumers to act independently and make their own decisions.
* Respecting consumers’ privacy.
* Ensuring information provided to consumers is communicated clearly, easy to understand and enables them to exercise choice.
* Demonstrating that the delivering services are culturally safe.

Consumers/representatives interviewed by the Assessment Team said care staff treat them with dignity and respect. In its written response the approved provider submitted additional detail on interactions with consumers.

Staff interviewed demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of tailored services to the individual consumer. A care worker described how whilst providing personal care, they maintained personal space and boundary to preserve the consumers privacy and dignity.

Management advised the Assessment Team that the service did not have any complaints from consumers about their treatment from staff or of staff being disrespectful, or any information to indicate there were such concerns.

Care planning documentation reviewed included reference to consumers’ individual circumstances and involvement in decision making. Their care plan outlined consumer goals in relation to their wellbeing, with Care Plans containing clients’ story.

Consumers confirmed care staff understand the consumer’s background, preferences and what is important to them, which makes them feel valued and culturally safe.

Staff interviewed demonstrated an awareness of consumers individual and cultural needs and demonstrated they tailor services to the individual consumer. A care worker advised that they are respectful of their religious, culture and talk about them and also ask questions about them.

Consumers/representatives interviewed by the Assessment Team said the service supports and involve them to make decisions about their care. Staff interviewed demonstrated that they support consumers to exercise choice and maintain connections with other people. For example, one care worker stated that if they found that a consumer was feeling isolated or depressed, they would help them access community activities or social support. For consumers experiencing cognitive decline the care worker added that they would find what interested them, and introduce them to their interests detailed in their care plan.

Management evidenced knowledge, awareness and understanding of consumer choices and preferences and how they support consumers to make decisions about their care and services. They explained that care plans are done in partnership with consumers, with care managers discussing with consumers their needs, aspirations and interests. This includes the consumers goals and what they wish to aspire to and what their priorities are. They added that care plans are reviewed at a minimum annually, or when reviewed on request, consumers needs changed or discharged from Hospital, with level 3-4 Home Care Packages (HCP) being reviewed quarterly.

The service’s Assessment and Care planning policy is stored on the service’s database and viewed by the Assessment Team. It includes the involvement of nominated representatives and consumers in making decisions regarding their services and individual support needs of each consumer.

Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. For example, one consumer described how a care worker supported them to undertake an activity which involved travelling.

Management discussed their approach and review of consumers dignity of risk, including their awareness of the consumers’ right to take a risk. They explained that it forms part of the care planning process, where the consumers story is told in each care plan, which aids the service in determining what interests the consumer has. If they choose to take risks, the case manager would discuss the associated risks with the consumer and document the conversation. If care staff have issues with any risks associated with consumers, they would usually discuss this with the care manager.

Care planning documentation outlined goals the consumer had identified, including individual stories of consumers. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted, for example, use of a mobility aid. The service has a Consumer Care Risk Policy which was sighted by the Assessment Team.

Consumers/representatives interviewed by the Assessment Team said they receive HCP statements which are easy to understand. Management advised that, in relation to how they ensure consumers understand their budget and monthly statements, that budgets are processed through its software, and that the Care Manager sits down and has conversations with consumers. Statements are sent out via email or post being fully itemised. They transitioned from old statements last year (July 2022), with an explanation sheet issuing to all consumers explaining changes, including to new consumers.

Management also explained that consumer handbooks are provided to all consumers, with a copy viewed by the Assessment Team. The handbook was indexed, easy to understand and explained the scope of the HCP in plain English, along with the range of care and services available to consumers under program.

The Assessment Team reviewed a sample of HCP monthly consumer statements for February 2023 which appeared easy to read and understand, with services and costs itemised, being in date order and detailed clearly the available, funding allocation, fees, opening and budget closing balance, and unspent funds including the amounts held by the service and Services Australia.

Home Care Agreements and instruction sheets for HCP were also viewed by the Assessment Team which were found to be clear, easy to understand and detailed all the information contained in the information folder.

Consumers interviewed by the Assessment Team said that they feel staff respect their personal privacy while delivering care and services to them. Care workers interviewed were able to describe how they maintain consumer’s privacy when providing care and demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality of the consumer.

Management stated that during the process of signing a Home Care Agreement, they have a consent form for consumers to read and approve. It also details who they can share information with, for example Allied Health and GP’s, with a privacy collection statement also provided to consumers.

The service has policies regarding Confidentiality and Information Management which were sighted by the Assessment Team.

# Standard 2

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

Findings

The Quality Standard for the Home Care Package service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Undertaking assessment and planning in collaboration with consumers and their representatives, using evidence-based assessments within the electronic care management system (ECMS) to assist development of individualised care plans.
* Identifying through assessment, risks which could impact a consumer’s health or wellbeing and including a variety of health professionals in assessment and planning of consumers’ care.
* Including consumers/representatives in the review of consumers’ care and ensuring care plans are reviewed regularly. Care plans are offered to consumers/representatives and are available to staff/allied health. Reviews are completed more frequently when a consumer’s circumstances change.

The assessment and planning process consider risks to individual consumer’s health and wellbeing including management of skin integrity, restrictive practice and falls risks. Consumers and representatives reported they are included in, and are satisfied with, the assessment and care planning processes at the service. Staff could describe how assessment and planning is facilitated and how this informs the delivery of consumers’ care and services. For example, a care worker interviewed shared that how they always check the care plan and ensure it is up to date, greets the consumer politely, and checks if there is anything different in what she may need to do for them on the day. A case manager advised they use GP summaries, ACAT assessments and referrals to inform the delivery of safe and effective services.

Management and staff described the process of assessment and planning and reported this includes consultation with the consumer/representative, other health professionals (GP’s) and documentation such as hospital discharge information and ACAT assessments to inform the development of an individualised care plan.

The Assessment Team reviewed care documentation for consumers which demonstrated assessment and planning processes identify the needs, goals and preferences of consumers and any related risks to their health and wellbeing. Management reports Care Plans are based on ACAT guidance framework and include Areas of Concern, Goals and tasks for each domain.

Care Plans are developed in partnership with the consumer and take into consideration the initial ACAT assessment, medical health summaries from the GP and any other relevant information from partnering professionals.

Care plans are developed in partnership with the consumer and others they want involved in their care and services and consider:

* Cultural, religious language and other special needs
* Personal preferences including how they want their services delivered
* Health and wellbeing and lifestyle goals
* End of life care and advance care planning.

Care plans identify risks, and these risks and mitigation methods are documented in the service’s system on the client’s profile. Care Plans are reviewed and updated regularly. The service’s LCA Assessment and Planning Policy was seen.

Consumers/representatives said the services provisions meets their needs, goals and preferences and that they have a say in the care and services they receive. Interviews with staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs. For example, a care worker advised that they have access to all the information they need to deliver care via the care plan, this is accessible via its system in the mobile app.

Management described assessment processes to understand consumers’ needs and preferences and clear pathways to communicate this information to care managers and care workers. When a consumer or family member identifies a need or an Aged Care Assessment Team (ACAT) assessment that may prompt changes to the consumers care plan, the service will process the necessary referrals. Specialists such as physiotherapists and occupational therapists can provide assessments and additional support for consumers, with any changes updated in their care plans.

Management advised the service is committed to ensuring End of Life plans are in place and this is discussed with all consumers and their families. Palliative Care, End of Life and Advanced Care Directive tools were evidenced, and accessible to care staff. The assessment team reviewed the organisation End of Life Care Policy – published 30 Nov 2021.

Review of care planning documentation and consumer interviews demonstrates assessment and planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other health care providers such as GPs, and organisations are included in assessment and planning for consumers. Care managers described the care planning process is electronic and guides them through the process methodically, it is easily accessible for all care workers via their mobile devices.

Through review of care documentation by the assessment team and interviews with consumers and staff, the service demonstrated communication with consumers and outcomes of assessment and planning is effective. All sampled consumers/representative advised they can provide input into the consumers’ care needs. Care workers shared they have access to consumer care plans on their mobile devices. They said they generally have enough information to provide services in-line with the consumer’s needs and preferences.

Management said the service maintains electronic care and service plans that are accessible to staff where care and services are provided and that in-home care plans are provided to consumers and updated accordingly.

Consumers/representatives’ interviewed said staff regularly discuss care needs with them, and any changes requested are addressed in a timely manner. For the consumers sampled, care planning documentation evidenced reviews on both a regular basis and when circumstances changed; such as due to consumer deterioration or incidents requiring hospitalisation. Clinical staff could describe how and when consumer care plans are reviewed. Staff interviewed said they are aware of incident reporting processes and how these incidents may trigger a reassessment or review.

A review of care planning documentation confirmed care plans are reviewed at least annually and more often when changes or incidents occur. Care managers and care workers could describe the process, and under what circumstances a review or reassessment may be required. A care manager shared that HCP level 3 plans are reviewed half yearly at a minimum and HCP level 4 plans are reviewed quarterly.

# 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

The Quality Standard for the Home Care Package service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Providing safe personal and clinical care that reflects the needs of the consumer including for those consumers with complex care needs who require maintenance of skin integrity, wound management, catheter care, or experience pain.
* Identifying and responding to high impact and high prevalence risks for individual consumers at the service.
* Ensuring there is clear communication about consumers’ care both within and external to the organisation, referrals are made to other health professionals when the need for this is identified and delivery of EOL care is in line with consumer’s wishes.
* Ensuring documented processes to monitor and manage infection prevention and control (IPC) are implemented, IPC and OH&S leads are appointed, and relevant training has been completed by all staff.
* On balance, and in light of identified, current improvements, progressing toward consistently documenting progress notes and communicating with others where responsibility is shared.

As to Compliant requirements

Management reported they know care is safe and effective because they monitor the consumer’s condition, refer consumers to other health providers when required, receive feedback from consumers about their care and review care documentation and analyse incidents to identify any emerging concerns or care needs.

Care managers explained how restrictive practises using medication, restraints or equipment does not apply to any consumers currently within the organisation. The service has policies and work instructions reviewed at an organisational level to guide staff in care delivery including for pain management, skin integrity and falls prevention and management.

The approved provider submitted additional information following the Quality Audit in which it detailed its processes for monitoring the safety and effectiveness of care and services provided by brokered organisations.

The service demonstrated high impact, high prevalence risks to consumers are managed effectively via clinical review, this includes other health professionals when required. Staff could describe the main risks to the consumers including falls and skin tears and the risk mitigation strategies that are used for these.

The service has identified the top 3 risks for its consumers. The service stated it does not use restrictive practices on any consumer and strongly oppose the use of these. The service has policies and work instructions reviewed at an organisational level to guide staff in care delivery including for pain management, skin integrity and falls prevention and management. The service is assessing and capturing information that is enabling them to effectively manage high-impact or high-prevalence risks associated with the care for each consumer. The Assessment team evidenced Risk and Incident registers and a number of related and relevant policies and procedures.

The service was able to discuss care delivery for consumers at the end of life (EOL) ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained. Management and care staff advised a community palliative care team is most commonly employed to provide support when a consumer is assessed as palliative or at EOL. Staff reported alongside care delivery to provide comfort measures and have used strategies such as aromatherapy and music if the consumer/representative finds this beneficial.

Clinical and care staff described how their focus is on maintaining the comfort of a consumer at the EOL, provide pastoral care and significantly support the consumer’s family. The Assessment Team reviewed the End of Life Care Policy which is available to staff and provides guidance on what to recognise, and how to respond, to acute changes in a consumer’s health care status. The clinical manager provides training to case and care workers regularly and provides updates in meetings with care staff and managers.

The service was able to demonstrate that changes in a consumer’s health and well-being are recognised and responded to in a timely manner. Care notes for sampled consumers identified that staff recognise, report and respond to changes in a consumer’s condition.

The clinical manager advised actions taken include assessment of the consumer, discussion with the consumer/representative, referral to their GP or other allied health professionals and immediate transfer to hospital if necessary using an ambulance.

Care staff shared they will log alerts using the important message function in their system if they have concerns about a consumer behaviour such as loss of appetite and changes in mood or behaviours. The Assessment Team reviewed the Deterioration and Health Changes Policy (last edited 16 December 2022) available to staff which provide guidance on recognising and responding to acute changes in a consumer’s health care status.

Staff and management said that referrals are completed in consultation with the consumer and or their representative. Care planning documents demonstrate referrals to other health professionals and other service providers occurs when appropriate and in a timely manner. Staff described that generally a GP summary letter or hospital discharge notes, followed up with a phone call, and copies mailed to the consumer/representative are part of ongoing communication. All Staff interviewed shared that they receive the relevant information required for them to deliver services. The Assessment Team evidenced in care plans that appropriate referrals are made and that they done so are in a timely manner.

During COVID-19, a work group became active across the organisation where resources were linked, training was provided, and risk assessments introduced with clients. The service identified numerous activities and actions undertaken in response.

Medication management is observed through Webster pack distribution and managed by the consumer. Management reported it is committed to developing, implementing and maintaining an effective infection control program across the operations of business, and identified the measures it has in place to achieve this. Relevant and related policies and procedures were seen.

As to requirement 3(3)(e) which I find to be Compliant

The Assessment Team found that the service did not meet this requirement as it was not able to demonstrate that information about the consumer’s condition is documented and shared both within and externally to the organisation when necessary.

Management and staff described how changes and updates are reported in real-time using electronic notes on every visit, and the appropriate action is initiated that may include a review of services delivered. Consumers/representatives reported they are satisfied that staff know about their needs and preferences most of the time, the exception being when new staff are junior to their roles and lack confidence. Consumers/representatives are aware of the type of information which is made available to care workers on every visit.

Review of sampled consumer’s care documentation identified correspondence from health professionals, test results and referrals are accessible to staff at varying levels where it is appropriate to their role and the care that they deliver.

However, the Assessment Team found on review that electronic notes were not recorded consistently for every visit and that some care workers were more diligent with this procedure than others. Examples included complaints raised by a consumer being recorded in the Complaints Register, but details were not recorded using the service’s notes function, and details of a consumers behaviour not being recorded in the service’s notes system (however an incident report was lodged), and that information not being provided to staff involved in their care. The Assessment Team indicated that such information would help inform safe provision of personal care given to the consumer.

The Assessment Team reported that the organisation was focusing on improving the quality and consistency of the notes recorded by care staff, and that this was being facilitated through training sessions with care workers by state, and one on one coaching delivered by the clinical and case managers.

In its written response the approved provider gave additional information on its management of the examples given by the Assessment Team. In that response it evidenced that it had identified, prior to the Quality Audit, concerns about recording of progress notes and had rolled out training to staff on this topic, both before the Quality Audit and after it.

I find this requirement Compliant. Although this improvement is still in process, I am persuaded by the evidence that the service had identified and was progressing toward rectifying the issue.

# 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

The Quality Standard for the Home Care Package service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Providing a wide range of options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community.
* Promoting the emotional and psychological well-being of consumers through empathy, compassion and connection between consumers and members of the workforce.
* Preparing meals in conjunction with the consumer/representatives’ preferences and allied health professionals directives tailored to consumers’ preferences.
* On balance, and in lights of identified improvements, progressing toward sharing information about the consumers condition and preferences within the organisation.

As to Compliant requirements

Consumers/representatives shared the service supports them in their daily life to promote their quality of life, well-being and enable them to maintain their independence and advised staff know about their individual needs and preferences.

A case manager shared how the Villages quite often have activities going on for consumers. Care staff also provide social interaction services through one on one activities with consumers and through community outings. Management reported that Case Managers explain the HCP Program to all potential HCP consumers before signing with LCHC. Consumers are provided with a LCHC Consumer Handbook.

Care plans are developed in partnership with the consumer and reflect the person’s needs, goals and preferences. Assessments are undertaken as per the LCA Assessment and Planning policy.

Services are safely delivered in line with their care plan in a way that optimises health, wellbeing, independence and enhances quality of life. Consumers are encouraged and empowered to engage in activities of their choice, maintain social relationships and work towards reablement.

Consumers are given choice, flexibility, control over their care and services including choice of Care Workers and times and days of service delivery wherever possible.

Consumers/representatives sampled advised the service promotes their independence and encourages them to participate in activities that reflect their lifestyle and interests. Staff demonstrated detailed knowledge of consumer’s needs, goals and preferences, including levels of support they require.

Management reported that in developing the Care Plans for their consumers, the Case Managers discuss what services and supports will promote the consumers emotional, spiritual and psychological wellbeing. Actions resulting from this discussion is documented in the Care Plans and incorporated into the person’s service delivery plan.

The Care Plan give Care Workers valuable information on the consumer’s emotional, spiritual and psychological wellbeing and provides guidance on the consumers preferences and goals. The Care Workers can then implement these activities into their service delivery.

Staff are asked to be aware of any deterioration in consumer condition and report changes to the Case Managers immediately via ‘Important Note’ task in their system or by phone if urgent.

Case Managers will act on the information, meet the consumer and assess what further action may be required. Relevant and related policies and procedures were seen.

Consumers/representatives shared that they are supported to maintain contact with people who are important to them, and to participate in activities of interest both within and outside of the service community. Management reports Case Managers discuss with consumers how we can support them to improve their quality of life - activities they enjoy, personal relationships they want to maintain, new skills they want to learn and ways which they can participate in the community. This is documented in the Care Plan for the consumer.

LCHC has been successful in obtaining two grants which has helped HCP consumers become more confident and competent with digital technology. Working in partnership with a digital mentor, many of our Central Coast consumers have learnt new skills and have been able to connect with families and friends. This program has been highly successful and is being extended to HCP consumers in Sydney, Adelaide and the Sunshine Coast. Care Workers have been trained as Digital Mentors, so they can support consumers with the digital devices and the Be Connected program. Relevant and related policies and procedures were seen.

Consumers/representatives advised they are satisfied with the way information about them is communicated. Staff could describe how information is shared via their system and how they are provided with updates about changes in relation to consumers daily living supports.

Management reported that all consumers are asked to sign the Consent to Release and Exchange Information form. All consumers are provided with a copy of the Privacy Collection Statement on signing their HCP Agreement as well as the current copy of their Care Plan and Budget. The consumer’s current Care Plan is kept in its client management system.

Case Managers may need to share information contained within the consumers Care Plan with other service providers or sub-contractors to ensure the delivery and coordination of care and services. Where a health professional or another service provider supplies care to a consumer, they are expected to supply the Case Manager with regular progress notes to assess whether the consumer is achieving their goals.

Consumers/representatives advised consumers are supported by other organisations and providers of care and services. Care documentation demonstrated consumers are referred to other services and staff were aware of these. The real time nature of the notes recorded via the service’s system and the important note procedure enables the timely referral for consumers to the other providers of care and allied health professionals. Management reported that case managers work in partnership with the consumer and other providers to ensure the coordination of quality care and services. Case managers ensure consumers have a clear understanding of services available ‘inhouse’ and those services the consumer will need to access outside LC Home Care.

Sampled consumers/representatives expressed satisfaction with the quantity and quality of food that is being prepared by care staff during appointments. Care staff are at times required to prepare meals using food that is purchased by the consumer. The service does not operate a professional kitchen or services where the organisation will purchase, prepare and deliver ready-made meals. Management reports LC Home Care only provides shopping and a meal preparation service. Where a consumer requires meals, the Case Manager discusses the options for meal providers, supplies the consumers menus and makes the appropriate referrals when the consumer has decided. All medical needs of the consumer are taken into consideration when considering a meal provider and delivering meal preparation service.

The service’s LCA Food Services Policy was seen.

Consumers advised they have equipment available to them to assist with daily living and this is maintained and kept clean. All care staff will review and assess equipment to ensure it is clean and in good condition.

The consumer and suppliers of equipment provided are responsible for ensuring the equipment is service and maintained as required. Care staff will assist in the process by contacting suppliers on behalf of the consumer and transporting equipment for repair as required.

As to requirement 4(3)(d) which I find to be Compliant

Consumers/representatives advised they are satisfied with the way information about them is communicated. Staff could describe how information is shared via their system and how they are provided with updates about changes in relation to consumers daily living supports.

Management reports All consumers are asked to sign the Consent to Release and Exchange Information form. All consumers are provided with a copy of the Privacy Collection Statement on signing their HCP Agreement, as well as with the current copy of their Care Plan and Budget.

The consumer’s current Care Plan is kept in the service’s our client management system, which can only be accessed by authorised personnel. Care Workers can access the current Care Plan on their mobile app on their phone. Case Managers may need to share information contained within the consumers Care Plan with other service providers or sub-contractors to ensure the delivery and coordination of care and services. Where a health professional or another service provider supplies care to a consumer, they are expected to supply the Case Manager with regular progress notes to assess whether the consumer is achieving their goals.

Staff are trained in documenting progress notes – Altura Training Documenting in a Home Care Setting in March 2023. Relevant and related policies and procedures were seen. However, the Assessment Team found that progress notes are not being recorded for every appointment, including some situations where such notes may have been of assistance.

The Assessment Team reported that the organisation was focusing on improving the quality and consistency of the notes recorded by care staff, and that this was being facilitated through training sessions with care workers by state, and one on one coaching delivered by the clinical and case managers.

In its written response the approved provider gave additional information on its management of the examples given by the Assessment Team. In that response it evidenced that it had identified, prior to the Quality Audit, concerns about recording of progress notes and had rolled out training to staff on this topic, both before the Quality Audit and after it.

I find this requirement Compliant. Although this improvement is still in process, I am persuaded by the evidence that the service had identified and progressing toward rectifying the issue.

# Standard 5

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| Organisation’s service environment |  |  |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# 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 Quality Standard for the Home Care Package service is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Encouraging consumers/representatives to provide feedback.
* Providing consumers with accurate and complete information regarding how to access advocacy and language services and make a complaint to the Commission.
* Taking appropriate action to resolve complaints or respond in a timely manner.

Consumers and representatives interviewed by the Assessment Team advised they do not have any concerns as they are satisfied with the services and when they raised anything it was addressed quickly by the coordination staff or management. Most consumers recalling a feedback survey issues by the service. While some consumers interviewed indicated that the service doesn’t request feedback very often, they stated they are aware of how to lodge a complaint or provide feedback.

Care workers interviewed by the Assessment Team advised if they receive feedback from consumers they bring it to the attention of their care manager or encourage the consumer to talk to the care manager about it. They also advised there are feedback forms available for consumers.

Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues. The service’s Consumer handbook also includes Feedback and Complaints details, including the Commission and Advocacy services, and a Complaint form is located on the App used by staff.

Management also advised that care managers and care staff have conversations regularly, with feedback from consumers being mostly verbal and is captured in the Feedback / Complaints Register, with this all being reported to the Directors and Executives every month. The last formal consumer survey was last completed in May 2022, with the next survey issuing to consumers again in May 2023. The Assessment Team viewed the services Feedback and Complaints, Open Disclosure and Advocates Policies.

Consumers and representatives interviewed by the Assessment Team said they felt comfortable to raise any complaints or provide feedback with the service, as they are all approachable. A care worker interviewed by the Assessment Team advised that they have never had to help a consumer to connect with advocacy or language services or make a complaint to the Commission. They would always direct the consumer to the care manager.

Management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they obtain the HCP service. This is contained in various documents. The services Feedback & Complaints and Advocates Policies were also viewed by the Assessment Team.

Most consumers and representatives interviewed by the Assessment Team said they haven’t needed to raise issues but felt staff would take any concerns seriously and address their complaints. All consumers interviewed were happy with their services currently. A number of consumers said action is taken by the service in response to complaints.

Staff interviewed were able to adequately explain how they use the open disclosure principles if a consumer complains about their care or services. The care staff also indicated any complaint would go directly to their Care Manager.

When interviewed by the Assessment Team Management advised that the service has an Open Disclosure Policy. They encourage consumers for feedback to improve services. With all complaints processed through the Home Care Services Manager, where it is detailed on the complaints register. With the Home Care Manager contacting consumers where necessary to ascertain if they are satisfied with the outcome of the complaint. If the service identifies an improvement in providing care or services, this is included in the services continuous improvement plan and reported to their LCA Executive Management.

The service’s compliments, feedback and complaints register (Excel spreadsheet) viewed by the Assessment Team show that when complaints are logged, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show that there was contact with the consumers/representatives to find the ‘root cause’ and consider options to resolve the complaint with open disclosure practiced.

The services 2023 training register was viewed by the Assessment Team with no Open Disclosure training so far planned. However, ALIS online training was listed on the register as being available for staff, along with the services Open Disclosure Policy listed. The Assessment Team also viewed the services Feedback & Complaints and Open Disclosure Policies.

Consumers interviewed by the Assessment Team indicated they are able to provide input into how things are run or feed into broader service improvements.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how consumers feedback and complaint inform continuous improvement as required. Feedback and complaints documentation viewed showed how the service used consumer feedback to improve the quality of services.

Management explained that since July 2022, they have a new home care software system in place being a cloud-based system, which is a more comprehensive home care system. App also connected to consumers, family and care workers. They explained that this system is also used to issue the consumers HCP statements which are fully itemised. They transitioned from old statements last year (July 2022), with an explanation sheet issuing to all consumers explaining changes, including to new consumers, which has resulted in less budget and statement complaints.

Management also advised the Assessment Team that the Home Care Operations Manager (HCOM) reviews all complaints, compliments and feedback and ensures the feedback is addressed and actions taken to resolve the issue. Each month the HCOM prepares a report to the LCA Executive Management and includes a summary of compliments, complaints and feedback and the action taken to address the issue. The HCOM monthly report also includes a summary of incidents that have occurred, and action taken to ensure the incidents does not occur again.

The Assessment Team also viewed the services Feedback & Complaints Policy.

# 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

The Quality Standard for the Home Care Package service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Monitoring and reviewing the performance of the workforce.
* Providing the workforce with the resources and training required to deliver quality care and services.
* Respecting each consumer’s identity, culture and diversity.
* Ensuring workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Ensuring the number and mix of the workforce enables the delivery and management of quality care and services.

The majority of consumers interviewed by the Assessment Team provided positive feedback regarding staff and said they’re usually on time and are very happy with the staff. Care staff interviewed stated that they have adequate time per appointment in order to complete their work effectively.

Management advised when interviewed there had been 3 unfilled shifts in the past month, being 2 services for the one consumer on the same day (social support and domestic assistance), where the carer worker was sick. Another care worker was also ill and the shift was also unable to be filled. They added that in the previous year there were 6 unfilled shifts for the whole year. In most cases it’s the carer being unwell and having to reschedule.

Management described its response to workforce planning, for example, for some employees that would like to move into the personal care area of support, being unqualified to qualified, paid traineeships in the Certificate III in Individual Support (Home & Community) offered by the service.

In relation to staff rosters and shift allocations, a rostering staff member interviewed by the Assessment Team demonstrated the service’s system, which is used to plan, roster and allocate staff to consumers for various shifts and services. The staff member advised that appointment schedules go out to consumers at the end of the week. If schedule changes she added that they would always contact the consumer and advise a new team member will be coming.

Consumers/representatives interviewed by the Assessment Team said care workers treat consumers with kindness and respected them as individuals and they never felt unsafe.

Management and all staff spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The services Compliments, Feedback and Complaints Register detailed no complaints about staff treating consumers improperly.

Consumers/representatives all provided positive feedback regarding care workers when interviewed by the Assessment Team. They advised they are satisfied with the knowledge and skills of staff overall. Care workers interviewed stated they have to provide the service with certificates and licenses for verification of achievement and application. For example, certificates III or IV (Community Care Aged Support), CPR, medication first aid, police checks and online training. Management described various processes used to determine if staff are competent and capable in their role.

Academic and Trade Qualifications are viewed by the service and entered into its system. Traineeships for Certificate III in (Community Care Aged Support) are offered to employees that would like to move into the personal care area of support. Management also confirmed subcontractor staff (Allied health) as part of contractor management, were also monitored to correctly verify compliance documentation. They added they have good Allied Health staff, who will phone care managers to discuss issues.

Consumers provided feedback that staff know what they are doing and were competent. All consumers interviewed stated that they were confident and satisfied with support workers skills in delivering safe and quality care and services. Care staff interviewed by the Assessment Team indicated that they had adequate induction and training and are supported to deliver effective safe, quality care and services. Management stated that they provide training to support staff, with all staff being trained on being manual handling and progress notes. While staff had access to online training also on 1:1 notes, Hygiene, PPE, Infection Control, Deteriorating Health and Dementia Care Training.

Management also explained they keep staff informed about changes to aged care legislation for example SIRS and Staff Code of Conduct (CoC) via email to 55 staff. They also received CoC training via ALIS learning and SIRS Video was watched by all staff – with staff signing and acknowledging that they have received training. The Home Care Manager has also advised staff of changes to staff and provided examples regarding SIRS when she travels to other sites. With Care Managers also explaining relevant changes with their staff at staff meetings.

Consumers interviewed by the Assessment Team confirmed they are very satisfied with the services and with the staff providing and overseeing services. A number of consumers stated that service does request their feedback on the staff that deliver their care and services.

Care staff interviewed confirmed there is a performance appraisal system in place, which is reviewed annually. Also, monthly staff meetings are held which incorporates performance of staff, with their Care Manager also speaking to them regularly.

Management advised all employment contracts include a six-month probation period. With new staff regularly meeting with their line manager to discuss their role, learn policies and procedures, provide feedback and ask questions. Nearing the end of six months period, staff have a formal meeting with their line manager to discuss and review their performance. All casual staff who have been employed by the service for more than 12 months are offered casual conversion to a permanent part time role based on their average hours. All staff have an annual performance review with their line manager.

The Assessment Team observed relevant and related policies and procedures.

# Standard 8

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

Findings

The Quality Standard for the Home Care Package service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Engaging consumers in the development, delivery and evaluation of their care and services through both day to day and more formal mechanisms.
* Promoting a culture of safe, inclusive and quality services and the governing board is accountable for its delivery.
* Demonstrating effective organisation wide governance systems.
* Demonstrating effective risk management systems and practices regarding managing high-impact and high-prevalence risks.
* Demonstrating an effective clinical governance framework for the current HCP cohort who receive low level clinical care from the service.

Consumers and representatives shared examples of where they have provided feedback to the service, including through consumer satisfaction surveys. They expressed satisfaction with the quality of the service and understand they can provide input into how services are delivered via care planning reviews. Staff said they think the service is well run and that management respond to consumer and representative requests to implement changes promptly, for example roster adjustments to accommodate consumer preferences with time, day and care worker.

Management advised staff and consumers/representatives provide suggestions for improvements at any time. They said they receive consumer feedback through their care plan review meetings with the consumers/representatives and annual consumer and family surveys. The service’s LCA Governance Consumer Engagement Policy was seen.

Consumers/representatives were satisfied that the service promotes a culture of safe, inclusive and quality care and that the service is accountable for their delivery. Consumers interviewed discussed interactions with care staff and complimented responsiveness, indicating satisfaction with the service received.

Care staff advised that management is always conscientious regarding the safety of consumers and staff and conduct environmental assessments of consumers’ homes. Interviews confirmed staff were aware of the incident and hazard reporting processes at the service and the need to report when observing any hazards, incidents or concerns regarding consumers.

If a consumer does not respond to a scheduled visit the care staff report to case managers for further direction and they will contact the consumer and/or their representative to check on their health and wellbeing. Staff interviewed provided consistent information on the non-response process.

Management advise the service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation.

Based on discussions with management and an analysis of the information provided by management, including meetings of minutes, copies of reports and continuous improvement plans; the governing body demonstrated it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services.

Management stated that the organisation has effective organisational governance systems, and provided the following information:

Information systems

In 2022 it implemented a client management system designed for Home Care. Its HCP Care Plans, Budgets, service delivery, care & service schedules and accounts are all managed in that system. Care Workers have access to information through the mobile app. HCP Statement are generated from that system. The Systems Administrator supports the information systems.

Continuous Improvement

A Continuous Improvement register is maintained by the organisation in an excel spreadsheet and was sighted by the Assessment team.

Financial governance

The organisation’s Financial Controller oversees financial governance for the business. It has a dedicated finance officer who assists with CP claims and exit reconciliations. Invoices are processed within into an accounting system. In its written response the approved provider submitted details on the actions it had taken in relation to the management of unspent funds.

Workforce governance

The organisation is supported by external organisation which provides advice on Human Resources issues, policies and contracts.

Regulatory Compliance

Regulatory Compliance is the responsibility of the Home Care Operations Manager, and no issue were identified.

Feedback and complaints

The organisation’s feedback and complaints system is managed through its system and a senior staff member is responsible for following up on feedback and complaints to ensure they are resolved and closed off. That staff member is responsible for reporting Feedback and Complaints to the Executive Management team.

Relevant and related policies were seen.

Management stated that risks are identified in a timely manner through numerous channels including home safety assessments, incident reporting, complaints, audits and surveys. Strategies are implemented to mitigate and manage these risks. These strategies are monitored and evaluated to ensure effectiveness. Management and staff were able to identify vulnerable consumers, including those living alone, those with special needs, cognitive and functional difficulties and limited supports. Consumers provided examples of how the service helped them live the best life they can and shared an appreciation in receiving the home care staff who understand them and know of their needs.

High Risk Clients are recorded on the High-Risk Register and discussed at the High-Risk Clients monthly meeting. The High-Risk Register has been trialled in Adelaide and will be rolled out across the other sites during March and April. Vulnerable clients are maintained on the Vulnerable Clients register and identified in the organisation’s system. Consumers are supported to achieve their goals and preference through their care plan. Risks are documented and mitigated where possible and consumers make informed choices. The service’s Incident management system is managed through its system and the Incident Register.

All staff have access to complete the Incident Form which is followed up initially by the case Manager then referred to the HCOM for investigation and action if appropriate. All incidents are reported to the Executive Management Team in the HCOM monthly report.

In December 2022 all staff were trained in the Serious Incident Response Scheme. Relevant and related policies were seen.

Management stated that their Clinical Governance Framework is designed to contribute to the quality of life of their consumers experience when they are provided services and care in their own homes. Management advised staff are supported with policies and procedures on clinical risk and deterioration, clinical care, infection control, antimicrobial stewardship, restraint policy which they access online.

Staff interviewed were aware of antimicrobial stewardship but advised they are not usually involved in this directly as consumers liaise directly with their GPs regarding the use of antibiotic prescribing.

Management reports LCHC has developed a Clinical Governance Framework and associated policies to guide our clinical care practice. Management stated it had recently appointed a qualified clinical Registered Nurse to the LCHC team who is overseeing the clinical care of the HCP consumers and provides the team clinical support, and indicated this role has a number of responsibilities, including implementing the Clinical Governance Framework, developing clinical policies and procedures for LCHC and undertaking Comprehensive Nursing Assessment of consumers especially those on level 3 and 4. Relevant and related policies were seen.

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)