**Performance**

**Report**

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| Name: | Living Made Easy |
| Commission ID: | 201271 |
| Address: | 166 Mann Street, GOSFORD, New South Wales, 2250 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 August 2024 |
| Performance report date: | 1 October 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8835 Amazing ProCare Australia  
Service: 26161 Living Made Easy NSW

**This performance report**

This performance report has been prepared by G Cherry, 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 services it operates, 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) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 18 September 2024
* Performance Report dated 14 May 2024
* Notice of Direction to revise Plan for Continuous improvement dated 14 May 2024
* Email dated 17 June 2024 regarding closure of Notice of Direction

# Assessment summary for Home Care Packages (HCP)

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements 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.

# Other relevant matters:

Living Made Easy is a home care service operating across the Central Coast, Hunter and Tweed Coast regions of New South Wales plus Brisbane and Gold Coast regions of Queensland. Offices are in each location however head office is in Nerang, Queensland. The service provides 170 home care packages to consumers across levels 1 - 4. Services are flexible and personalised to support consumers to live independently and maintain their quality of life. The service subcontracts nursing services and allied health services such as podiatry, physiotherapy, occupational therapy, exercise physiology, speech pathology and dietitians. Other subcontracted services include lawn/garden maintenance, externally prepared meals, and builders where home modifications are needed.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |

Findings

A decision of non-compliance made on 14 May 2024 followed a Quality Audit on 19 March 2024 to 20 March 2024. At an assessment contact on 28 August 2024 the provider supplied a current/ongoing plan for continuous improvement (PCI), detailing improvement strategies and progress to address previously identified non-compliance including increasing numbers of care managers to enhance monitoring of consumer progress and documents completed by support workers, plus employ a registered nurse (RN) to provide clinical care oversight.

The service demonstrates a process to ensure timely recognition/response to deterioration or change to a consumer’s mental health, cognitive/physical function/condition. Consumers and representatives consider support workers are well-acquainted with consumers needs and express confidence in their ability to identify and report changes to their relative care manager. Referrals occur to allied health professionals, such as occupational therapists for equipment and home modifications, and physiotherapists when consumer’s mobility declines. Support workers explain the process to inform care managers regarding consumer’s overall health/wellbeing, documenting observed changes, noting care managers timely response/review and documentation of changes post review. Progress is reviewed by a care manager, and referral or further care review organised as needed. Management demonstrates review of services/supports post incident. Policies/procedures guide staff of organisational requirements including monitoring processes, care reviews, documentation, observations and feedback from consumers, representatives, and staff. The risk management policy covers management of risks such as illness, falls/other incidents, which may indicate a deterioration in consumer condition. Documents detail regular review by a care manager, RN, and support workers, reflecting communication between team members. Examples include identification/response to decline in mobility and increased pain.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

A decision of non-compliance made on 14 May 2024 followed a Quality Audit on 19 March 2024 to 20 March 2024. At an assessment contact on 28 August 2024 the provider supplied a current/ongoing PCI, detailing improvement strategies and progress to address previously identified non-compliance including review of complaints/feedback register to inform continuous improvement. A consumer who had previously made complaints advised satisfaction with the outcome/management. Other interviewed consumers express satisfaction the service would manage complaints/feedback effectively and update their services/supports as required. Interviewed staff describe processes to manage receipt of a complaint or feedback. Review of complaints demonstrate effective management, changes in services/supports where required and positive consumer outcomes. Document details 2 complaints sent directly to the Commission satisfactorily responded to. Complaints/negative feedback are regularly reviewed by the quality improvement committee to enable trending and inform continuous improvement. The complaints management policy/procedure details inconsistent use of terminology, to which management advised planned review to ensure consistency, accuracy, alignment with requirements.

# Standard 7

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| Human resources | | HCP |
| 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 |

Findings

A decision of non-compliance made on 14 May 2024 followed a Quality Audit on 19 March 2024 to 20 March 2024. At an assessment contact on 28 August 2024 the provider supplied a current/ongoing PCI, detailing improvement strategies and progress to address previously identified non-compliance including development of an induction/orientation training program, an annual mandatory training program monitored/overseen by management and provision of clinical oversight for those consumers receiving clinical care. Most sampled consumers express satisfaction of staff competency and knowledge.

Management demonstrates provision of additional training at meeting forums and documents detail topics such as identification/decline in client’s wellbeing, Serious Incident Response Scheme (SIRS), the aged care code of conduct and complaints management discussed at a support worker meeting. Interviewed staff consider recent improvements relating to role of senior support workers, plus receipt of training. Interviewed support worker’s feedback relating to open disclosure and complaint/feedback management differed to organisational requirements. While staff acknowledge receipt of scheduled training sessions, some advised lack of sufficient training relating to dementia and/or service support to attend training sessions.

A monitoring process records attendance of revised orientation/induction training covering topics relating to aged care, manual handling, infection prevention control including hand hygiene and personal protective equipment (PPE). A process ensures review of staff/subcontractors against legislative aged care requirements. Staff are requested to provide evidence when undertaking additional training to enable updating of records, however Management note inability to ensure accuracy without receiving evidence of completion. A new process of clinical oversight conducted by the quality improvement committee requires subcontracted services to provide evidence of clinical care for review.

In their response, the provider advised implementation of competency questionnaires post training to monitor/gauge understanding including actions for non-completion, plus planned additional training. In consideration of compliance, I acknowledge processes to ensure staff have training relative to aged care and am swayed by positive feedback received from consumers. I find the provider has a system to ensure a competent workforce with qualifications/knowledge to perform requirements of their role. I find requirement 7(3)(c) is compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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

Requirement 8(3)(c) **-** A decision of non-compliance made on 14 May 2024 followed a Quality Audit on 19 March 2024 to 20 March 2024. At an assessment contact on 28 August 2024 the provider supplied a current/ongoing PCI, detailing improvement strategies and progress to address previously identified non-compliance. These included standardising procedures across all regions, creating standardised RN reporting mechanisms, provision of training, RN reports uploaded into the electronic care management system (ECMS), topic of continuous improvement included on all meeting agendas, policies/procedures updated to reflect changes, review of financial delegations, implement audit procedures to provide oversight/ensure compliance, review employed and subcontracted staff for compliance with required registrations/banning orders, provide training relating to Aged Care Code of Conduct/SIRS/utilisation of funding, implement monitoring process regarding expiration dates/registration/insurances, establish a consumer advisory committee, document/monitor/review complaints/feedback.

Management notes benefit of improved systems and procedures and review of documents detail embedding of all improvements. The assessment team note while core information is contained in policies/procedures, Management agreed improvement would result in clear staff instructions, committing to continued refinement/improvement.

Requirement 8(3)(d) **-** A decision of non-compliance made on 14 May 2024 followed a Quality Audit on 19 March 2024 to 20 March 2024. At an assessment contact on 28 August 2024 the provider supplied a current/ongoing PCI, detailing improvement strategies/progress to address previously identified non-compliance including review of incident management policy/procedure to reflect roles and responsibilities, training for regional managers, and additional care managers regarding incident management, SIRS, and identifying abuse and neglect of consumers, high impact/prevalence risks and Board meetings to include risk management/incident review. The service demonstrates effective risk management systems and practices. Management outlined the incident management policy, explaining processes required by staff, care managers, regional managers and board members relating to reporting/managing incidents. The current policy outlines recording, escalation, and monitoring of actions. An incident example includes actions taken. Staff receive management support if they identify abuse/consumer neglect and relevant action includes referral where required. Training and meeting agenda items include reference to incident management and supporting consumers deemed at risk and staff demonstrate knowledge of reporting processes and advocacy agencies. Management demonstrates knowledge of SIRS reporting requirements. Management and staff demonstrate knowledge of consumer’s individual risks, including special needs, cognitive/functional needs – and demonstrate appropriate support via effective care planning.

Requirement 8(3)(e) **-** A decision of non-compliance made on 14 May 2024 followed a Quality Audit on 19 March 2024 to 20 March 2024. At an assessment contact on 28 August 2024 the provider supplied a current/ongoing PCI, detailing improvement strategies/progress includes implementation of a regular clinical governance meeting dedicated to reviewing/improving quality of care, ensuring adherence to best practice, and addressing clinical issues/risks. A clinical governance framework includes antimicrobial stewardship, minimising restraint use and principles of open disclosure. The framework includes definition/scope of clinical governance requirements, including need for continual performance improvement and improved service delivery. Framework elements include policies/procedures to guide adherence, clinical governance committee, training, workforce recruitment, clinical resources, assessment/reporting and monitoring. The committee meet regularly to discuss clinical incidents, identify consumers deemed at high risk and identify/monitor trends. Clinical issues are reported to the chief executive officer (CEO) and incidents are reported/trended. The organisation does not prescribe medications (medical officer domain) however support workers may be required to prompt consumers to ingest medications and monitoring of antibiotic use occurs via the incident management system. Staff receiving training relating to infection prevention/control and a vaccination program exists. Management and staff demonstrate awareness of antimicrobial stewardship and guidelines support staff relating to antimicrobial stewardship in clinical care. Management and staff advised no consumers currently require restrictive practices as the organisation strives to minimise the need for restrictive practice, a framework guides staff. An organisational approach to open disclosure, is evident in related policies/procedures and practice. Management and some interviewed staff demonstrate understanding of underlying principles relating to open disclosure principles including when things go wrong, transparency and apology. The open disclosure policy initially focusses on incident management, however, refers to all/any situation where a consumer may feel disadvantaged or harmed. Management advised planned review/update to ensure clarification.

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