**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Living Waters Home Services |
| Commission ID: | 201519 |
| Address: | 16 Tilbury Avenue, STANHOPE GARDENS, New South Wales, 2768 |
| Activity type: | Quality Audit |
| Activity date: | 24 October 2023 to 25 October 2023 |
| Performance report date: | 11 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: 9970 Living Waters Aged Care Pty Ltd  
Service: 28113 Living Waters Aged Care Pty Ltd

**This performance report**

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

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 7 December 2023

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said staff were respectful and upheld their dignity. Interviews with support workers indicate they are always respectful and caring of their consumer’s needs. Management and key personnel always spoke respectfully of consumers throughout the Quality Review.

Consumers and representatives said their culture is respected. Support workers explained how they ensured care and services are culturally safe for those they care for.

Support workers said they support the choice of the consumer and involve whoever the consumer decides in their care giving and care plans confirm this.

Consumers are supported to take risks to enable them to live the best life they can. Representatives confirmed this and risk mitigation strategies are utilised by support workers. Consumer risks are included in care plans.

The service was able to demonstrate information is provided that is current and timely and in a form that the consumer understands. An information package is provided to all new consumers of the service and includes the home care client agreement, care plan, pricing schedule and charter of aged care rights. This is translated into Korean for those consumers who prefer this.

The service was able to demonstrate consumers privacy is respected and personal information is protected. Staff were observed in the office to have conversations on the phone and in person in the office with doors closed.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 1 compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

All consumers and representatives interviewed were satisfied. The director of the service is a trained registered nurse who conducts a comprehensive assessment for all new consumers. A comprehensive nursing assessment form is completed, best practice assessment tools, including a falls risk assessment tool and a mini-mental state examination are completed. The comprehensive nursing assessment form includes a risk assessment that covers falls, diabetes, pain, skin, and environmental factors that can contribute to pain.

Care documentation showed consumers, needs and preferences were captured, and advance care planning raised with consumers and representatives. Consumers interviewed expressed their satisfaction with the care that was provided to meet their individual needs, preferences, and goals.

Consumers and representatives interviewed said the assessment and care planning process makes it easy for them to be involved. Consumer files reviewed contained allied health reports, health summaries, medical diagnosis, medication summaries, and hospital discharge summaries.

The service provides each consumer with a copy of their care plan and service agreement. Consumer said they were satisfied with the service they received and confirmed they have been provided with a copy of the care plan. The director and registered nurse interviewed said care plan outcomes are discussed with consumers and their representatives. Further reviews of care plans are also provided or readily accessible if needed.

Consumers were satisfied that care and services are reviewed regularly. The director and registered nurse said consumer care and services are re-assessed at regular intervals and when there is a change in a consumer’s situation including post hospitalisation or incident, as appropriate. Support workers interviewed said care documentation is updated when changes occur. The electronic management system is designed to trigger management when certain words like ‘declined, deteriorated, and blood pressure’ are entered in progress notes that alert the director and registered nurse, who will then investigate and formally check-in on the consumers within 24 hours.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 2 compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives interviewed described their satisfaction with the personal and/or clinical care provided and said that it was safe and effective. The director and registered nurse said they ensure best practice care is provided by qualified staff. Management demonstrated they are regularly communicating with consumers and/or representatives to ensure consumers are receiving safe and effective care. The quality assurance team conducted 6 monthly follow-up calls with consumers and their representatives also to ensure the consumers are receiving safe and effective care. Support workers said they provide care that is tailored to the needs of the consumers and their wishes.

All consumers and their representatives interviewed expressed satisfaction that consumer care is safe and right, and confident that risks associated with their care are managed. The support workers interviewed described the strategies implemented to manage individual risks for each consumer.

Support workers interviewed said they felt confident and supported to provide care for consumers who are nearing the end of life. They felt supported by both the director and community registered nurse team leader. The service has policies and procedures to guide their staff on resources, advice and guidance.

All representatives sampled expressed confidence that staff would identify and respond to a consumer’s deterioration or change in a timely and efficient manner. Support workers demonstrated knowledge of their responsibilities in reporting deterioration or a change in consumers to either the director or registered nurse immediately, calling emergency services if needed, awaiting handover from the service, and completing an incident report as appropriate.

Consumers and representatives interviewed expressed satisfaction that consumer’s conditions, needs, and preferences are well communicated. Support workers interviewed described how they are able to access care information on their mobile phones which have the consumers care plans in an ‘app’. Any changes to the care plans are discussed with the support worker by the director or registered nurse. Support workers said they receive sufficient information about each consumer they manage and are able to confirm with the care plan if unsure. The director actively communicates with others, internally and externally including the general practitioners, social workers, hospital staff, and representatives to ensure the provision of safe and effective personal and clinical care.

Care documentation evidenced referrals were made in response to an identified need and include general practitioners, podiatry, occupational therapist, physiotherapy services, and respite in a residential care facility. The director interviewed described referral networks and processes.

Consumers and their representatives interviewed were satisfied with the measures taken by the support workers to protect consumers from infection. The service demonstrated the minimisation of infection related to risks through the implementation of precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. The director and registered nurse interviewed showed a good understanding of antimicrobial stewardship, infection control, and standard precautions.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 3 compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and their representatives interviewed said that the service had provided services to assist consumers to access activities for daily living and independence while optimising their quality of life. Support workers interviewed demonstrated an understanding of what is important to each of the consumers they are providing support for and how they incorporate this into the services they deliver for their consumers.

Consumers and representatives interviewed said staff know consumers well and described in various ways how the services provided to enhance their emotional and psychological well-being. The director, registered nurse and support workers described strategies to support consumers emotionally, spiritually, and to promote their psychological wellbeing.

Staff advised that during the comprehensive assessment the goals for the consumers are established including any social activities that are important to them and they use this information to help guide and achieve these goals and in allowing consumers to maintain relationships.

Information about changes in consumer needs are communicated to consumers, their representatives, and others responsible for the care including respite services. Management said information regarding consumers are shared via their electronic management system which staff have access to via their mobile phones on an ‘app’.

Feedback from consumers described an effective and timely referral process. A review of care documentation evidenced that timely and appropriate referrals are made in response to the support needs of the consumers.

The service demonstrated that where equipment is provided, it is suitable, in good condition, clean and well maintained. Consumers, representatives, and staff are aware of how to report issues regarding the repair or replacement of equipment.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 4 compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Most consumers and representatives interviewed said they would call the director if they had a complaint and feel supported to do this. Consumers and representatives said the director encourages them to do this at their initial meeting.

Most consumers and representatives said they had no complaints to make, and they would call the director directly if they did. They said they didn’t need any help to do this from advocacy services. Consumers also have nominated representatives in place, who they can involve if they wish to raise a complaint. All documentation for consumers with a Korean background is translated into Korean as well as English. Information for advocacy services is included in the information provided at assessment and in the service agreement. This includes information on external complaints mechanisms such as the Aged Care Quality and Safety Commission.

Complaints are investigated by the director immediately, so they are resolved quickly to the satisfaction of consumers and their representative. An open disclosure approach is applied to all complaints management.

A review of complaints showed there are no real trends. There was documentary evidence in the continuous improvement plan that directly relates to consumer feedback and complaints. All feedback and complaints are followed up personally by the director with specific actions that often include one to one education of staff to ensure continuous improvement of the workforce and care and services delivered.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 6 compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

All consumers and representatives provided positive feedback in relation to how the workforce is deployed, and the safety of care and services delivered.

All consumers and their representatives said the support workers and clinical staff from the service are very kind, caring and respectful.

The director said he ensures he is in direct touch with consumers and their representatives regularly so he can get direct feedback about the staff he employs. Evidence of mandatory education for staff was provided and all staff interviewed indicated they have received appropriate training.

Performance assessments have been attended for all staff and are documented in Korean and English. They include the review of the staff member’s performance, an opportunity for feedback to the director and input into what type of education will be provided for continued learning.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 7 compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers are engaged in the delivery and the evaluation of the service. The organisation has begun to form a consumer advisory committee and have two representatives who have given their consent to be involved in the further development of the service.

The organisation promotes a culture of safe inclusive care and services in various ways, through newsletters provided to staff regularly outlining best practice, regular monthly meetings where they review all consumers risks, changes to processes as needed and informing stakeholders about the strategic directions for the organisation.

An external company manages the digital information management needs of the service.

Consumers, representatives, and support workers were satisfied that they could access information as needed and said information provided was clear, timely and accurate.

The service has a plan for continuous improvement that identifies planned improvements, personal responsible, planned completion date, action status and outcome.

The accountant ensures monthly statements are sent to all consumers and prepares quarterly financial reports. The director adheres to a projected monthly budget.Consumer HCP itemised monthly statements are provided. Unspent consumer funds are tracked by the director and discussions with consumers occur to ensure consumers are provided with the assessed care and services.

The director advised there have been no adverse findings by anther regulatory agency or oversight body in the last 12 months. The director receives all regulatory compliance information from the peak body Aged Care Community Care Providers Association.

The organisation’s feedback and complaints system support consumers and their representatives to provide feedback. Management provided their feedback and complaints register with management demonstrating that feedback, suggestions, and any complaints are documented, reviewed, investigated, and actioned. Open disclosure is used.

The service has a quality and risk committee and clinical care committee. There are quality and risk committee and clinical care committee terms of reference documented. Minutes of the monthly meetings indicate there is discussion of the risks of consumers, incidents and changes in condition, so the possible deterioration of consumers is monitored and identified with appropriate action taken. Other issues discussed included feedback and complaints, clinical care, staffing changes, changes in legislation, benchmarking, and practice guidelines.

The service was able to demonstrate they have a clinical governance framework that includes the minimisation of restraint, an open disclosure approach in managing complaints and antimicrobial stewardship. Antimicrobial stewardship, minimising restraint and open disclosure policies are in place at the service.

The Approved Provider indicated their agreement with the Assessment Team’s findings. Based on the response by the Approved Provider and the Assessment Team’s report I find Standard 8 compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)