**Performance**

**Report**

**1800 951 822**

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| Name of service: | Marco Polo Aged Care Services Limited CACPs |
| Service address: | 11 Watergum Way WOONONA NSW 2517 |
| Commission ID: | 200252 |
| Home Service Provider: | Marco Polo Aged Care Services Limited |
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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 Marco Polo Aged Care Services Limited CACPs (**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:**

* Marco Polo Aged Care Services Limited CACPs, 17646, 11 Watergum Way, WOONONA NSW 2517

# 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.

# 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 | **Compliant** |
| **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:

* Supporting consumers through planning process and policies which are inclusive. Cultural backgrounds acknowledged and respected.
* Providing care and services that are culturally safe through cross matching care workers and consumers backgrounds for the best cultural fit.
* Supporting consumers to take risks to live their best life.
* Providing information in timely manner which is communicated in the consumers language of choice and format, so they can make decisions about their care.
* Protecting consumer privacy and confidentiality.
* Treating consumers and their representatives with dignity and respect

Consumers said they felt respected and valued by care manager and carers. They described how their interactions with the service was always respectful and how they felt their cultural backgrounds were understood and respected. They said they appreciated carers were matched to their cultural and linguistic backgrounds and preferences.

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. Management interviewed outlined how the service provider guides and monitors the carers daily work practices and implements policies and procedures, induction and training, and the providers commitment to person centred support which values diversity and promotes respectful relationships.

Assessment and care planning documentation reviewed included reference to consumer’s individual circumstances and involvement in decision making. Their care plan outlined consumer goals in relation to their physical and psychosocial wellbeing. The Assessment Team noted the consumers were informed of their rights and responsibilities through their Service Agreement and were provided a copy the Charter of Aged Care Rights.

Consumers and representatives confirmed carers understand their background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. All consumers interviewed said their care manager assigns carers based on preferences and needs. They said the carers are not changed unless they are on holidays or sick, which is important to them. Care managers develop in consultation with the consumers and representatives a plan that includes information on a consumer’s culture and traditions they wish integrated into their care. Carers interviewed demonstrated that they treat consumers with respect, maintain their dignity, are aware of their individual and cultural needs, and provided examples that demonstrated they tailor services to the individual consumer. Management interviewed demonstrated staff and carers are trained to deliver culturally safe services, and the consumers reported that they felt they that the service was culturally safe for them. Services are provided to consumers of diverse backgrounds, including but not limited to consumers with limited English. Organisational documents reviewed included relevant policies and procedures in relation to the provision of an inclusive and culturally appropriate services.

Consumers interviewed said that the staff encourage them to make decisions about their services. They were aware of those they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice. Consumers are informed of their rights, including their right to make decisions about their own care and those they wish to involve. Training is provided to administration, office staff and carers on choice, independence and consumer’s rights. Assessment and care planning policies include the involvement of nominated representatives and consumers in making decisions regarding their services and consumer choice.

Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. The service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer mobility through their home safety checklist. The community care manager advised the information in the checklist is used to develop the delivery of care plan to guide the carers.

Management discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of the consumers’ right to take a risk. They described individual care plan supports a consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks in life.

Care planning documentation outlined preferred care and services and any goals the consumer had identified. 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 policies and procedures describing risk, including dignity of risk.

Consumers receive a range of information at the commencement of their service and when aspects of their services change that enables them to make choices about their care. Management advised that consumers and representatives can access the service’s web site for current information and also request for advice or have any of their queries answered through their online feedback options. The consumers receive monthly statements about their package funding. Consumers and representatives interviewed confirmed the information provided to them, which corresponded with the information given by the care manager and sighted by the Assessment Team. They said the information is clear and easy to understand and confirmed they speak to the care manager whenever they want and if they call them they are usually available, or they will call them back in a timely manner.

Consumers and representatives said staff and support workers respect the consumer’s privacy when delivering services and they are confident their personal information is kept confidential.

All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. They described practical ways they protect consumer information such as only discussing consumer information with relevant admin staff and not disclosing a consumer’s personal information to anyone outside of the service.

Where consumer information is shared with other services involved in the delivery of care and services, the organisation obtains consent from the consumer. Care manager advised they seek consent from consumers as a standard process if referrals need to be made for other services.

The service’s privacy policy outlines the protocol to protect personal information such as, only collecting necessary information, how information is used, and how information is protected. Respecting the privacy of consumers is incorporated into staff education at induction and the code of conduct policy.

The Assessment Team noted policies and procedures are in place in relation to this requirement, consumer privacy is maintained by staff, and only relevant staff have access to hard copy and electronic files and these are kept in locked draws and password protected to access “p” drive. Brokered service agreements with allied health providers outline how consumer personal information is protected, including privacy and confidentiality.

# 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:

* Meeting consumer’s needs. Overall sampled consumers and representatives interviewed confirmed that they were satisfied with the care and services they received, and they were in line with their goals and preferences. Consumers confirmed they are involved in assessment and care planning processes and where applicable this was done in partnership with others when they wished them to be involved.
* Ensuring that organisational policies and procedures, guiding assessment and care planning templates, and electronic information management systems ensures service staff, involved in direct care delivery, work in collaboration with consumers, to deliver services in accordance with their identified care needs, goals and preferences.
* Ensuring assessment and service planning processes are in place include initial and ongoing review and reassessment, and strong ongoing monitoring by carers and care manager.
* Ensuring documentation is up to date. Consumer documentation reviewed provided evidence of current updated care plans, agreed upon goals, tasks and instructions for carer and social support worker with consideration of risks to consumers and their changing circumstances.

A Care manager outlined the assessment process they follow. They said they use the application form, first contact risk assessment and assessment and reassessment form to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. A Care manager also said a carer reported to her regarding consumers non-response to the visit and then she followed up the process. Evidence noted each consumers file included the non-responsive to the visit agreement.

During assessment risks are identified and discussed with the consumer and/or their representative. Mitigating strategies are agreed upon and documented in alerts, and the individual safety plan. Consumers discussed how the service identifies their care needs and any risks.

Carers said they are provided information by managers in relation to the care needs of consumers and are provided with access to the care plan that includes clear instructions. They access progress notes on their phone and are updated in relation to changes and discuss at regular staff meetings services provided to consumers. Care planning documentation sighted by the Assessment Team included specific tasks for carers and in accordance with consumer goals. Consumers are offered assistance with advance care planning, however staff said discussion in relation to end of life planning is not always appropriate. Consumers interviewed confirmed services meet their care needs.

Policies and processes are in place that describe how assessment and care planning development are undertaken, in consultation with consumers and/or their representatives. The Assessment Team interviewed consumers, asking the consumer about how they are involved in assessment and care planning, reviewed their care planning documents, and interviewed staff about how they use assessment and care planning documents and review these on an ongoing basis. Progress notes and emails sighted provided evidence of liaison with other agencies as required.

Consumer documentation reviewed provided evidence of assessments undertaken with the consumer and/or their representatives. Consumer representatives confirmed the service has organised allied health professionals as required.

Consumers/representatives interviewed confirmed they participate in assessments and ongoing reviews and were involved in development of their care plan. They felt they were well informed by the manager of the services they could access through their home care package. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Most consumers said the services they receive are in accordance with their needs and preferences and agreed upon by them.

Consumers/representatives confirmed they were provided with a copy of their current care plan. Consumers and representatives interviewed provided examples regarding their involvement.

Several representatives advised when services change an updated care plan is organised. The initial assessment is conducted by the case manager she is also an registered nurse and further referral to the allied health to conduct an physio assessment. Care plans are then developed in partnership with consumers and representatives based on the information gathered via the assessment. Once developed a copy is provided to the consumer/representative. Care plans were sighted in all sampled consumer files. Updated care plans were also sighted based on reviews and changes in consumers’ care needs. Carers interviewed said they have access to consumers’ care plans which is in each consumer’s home. Those interviewed felt they get enough information on the needs of the consumers and how to deliver care.

Policies and procedures guide staff in relation to review and reassessment. Managers said they review the individual care plan with each consumer every year or as needed. Carers said they tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the case manager and the branch manager who follows-up and keeps them informed of any changes. Detailed care manager notes were also sighted that reflecting changes in needs based on reviews, upgrading to a higher-level package and discussions with social support worker and carer. Consumers confirmed their services are reviewed. Sampled care plans sighted were current, with reviews, conducted at least yearly, and as circumstances changed. Progress notes sighted, included entries by support workers, after each service, and included notes outlining follow-up undertaken by the manager.

# 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:

* Ensuring consumers get safe and effective personal and clinical care. Consumers/representatives interviewed were satisfied overall with care and services they are currently receiving. They said communication from the office works well, and the manager regularly contact them about care and services. They said staff provide services safely and confirmed current processes are in place to manage the risks around COVID-19. Several consumers/representatives said they think carers provide an excellent service and play an important role in helping them maintain their overall health and wellbeing.
* Ensuring it has systems in place for the delivery of safe and effective personal and clinical care services that meet the needs, goals and preferences of consumers. This includes identifying and managing high impact and high prevalence risks through assessment, care reviews and ongoing monitoring processes and recognising and responding to deterioration or change in health and wellbeing. The information regarding the consumer’s needs and preferences noting any changes is effectively communicated to inform the delivery of care. Care manager is a registered nurse who assess the clinical needs and provide clinical care. System in place for referral process to the doctors, specialist and community nurse for all clinical needs to consumers when required such as catheter changes or any complex care.
* Monitoring the provision of care. Management confirmed care and services are delivered by trained carers and all services are monitored by the managers. Carers report any changes in the consumer’s overall health and wellbeing and this is followed up in a timely manner. Any incidents, changes in the consumer’s health or other significant events are noted in the consumer’s file and followed up as appropriate.

Consumers/representatives receiving personal care and/or clinical care services were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the carer providing services to them. They said the service takes time to assess and understand their care needs and carers consider individual preferences when providing direct care.

No carer or manager raised any particular issues regarding consumer personal or clinical care. Although carers and managers were able to provide examples where consumers were deteriorating they felt the processes in place and oversight by the community care manager and escalated to the CEO and helped them safely provide services to consumers.

All interviewed carers have completed Certificate III, which includes training in personal care and they are directed to follow any consumer preferences, as per care plan. They said they encourage consumers’ independence with personal care. They said time allocated is usually enough to provide a care for the consumer and they can ask for more time if it is not enough.

Management advised their care managers participate in professional development to ensure the clinical care they provide is best practice and reviewed for effectiveness. They said they are supported by the organisation to access any training needed and clinical assessment documentation is available for their use.

The service engages with a range of peak bodies and other organisations to support best practice, such as dementia Australia and receives alerts from the government bodies and accesses the commission’s website. A comprehensive assessment is conducted for all consumers and clinical needs are assessed by a registered nurse and any identified needs are included in the care plan and reviewed regularly.

Sampled consumer files included individual preferences for consumers receiving personal care services, including their preferred level of independence and directions for carer when providing care.

Positive feedback was received from consumers/representatives with regards to individual risks identified regarding consumers. Carers interviewed advised the service is good at following up on any incidents or hazards they report. They also have a process in place to manage the risks of a consumer not responding to a scheduled visit and the process to follow is on the consumers’ information they receive. Carers were also able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans.

The Community care manager provided examples of where high impact and high prevalence risks were identified for consumers. These included swallowing difficulty, mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The registered nurse will complete assessments to check eligibility for the dementia supplement where required. Some carers advised they have done training in dementia as part of their Certificate III. Referrals can be made for medication reviews and behaviour support plans can be developed as needed.

The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers and plan in place to improve system. Care manager is supported by the quality and risk manager. The incident management system informs consumer risk profiles and relevant information is communicated to carer. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. Policies and procedures were sighted relating to risk management that includes how to manage consumer risks such as illnesses, when they fall (or other incidents), and where consumer responsive behaviours are present that may pose a risk. All sampled consumer files contained home environment assessments, with follow up where issues were noted. Processes are also in place for managing consumers’ non-responses to scheduled visits and these are reflected in consumer care plans sighted.

Consumer file review showed consumers are assessed for risks in relation to their overall health and wellbeing with any risks documented in their assessments and their care plans containing strategies to manage the risks noted. These are identified at initial assessment and through regular care reviews. All consumers’ files reviewed had detailed information on any risks for the consumers and services to be provided to manage these risks.

Some consumers/representatives interviewed could not recall whether advanced care directives and end of life planning was discussed as part of their assessment. Some consumers said they don’t want to discuss this as yet. Managers advised they did not have any consumers who were on an end of life pathway but would raise this with consumers whose care needs increased due to this. Services would be provided in line with the consumer’s and representatives’ wishes and based on any cultural preferences.

Carer demonstrated an awareness of how services may change for consumers nearing the end of life, for example, changing from showering to bed baths and providing in-home social support rather than taking them out into the community. They were confident care plans would be updated and managers would advise them of any necessary changes, as they do when other changes are made to care and services. Policies are in place regards to advanced care directives or end of life planning.

Consumers/representatives said carers knew consumers well and were confident they would identify any changes to overall health and wellbeing and report it back appropriately. They said they had contact numbers to ensure after hours coverage also. They indicated referrals have been made as needed to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs.

Carers confirmed they inform managers regularly about the consumer’s overall health and wellbeing and note any changes to this. They said managers follow up quickly when things are reported. Following care reviews, they are then notified of any changes in care. They said they are updated by the managers when changes are made to needs or services following care reviews.

Discussions with management confirmed care is formally reviewed regularly and annual reviews were noted on the system. Progress notes submitted by carer are reviewed frequently by manager and communications and/or reviews are organised as needed. This information was consistent with what carer advised and what was sighted in the consumers care documentation.

Policies and procedures in place to monitoring processes in the service including reviews, completion of progress notes, observations and feedback from staff and gathering feedback from consumers/representatives. Risk Management policy also includes identification and management of consumer risks such as illnesses, when they fall and other incidents, which may indicate a deterioration in condition of the consumer. All consumer files contained regular progress notes from manager and carer. Manager notes were very detailed and reflected a number of discussions with carer regarding consumers. No sampled consumer files showed any evidence of deterioration that seemed to be unnoticed or not responded to.

Consumers/representatives confirmed their needs and preferences are effectively communicated to, as they did not usually have to repeat the same information to new carer. They also confirmed carer usually know if anything has changed regarding their care. Consumers/representatives also provided positive feedback on the carer who provided their care. They were also complimentary regarding communication with office staff, such as coordinators and the manager.

Carers confirmed they are given enough information on a new consumer to provide suitable care and access their care plan through their phone app beforehand and also from email. This includes information on individual needs and preferences. They said they don’t have any issues contacting the managers to discuss any issues or concerns about the consumers. Carers also said they complete regular dated notes on data base. They also receive regular phone contact from the managers regarding new consumers and any changes to care or services as the result of care reviews or consumer/representative requests. With COVID they said there has also been regular communication where services had to be changed based on support worker or consumers becoming COVID positive.

Managers described how changes in a consumer’s care and services are communicated within and outside the service with those sharing care of the consumer. They advised carer usually complete dated notes, although said some staff are more diligent at this than others. They encourage staff to do their notes. They also call regarding any consumer non-response to a scheduled visit.

For all consumers sampled, documents including assessments, care plans and dated notes provided detailed information to support effective and safe sharing of the consumer’s care. Carer and care managers notes were frequent, detailed and reflected discussions with carer, consumers/representatives and allied health services.

Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and medical specialists. They said this usually happens in a prompt manner. Carers were not responsible for consumer referrals to other health professionals, however generally knew when referrals had been made by manager as care plans had been amended.

Managers said they assist consumers with referrals back to My Aged Care for a higher-level package when this was needed due to a change in care needs. The service also has arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry and dietician services, who are available to deliver services according to individual consumer’s needs and care plans. The manager liaises closely with allied health professionals on an as needs basis and monitor the outcomes for consumers.

Management demonstrated they had processes in place to refer consumers to a range of allied health services through the public health network and through private providers in their region and this was evidenced on the consumer files sighted.

Review of sampled consumer files showed referrals to allied health services such as occupational therapists, for equipment and home modification services. Referrals were also noted to physiotherapists, podiatrists and vital call. In cases where referrals were made the consumer’s file evidenced uploading of allied health reports. Referrals were often made in a quick timeframe such as on the same or the next day.

Consumers interviewed confirmed carer take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. They said they had also been provided with information regarding safe practices for them during COVID-19. All consumers and representatives felt staff practices kept them safe.

The Care manager said she visits a consumer for a complex wound. A document sighted she is doing photos and wound measurements on every visit. Further, she explained staff are provided current best practice guidelines to manage wounds and wound-related infections. Carers are monitoring and reporting sign and symptoms of urinary tract infection and wound infection.

A Carer advised they had received training on COVID and use of PPE. They have also been kept up to date with the changing COVID-19 situation. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health and check the health of consumers when attending to provide care. Any issues are reported to their manager.

Management advised the COVID has impacted on the delivery of care and services to consumers and to minimise these impacts management meetings are in place to assess the impact on care and services.

Evidence was sighted in management dated notes of discussions with support worker regarding support worker and consumers who had tested positive for COVID. Details included the period of isolation and second test results. Several examples were sighted of consumers/representatives who had cancelled services due to being COVID positive.

# 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. | Not applicable |
| 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 six of the six applicable requirements have been assessed as Compliant. The service does not provide meals.

The service is:

* Ensuring consumers are supported. Consumers and representatives confirmed supports provided optimise their independence, health, well-being and quality of life. They provided examples of how the support provided them assists them to continue living their life the way they like.
* Ensuring staff provide this support. Service staff demonstrated how services and supports for daily living promote the emotional and psychological well-being of consumers and assists them to take part in the community, interact with others and do things of interest to them.
* Making sure management systems in place to ensure service staff, and those involved in direct care delivery, to work in collaboration with consumers to identify how best to support them to maintain their mental well-being.
* Ensuring documentation is up to date and accurate. Consumer documentation reviewed provided evidence of current care plans, with agreed upon goals, tasks and instructions for carer, with consideration of risks to consumers and their changing circumstances.

Management described how they undertake a comprehensive assessment which covers questions on the consumer’s emotional, spiritual, and psychological well-being. Carers described how they assist consumers with daily living tasks, such as taking them to the shops, to the hairdresser, attending medical appointments with them and generally being available to provide emotional support. Consumers interviewed confirmed that the supports they receive optimise their independence, health, well-being and quality of life.

Management said that the main focus of their service is to provide consumers with emotional support, and carers with respite. Consumers in receipt of the service had some mental health concerns and the service provider specialised in the provision of such services. Carers demonstrated their understanding of mental health issues, and said they receive ongoing training from the organisation and all had relevant qualifications and experience in supporting people with psychological illnesses. Carers complete online training before providing any services to consumers so that they are prepared, their training includes an overview of Elder abuse, consumer care, Cultural diversity and safety, dignity and respect in aged care, privacy and confidentiality, SIRS.

Consumers interviewed confirmed services assist them emotionally and helped them maintain their mental well-being

Managers said they identify the key relationships that consumers wish to maintain, preferred activities and goals in relation to involvement in the community, and design services to assist meet these. Consumer documentation sighted provided evidence of a range of supports provided to consumers to help them maintain their relationships and remain active in the community.

Management outlined how staff are kept informed about the consumer’s needs, condition and preferences. Managers provide support workers with a verbal brief about the consumer and introduce them prior to service provision, new carer are buddied with more senior staff and get to know the consumer, before providing the service themselves. Relevant care plans, service task and progress notes are accessible to carer and they review these prior to starting the service to check for any changes. Regular toolbox talks with the carer allow for issues with carers and consumers to be discussed.

Carers said that if they are going to a new person they access the care plan, and information provided by the manager about the consumer. They said they have access to notes. They noted that they will also check the tasks before each visit for changes, for example a request to take a consumer to an appointment. Consumers interviewed did not raise any concerns with the information shared between the staff, they said they did not have to repeat what they needed and confirmed support staff providing their services were informed on their needs and preferences.

Managers described how the service coordinated and engaged with other services to supplement services and support for daily living. Examples provided included working with My Aged Care, home maintenance and allied health services. Progress notes sighted contained evidence of liaison with consumers and refers to other agencies and professionals. Consumers confirmed the service helps them with referrals to other services and provided example when this occurred.

Several consumers/representatives advised they had received equipment through their package funds to assist with their mobility and were satisfied with the quality of the equipment and that they had a choice of equipment to choose from. The service also provides consumers who need life alarm, which is used to alert emergency contacts if the consumer falls.

Manager advised equipment is accessed based on individual consumers’ needs and provided through package funds. They said support workers are advised to check equipment regularly and report any issues. Referrals to OTs are organised to ensure equipment is the best fit for individual consumers’ needs. carer confirmed equipment is safe, clean and well maintained.

Consumer files sighted identified when the consumer has equipment in place and how this information was to be used with consumers. Dated notes sighted also included referrals to occupational therapists for assessments and home modification services where required.

# 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:

* Providing access, support and information to consumers to encourage feedback and complaints.
* Promoting and providing information of relevant external agencies and advocates.
* Practising open disclosure where required.
* Responding to consumers feedback with service improvements.

Consumers and representatives interviewed 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 client liaison staff or management. For example, consumers’ said the staff always checked with them if they are satisfied with the service and they would be comfortable raising issues if they arose as all staff at the service were very approachable and they had known them for a while.

Carers advised if they receive feedback from consumers they bring it to the attention of care manager whether it be positive or negative. They advise they discuss with consumers and family the consumers’ rights, how to make a complaint or give feedback. Carers said they were aware of access to an advocate or external bodies such as the commission and state advocacy services. A Care Manager said they are able to resolve complaints promptly on receipt.

Management advised all consumers receive an “Information Folder” which includes client handbook, complaints information and brochures on advocacy, privacy and service and explains the complaints, compliment and feedback process. Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues.

Consumers and representatives said they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed but those interviewed had not required this service. Consumers said they felt comfortable to raise any complaints or provide feedback with the service directly, as they are all approachable.

Care managers and 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 enter the service. Additionally, staff said information folders handed to the consumers at commencement of service contains relevant information. Management advice whilst their information is available in English, they can be provided in other languages and form on request. The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management shows staff are educated on the role of external agencies including aged care advocacy and the Commission.

All consumers and representatives interviewed said they had not 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. Some consumers said they received an immediate response if they raised any issues.

The service’s complaints register 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. Care manager visited the consumer/representative in one case to agree on a plan to address their concerns.

The Care manager advise of working with carers who are the point of contact for consumers, to ensure that they follow appropriate procedures in recording and reporting complaints and practice open disclosure. Staff receive information and training in complaints management during their induction and at regular intervals at staff meetings. Staff involved in complaints management including carers were able to describe the concept of open disclosure.

Consumers/representatives said the service seeks feedback to see if they can improve services. They are invited to provide suggestions through consumer surveys or verbally during care planning meetings. The Care manager and management staff advised that due to minimal number of complaints received about the services, there have not been any trends identified, however they do have a process to monitor feedback through other means for example through:

Consumer surveys, verbal interviews with consumers and representatives, information from the incidents and hazard reports, risk management plans and suggestions from staff as sources of information to improve quality of care and services.

Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Senior management and Quality and Risk Manager has oversight of complaints management which they review in their Quality Improvement meetings. Assessment Team sighted the meeting minutes held at various levels and the continuous improvement register.

# 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:

* Able to demonstrate workforce is planned to enable delivery of safe and quality care.
* Ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* Ensuring the workforce is competent and they have the qualifications and knowledge to effectively perform their roles.
* Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes.
* Completing regular assessment, monitoring and review of performance of staff members.

Consumers and representatives confirmed carers deliver the support and assistance when they expect them and at a time suitable for them. Consumers and representatives said:

* Support workers do not appear rushed and spend time to talk to them about their interests and where social support activity is involved they do what makes the consumer happy.
* They are advised in advance of any shifts that are rescheduled.

A Care manager said when carers take unplanned leave, the shift is covered by other staff or in case of an emergency by the care manager. All staff trained and skilled to support consumers in the aged care. In some cases, the consumers prefer to reschedule in favour to their choice of carer. The care manager said the skill and mix of staff numbers are adequate for the number of consumers in the HCP.

Management advised there is a set staffing establishment and staffing profile for each program. Rosters and workforce management is planned according to program need and the needs of the consumers being supported. The service aims for a diverse staffing mix of differing cultural backgrounds and genders to meet their CALD consumer base.

The Assessment Team reviewed the services scheduling roster and noted the care managers advice that most consumers receive carer support from at least 2 carers. This ensures when one carer is away, the consumers still have access to another carer who has knowledge of their care needs.

Consumers and representatives interviewed said their care manager and carers treat them with kindness and respected them as individuals. Several consumers said the care manager and carers were always friendly and cheerful when providing services and knew them well. Several consumers said the carers respect the things that are important to them. Care managers and carers said their interaction with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values and decisions.

Management advised the service is tailored around relationship-based care program which encourages staff to build kind and caring relationships which respects professional boundaries. Management has internal audit process which looks at consumer and staff interactions through review of progress notes. There was evidence in staff training information related to professional courtesy and respectful approach. Position descriptions and organisational policies and procedures like social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way.

Consumers and representatives interviewed provided positive feedback regarding care manager and carers. They advised they are satisfied with the knowledge and skills of the carers, for example, in the safe use of equipment when giving personal care and support. They said the staff follow COVID-safe practices to keep them safe while providing services.

Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. They were assigned an experienced support worker as a buddy, or the care manager introduced them to the consumers before they could work independently. Staff interviewed said they do internally run training for their professional development and received regular emails from the care manager with information from Department of Health and changes to their work practices. These were also discussed in tool box talk meetings.

Management advised the skills and knowledge required of each position are identified and documented together with the responsibilities, scope and limitations of each position for example those staff providing personal care are required to have as a minimum certificate three in aged care. The service establishes individual staff training plan through staff performance appraisal discussion to ensure staff meet requirements for their role. Records of worker pre-employment checks, qualifications and experience are maintained. Completion of training is recorded via database which is monitored by Learning and Development team. Evidence was sighted of staff training records as confirmation of their competency and knowledge.

A Care manager said for external staff for example allied health, the responsibility for ensuring appropriately skilled and qualified staff provide care is the responsibility of the brokered service provider or contractor and is a condition of their agreement with the service. Care manager advised the service has a compliance monitoring process where after a visit shift the brokered service provider sends an email covering the services delivered to the consumers.

Management advised recruitment processes in place assess workforce credentials. Performance management processes are in place and offer staff an opportunity to identify training and development needs. Training documentation was sighted and management monitor and record training (online and face to face) information sessions attended by staff, these include induction, ongoing training and specific professional development sessions for example training on manual handling and WHS. Induction and ongoing training provided, including specific modules identified by carers that would assist their ongoing development.

There was evidence of team/staff meetings at various levels which demonstrated staff discussion on consumer and service related issues within a learning context. Consumers interviewed confirmed that staff possess the necessary skills to provide their services.

Consumers and representatives confirmed they are asked to provide feedback about their care and services and if there are any issues with staff or the way they provide services. All consumers advised they are currently satisfied with the services and with the staff providing and overseeing services.

Staff confirmed there is a performance appraisal system in place and confirmed they received ongoing feedback. They also confirmed having conversations on their support needs and opportunities for training with their reporting managers. HR also monitor regulatory compliance, for example, police check, drivers’ licence, first aid training.

Management advised managers are required to provide timely supervision, support and resources to staff relevant to the scope and complexity of supports delivered. Staff are provided with regular support and performance appraisals are carried out annually. The Assessment Team sighted sample staff performance appraisals. Management confirmed they have no current performance issues they are managing at present with staff. Management use feedback and complaints from consumers and representatives and staff to review the performance of the subcontracted and brokered service providers.

# 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:

* Ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Promoting a culture of safe, inclusive, and quality care and services is accountable for their delivery.
* Using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Using effective risk management systems and practices, including managing high impact risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.
* Implementing an effective clinical governance framework.

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys or informally by talking with the carers. They expressed satisfaction with the quality of the service and said they can input as to how the services are delivered through their care planning reviews.

Staff said they believe the service is well run and care manager and management respond to consumer and representative requests and implement any changes quickly for example changing rostering to accommodate consumer preferences with time, day and carer.

A Care manager advised staff and consumers/ representatives provide suggestions for improvements at any time. They said they get a lot of consumer feedback through their care plan review meetings with the consumers and representatives. The service advised consumer survey “tell us what you think” was recently sent out and the survey response will be collated, and data and trends analysed.

Management confirmed that data and trends from these feedback mechanisms is collected and discussed at fortnightly leadership meetings. The information discussed feeds into the Continuous Improvement Register. The CEO attends these meetings to ensure oversight of any ongoing consumer feedback or identified trends. The service’s continuous improvement plan and complaints/feedback register show input from management, staff and consumers is captured and tracked through to implementation.

Consumers and representatives were satisfied that service promotes a culture of safe, inclusive and quality care and service is accountable for their delivery. Consumers interviewed outlined interactions with care manager and carers and complimented their responsiveness and indicated they were satisfied with the service they received.

A Care manager and carers advise management is always careful about the safety of consumers and staff and conduct environmental assessments of consumers’ homes. Carers must submit valid driver’s licence and registration and insurance papers for their motor vehicle they use to transport consumers. 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 the consumers.

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

Reporting occurs through the meeting structure to provide information and advice to the board.

Based on discussions with management and an analysis of the information provided by management, including minutes of meetings, copies of care manager/CEO reports and continuous improvement plans, the board receives information which puts them in a position to be accountable for and responsible for promoting a culture of safe, inclusive and quality aged care services.

Consumer file management system for home care is paper based. The consumers have an in-home folder which has a copy of service agreement, care plan and blank sheets for carers to make daily progress notes. The progress notes are periodically brought into the office and placed in the consumers’ files. The Assessment Team noted, the care manager maintains a progress note folder for each consumer in shared ‘P’ drive where ongoing reports phoned in by carers are recorded requiring urgent action. The rostering system is also paper based and is effective for purpose as majority of carers are long term carers with have fixed consumers and shifts. The service stores policies and procedures in hard copy files which the staff can easily access when attending tool box talks or training. All information related to the consumers are maintained confidentially and hard copies of consumer files are kept in locked filing cabinets with access to appropriate staff.

Consumers and representatives can also access to information through the service’s intranet site which has information on the home care packages.

The service has strategic planning and annual business plans and continuous improvement processes in place. Continuous improvements are sought from the consumers and service staff via feedback surveys and review of management systems including staff performance, incidents and complaints. The improvement register sighted was specific to services developed against the standards. Feedback provided to CEO for purposes of inclusion in overall strategic plans via the various meeting and reporting systems was noted.

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. The management and board have oversight of the service’s income and expenditure and this is reviewed regularly and discussed by the management. Financial audits are conducted yearly by an external auditor. HCP services are reviewed on a regular basis by the accounts staff and management to report on the resourcing needs of the program. Consumers are provided monthly statements of their funding package which details their expenses and remaining balances.

The Assessment Team sighted the service’s organisation chart, and the position descriptions for each role outlined duties and responsibilities.

Management advised there have not had any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies like the Department of Health, the commission, My Aged Care on regulatory information which is monitored by the care manager and quality and risk manager who implement changes as needed. Information is fed down to relevant staff through regular meeting, emails, training, policies and procedures updates.

Processes are in place to address feedback and complaints. The leadership team has oversight of all complaints, feedback and incidents. The care manager and quality and risk manager have the responsibility to register all complaints and incidents, refer to appropriate staff for review and records outcome.

The service was able to demonstrate the process followed when an incident or near miss occurs or is identified. All staff are familiar with the process and the relevant policies and procedures in place. The Organisational Governance policy identifies each category of incident and how it should be reported by all staff. Carers said that they are supported to report incidents when they occur through contact with care manager and completing an incident form.

Consumers who present as high impact or high prevalence risk are identified through the risk assessment completed during intake, or during re-assessment by the care manager who is a registered nurse. Carers are aware of the process to follow in reporting deterioration, changes in consumer condition and incidents to management. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required.

Consumers sampled said that their regular support workers have built rapport with them and know what is important to them. Consumers said staff allow them to guide them in developing services to their needs and preferences.

Management advised that all incidents reported are recorded in the incident management register. It includes sections for what occurred, the investigation, actions taken and outcome. The care manager said that all incidents reported are discussed at weekly/fortnightly management meetings for the previous period and preventative actions are discussed and communicated to carers.

All staff interviewed said they have completed mandatory training on identifying and responding to abuse and neglect of consumers and were able to describe the process. The Assessment Team sighted the training register which confirmed all service staff have completed their mandatory training.

The clinical governance framework document was reviewed by the Assessment Team and included reference to actions on the continuous improvement register and confirmed that goal achievement is rigorously monitored. It also provides the structure, systems, and processes to ensure safe and quality clinical care and good clinical outcomes for clients. It includes a requirement for ensuring an open disclosure process is followed when responding to clinical incidents, including near misses.

The clinical governance framework supports the workforce by ensuring clinical staff have appropriate qualifications, training, and experience to supervise and support management and operational staff in clinical care and managing incidents and risks.

The service has a Clinical Manager, who is a qualified registered nurse (RN) who overseas clinical care is of best practice. The care manager is a RN and in re-assessments undertakes home visits of all HCP consumers. The service does offer clinical care to consumers such as wound care, medication administration catheter and stoma care staff are trained and competent on how to escalate and report clinical risks or concerns to consumers to complete referrals to other organisations.

The care manager and quality and risk manager meet with staff to discuss any incidents, complaints or identified consumer deterioration and changes and provide advice and strategies to manage these. The Assessment Team reviewed meeting minutes that demonstrated a range of topics were being discussed.

Staff confirmed they received training on areas of clinical governance and were able to provide examples of application in their duties. For example, staff described strategies to minimise infection risks including adherence to hand hygiene practices, appropriate donning and doffing of personal protective equipment and prompt identification of infection related symptoms.

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)