**Performance**

**Report**

**1800 951 822**

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| Name of service: | Maree Care |
| Service address: | 253 St Georges Road NORTHCOTE VIC 3070 |
| Commission ID: | 301068 |
| Home Service Provider: | Maree Care |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 11 September 2023 |
| Performance report date: | 2 November 2023 |

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

**This performance report**

This performance report for Maree Care (**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.

# Services included in this assessment

**Home Care:**

* Marain Home and Community Care Pty Ltd, 27326, 253 St Georges Road, NORTHCOTE VIC 3070

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.

# Assessment summary for Home Care Packages (HCP)

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 8

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| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

A decision was made on 18 May 2022, following a Quality Review on 24 March 2022, that organisation was unable to demonstrate effective information management systems, particularly in relation to documenting ongoing assessment and planning with consumers in Standard 2. An assessment contact - desk was conducted 31 January 2023 and a decision made 10 March 2023 that the organisation was still unable to demonstrate effective information management systems. Systemic deficiencies in relation to record keeping for consumer assessments and care documentation, correspondence with allied health clinicians, training records and performance discussions with brokered service providers remained.

On 11 September 2023 a further assessment contact – desk was conducted to assess Requirement 8(3)(c). At this contact the organisation demonstrated effective information systems, including policies and procedures to support staff in managing information safely and correctly.

Effective continuous improvement processes were demonstrated. Opportunities for improvement are identified through a variety of mechanisms including the feedback and complaint systems, incidents, changes to legislation and internal audits. Evidence of recent improvement activities was demonstrated.

The organisation demonstrated systems for managing financial governance, including systems for monitoring spends on home care packages.

Workforce governance systems include clearly defined roles and responsibilities. The organisation was able to demonstrate appropriate onboarding and ongoing training of staff to ensure they can safely carry out their functions.

The organisation demonstrated that they are able to meet their responsibilities in relation to regulatory compliance by utilising a variety of mechanisms to stay up to date with changes.

The organisation was able to demonstrate an effective feedback and complaints system to support improved outcomes for consumers.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find Requirement 8(3)(c) compliant.

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