**Performance**

**Report**

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| Name: | Mary Valley Home Services |
| Commission ID: | 701113 |
| Address: | 70 Marine Parade, Southport, Queensland, 4215 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8999 Mary Valley Aged Care Pty Ltd  
Service: 27809 MVAC

**This performance report**

This performance report for Mary Valley Home Services (**the service**) has been prepared by E Blance, 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
* other information known by the Commission.

# 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

Consumers were treated with dignity and respect. Assessment processes were effective in identifying consumers’ preferences in relation to individuality, culture and diversity. Strategies aligned with consumers’ preferences were included in consumers’ care and service plans to guide staff.

Care and services were culturally safe. Assessment processes effectively identified consumers’ preferences with respect to cultural safety and these preferences were incorporated into consumers’ care and service plans. Systems to identify and support cultural safety were effective. Consumers say the things that are important to them were understood by the service.

Consumers were supported to exercise choice and independence and to make their own decisions. Consumers provided positive feedback about how the service supported their choice and decision making. Assessment and care planning processes enabled choice and decision making.

Consumers were satisfied they were supported to take personal risks and live the best life they can. Processes and risk management policies support consumers to take risk.

The service provides consumers and representatives with current and accurate information. Consumers and representatives were satisfied with the quality of care and services and the provision of information. Information relevant to home care was provided in a format that was clear and easy to understand.

Consumers’ privacy was respected and their personal information was kept confidential. Established processes manage the security of consumers’ personal information. Staff were provided with training in privacy and confidentiality.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 1 is compliant.

# 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

Consumers and representatives said consumers received care and services that met consumers’ needs. Risk assessment tools were used to identify health and well-being risks. The workforce demonstrated knowledge of consumers’ risks. Policies and procedures related to assessment and planning guided staff practice.

Consumers were receiving care and services that met their needs, goals and preferences. Staff discussed advance care planning with consumers. Documentation reflects the needs, goals and preferences of the consumer.

Consumers and representatives participated in the planning and review of care and services. Staff worked in partnership with other organisations, individuals and service providers in assessment and care planning.

Consumers and representatives were satisfied with the information consumers receive about care and services and had access to a care plan. Staff were informed of changes to consumers’ care and service needs. Care planning information was updated with changes to care needs. Staff had sufficient information in the care plan to support them in their role.

The service actively seeks feedback from consumers and representatives to monitor care and services. Care plans were reviewed regularly or when the needs of consumers’ change or following an incident or deterioration.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 2 is compliant.

# 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

Consumers and representatives said clinical and personal care provided was safe, effective and optimised the health and well-being of the consumer. Staff demonstrated knowledge of consumer’s needs, goals and preferences and described how the service ensured care was best practice and tailored to consumers’ needs. Documentation supported staff in the delivery of care and services. Policies, procedures and assessment tools were used to guide staff practice in delivering personal and clinical care.

Risk assessment tools were used to assess high prevalence or high impact risks. Strategies to minimise their occurrence were documented. Staff had knowledge of individuals’ risks and risk mitigating strategies. The service had processes to monitor risk trends which were discussed in clinical governance meetings.

Care and services were adjusted for consumers nearing the end of life. The service provided training and had procedures to guide staff in providing care for consumers nearing the end of life.

Consumers and representatives were confident the staff would recognise deterioration in health or wellbeing. Staff had knowledge of the procedures for responding to deterioration in a timely manner. The service had procedures to guide staff in the process for managing deterioration.

Consumers and representatives said staff provided consistent care and services. Information for staff about care and services was provided in the electronic care management system. Consumers and staff had a copy of the care plan.

Consumers and representatives said the referral processes was timely and appropriate. Consumers had access to a medical officer and other health professionals when they needed it. Recommendations from other health providers were incorporated into care plans. The service had policies and procedures in place to guide staff practice.

Clinical staff maintained appropriate infection control and antibiotic review to reduce the risk of resistance to antibiotics. Staff were trained in infection control practices. Policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines guided staff practice.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 3 is compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports received helped them to maintain their quality of life and independence. Staff understood what was important to consumers and supported consumers to do as much as they could for themselves. Care plans were individualised and outlined the services and supports provided.

Consumers and representatives felt consumers’ emotional, spiritual and psychological well-being was supported. Staff understood what was important to consumers’ and how they supported consumers if they were feeling down. Religious services are provided by the service as well as grief counselling.

Consumers and representatives said consumers were provided with opportunities for social connection through social activities offered by the service and with staff. The activities scheduled was based on things of interest to the consumers. Care plans provided information about each consumer’s background and what their interests were including a list of family and friends who were important to them.

Consumers and representatives said staff had good knowledge of their needs and preferences. Information about the consumer’s care and services needs was available on the electronic care management system. Lifestyle care plans guided staff in delivering care and services in line with the consumer’s preferences.

The service had processes for referrals to other organisations and individuals involved in the consumer’s care, including to services such as Dementia Support Australia.

Consumers said meals were varied and of suitable quality and quantity and that staff help them with basic food preparation at home if required. Staff had received training in food handling.

Consumers and representatives said equipment in common areas was safe, suitable, clean and well maintained. Processes for cleaning equipment were scheduled and consumers who required assistance to order equipment were supported.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 4 is compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

An apartment building and share communal areas such as a games and activities rooms, a pool and gym are accessible to consumers. The environment was welcoming, easy to understand and optimised each consumer’s sense of belonging, independence, interaction and function. Elevators assist consumers to manoeuvre between floors. Consumers were utilising the gym and common areas to play cards or socialise with friends and effectively navigating the environment using mobility aids. Signage directs consumers and visitors.

The service environment was safe, clean, and well maintained and consumers could move freely, both indoors and outdoors. Preventative maintenance procedures for maintaining the service environment were effective.

Consumers and representatives considered furniture, fittings and equipment to be clean and well-maintained. Processes ensuring furniture, fittings, and equipment was safe, clean and well maintained were effective including maintenance of vehicles.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 5 is compliant.

# 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

Consumers and representatives were aware of how to provide feedback or make a complaint. The service provided information to consumers and representatives about complaints processes. Complaints forms were available. Satisfaction surveys were conducted.

Consumers were aware of how to raise complaints with external organisations. Information about to access advocates, language services and external complaints processes was provided. Complaints procedures guided management and staff.

Appropriate action was taken in response to complaints and an open disclosure process was applied when resolving complaints. Consumers and representatives who have made a complaint said they were satisfied with the response from management and the actions taken.

Feedback and complaints were documented and identified improvement opportunities. Procedures guided management in the evaluation of feedback and complaints. The service used the Plan for Continuous Improvement to record improvement activities.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 6 is compliant.

# 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

Consumers and representatives were satisfied with staffing and management. Workforce requirements were based on the needs and preferences of consumers by both staff and contracted staff. Staff had sufficient time to meet consumers’ care and service needs. A registered nurse was always at the service to provide clinical care. Senior staff were assigned specific clinical roles.

Interactions between consumers and staff were kind, caring and respectful. Consumers and representatives were satisfied with staff. Staff were trained in how to engage with consumers in an appropriate manner. Position descriptions and the employee handbook set out the organisation’s expectations concerning the interactions between staff and consumers.

Consumers and representatives were satisfied that members of the workforce were competent and they had the appropriate skills and qualifications. Recruitment and training processes supported workforce members to have the appropriate qualifications and knowledge. The service monitors the qualifications of staff.

Consumers and representatives were satisfied staff knew what they were doing and they delivered safe and quality care. The service recruited and trained staff to deliver safe and quality care. Training included topics that were mandatory for all staff and topics that were specific to individual roles. Staff were recruited to meet consumers’ care and service needs. Human resource requirements and staff training were reviewed at Quality and Governance Outcome meetings.

Consumers and representatives were satisfied with the performance of members of the workforce. The service has systems to assess and monitor the performance of members of the workforce.In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 7 is compliant.

# 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

Consumers were engaged in the development and evaluation of care and services. Consumer feedback was actively sought by management and was used to develop and improve the service.

Consumers and representatives were satisfied with the management team. A culture of safe, inclusive and quality care and services was promoted by senior managers and incorporated into the service’s documents. Management teams met regularly to review the service’s performance and to plan actions to improve performance.

The service has implemented effective information management systems. The service effectively manages assessments and care planning and the provision of consumers’ budgets and statements. The service has implemented a continuous improvement system and has a Plan for Continuous Improvement. The service has appointed a management accountant to ensure financial governance. The accountabilities and responsibilities of staff were set out in position descriptions. Staff were provided with a handbook and training. The service had systems to ensure it complies with regulations. Staff were informed about relevant regulatory requirements through training and the employee handbook. Policies and procedures guide management and staff in complaints management and open disclosure.

The service had effective risk management systems and associated practices. Systems identified and managed high prevalence risks and high-impact risks, including abuse and neglect. Policies and procedures guided staff practice. Clinical review team meetings monitored risks. Staff were provided with relevant risk training.

The service had a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical care was delivered by registered nurses, with oversight by clinical staff, discussion at clinical meetings and monitoring by a Clinical governance team. Clinical staff were trained in topics that fall under the clinical governance framework, such as antimicrobial stewardship, open disclosure and restrictive practices.

In coming to a decision of compliance I have considered the information provided within the Quality Audit Report. I have placed weight on the information provided by the consumers in relation to their experience with the service. It is my decision Standard 8 is compliant.

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)