**Performance**

**Report**

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| Name: | Mater at Home |
| Commission ID: | 700912 |
| Address: | Ground Floor, Quarters Building, College Hill Drive, WOOLOONGABBA, Queensland, 4102 |
| Activity type: | Quality Audit |
| Activity date: | 14 May 2024 to 15 May 2024 |
| Performance report date: | 13 June 2024 |

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

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7412 Mater Misericordiae Health Services Brisbane Limited  
Service: 25224 Mater Misericordiae Health Services Brisbane Limited - Community and Home Support

**This performance report**

This performance report for Mater at Home (the service) has been prepared by Bruce Bassett, 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 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 | | CHSP |
| 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 said they are treated with dignity and respect and are made to feel valued as an individual. Staff interviewed spoke respectfully about consumers and were able to outline examples of how they ensure each consumer’s dignity is respected. Care planning documents reviewed detailed information regarding consumers’ backgrounds, personal preferences and cultural practices and aligned with consumer interviews.

Consumers and representatives said staff understand consumers’ cultural needs and preferences and services are delivered in a way that makes consumers feel safe and respected. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Staff advised as part of the assessment process, information is captured for consumers including any specific cultural requirements. Care planning documentation evidenced an understanding of individual needs and preferences.

Consumers and representatives advised they are informed of the services available to the consumer, are supported to make their own decisions about the services the consumer receives, and the service supports them to be as independent as possible. Consumers advised the service makes it easy for them to be involved in exercising choice and to involve the people important to them. They said they can speak with staff and/or management at any time to make requests or changes to their services and these are acted on promptly. Management and staff described how consumers are supported to make informed decisions and how services are provided in accordance with the consumers’ preferences. They demonstrated awareness and understanding of individual consumers’ communication needs, choices and preferences.

The service demonstrated consumers are supported in making choices about how they wish their care and services to be provided. Consumers and representatives said staff listen to consumers, understand what is important to them and respect the choices they make. Staff and management spoke of steps they take to support consumers to live a life of their choosing. Management advised if they believed a consumer was taking a risk, this would be discussed with the consumer and their representatives to ensure the safety and wellbeing of the consumer.

Consumers and representatives said they receive information in a way they can understand, in a format appropriate to their needs, and which enables them to make informed choices. Consumers and representatives said information, including co-payment fees were explained well during the initial phone contact and assessment. Management described how they tailor information in plain language that consumers can easily understand, utilise interpreting services or provide written material in other languages when required.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers are advised how their personal information will be used and consumer information is stored in a secure electronic database. Access to electronic information is limited by role and is password protected. Consumers and representatives advised staff are respectful of consumers personal privacy. Staff interviewed were able to describe how they maintain privacy and confidentiality of consumer information.

Following consideration of the above information, I have decided that Standard 1 is Compliant as all requirements of the standard are compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 they are satisfied assessment and planning are effective. The service demonstrated the assessment and planning process including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Allied health professionals undertake assessments specific to their discipline when consumers enter the service, and these are reviewed periodically and when changes occur. Risk assessments are also conducted to identify health and well-being risks to consumers. The service has policies and procedures related to assessment and planning.

However, not all consumers who attend group classes have undergone initial assessments and do not have care plans on file. Of the consumers’ documentation reviewed, these included consumers attending balance, aqua exercise and nutrition classes. Management acknowledged there is room for improvement in the assessment and planning process. Before concluding the quality audit, management advised they had updated the service’s assessment and planning policy and procedure with internal communication sent out to all staff, that assessment and planning is to include all consumers, including those who only attend classes. Management also advised they will review all consumer files by 30 June 2024 to ensure consumers who only attend classes have the adequate documentation in place. The Assessment Team sighted the updated plan for continuous improvement with above actions listed. Although some deficiencies in assessment and planning were identified, the circumstances where this had occurred were low risk and no impact to consumers was identified. Management acted to immediately address the deficiency and communicated this to staff with ongoing monitoring to occur.

Consumers and representatives said assessment and planning effectively identifies and addresses consumers’ needs, goals and preferences. Staff interviewed could describe how they undertake assessment and planning processes. Staff said they understand what is important to consumers through regular conversation, interactions with consumers and their representatives and reviews. A social worker advised advanced care planning is discussed in line with the consumer’s preferences during the initial assessment based on the consumer’s wishes and the service can provide information when required.

Consumers and representatives said the service prioritises the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. Staff explained how the assessment process works in partnership with other organisations, individuals and service providers in assessment and care planning and communicates regularly regarding the changing needs of consumers. A review of care planning documentation evidenced this is taking place and information is stored in the electronic care management system (ECMS). Staff advised they are able to access consumers’ care plans on a digital application that is linked to the ECMS, which is updated regularly with any changes.

The service only provides short-term care and services to most consumers, therefore annual review only occurs for a few consumers who have ongoing services for over 12 months. However, consumers and representatives said staff conduct check-ins as an informal review with them during each appointment to ensure their satisfaction with the services they receive and that their needs are being met. Team leaders advised care plan reviews are conducted annually for consumers who have ongoing service for over 12 months, and additional reviews are conducted in response to requests from consumers, changes in care needs or preferences, and any identified risks, hazards, incidents or complaints. Team leaders monitor timelines for reviews for all consumers. A review of care planning documentation showed reviews are conducted within the service’s policy and procedure guidelines, and contact with staff, consumers or other providers of care is documented.

Following consideration of the above information, I have decided that Standard 2 is Compliant as all requirements in the standard are compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 advised care and services consumers receive are safe and effective and optimises the health and well-being of consumers. Staff had a good knowledge of consumers’ needs, goals and preferences and could describe how the service ensures care is best practice and tailored to the consumer’s needs. Care documentation for consumers, including assessments, care plans, progress notes and relevant correspondence, reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

The service has a system in place to identify high-impact or high-prevalent risks related to the care of each consumer. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies have been adopted to manage those risks. Staff advised if they require further information on managing consumers’ risks, they would refer to the consumers’ care plan or contact the team leader for further guidance.

The service demonstrated how care and services provided to consumers preserve their dignity and maximise their quality of life at end of life. Although the service does not provide direct palliative care, the service liaises with local palliative care teams for consumers who are receiving services or refers consumers to appropriate services, as required.

Deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner by undertaking reassessments, referral to medical officer or other health professionals, as required. Review of consumers’ care planning documentation identified when reports or changes to a consumer’s condition were received and what action was taken. Staff demonstrated an understanding of recognising, reporting, and responding to consumer deterioration or changes in their health and well-being.

Consumers and representatives advised staff work well together to meet consumers’ needs. Care and service plans and other relevant information is available in the ECMS. Staff advised they receive information about service delivery via an electronic device. A review of the ECMS evidenced information from each appointment are documented in each consumer’s file, including improvements and changes.

The delivery of care, including referral processes, are timely and appropriate. Consumers said they have access to other health services when needed. Team leaders described the process for sending internal and external referrals and how information is shared between parties with consumers’ consent.

Consumers and representatives described staff practices to prevent the spread of infection including hand washing, the use of hand sanitiser and the use of personal protective equipment. Staff described how they maintain appropriate infection control and minimise the risk of COVID-19. Training records demonstrate staff are trained in effective infection control practices within their areas of responsibility. Staff have completed infection control training and are trained in using personal protective equipment. The service has policies and procedures in place related to infection prevention and control and antimicrobial stewardship to guide staff practice.

Following consideration of the above information, I have decided that Standard 3 is Compliant as all requirements in the standard are compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 said they feel comfortable to raise issues and are aware of the methods to escalate concerns or provide feedback. Consumers and representatives interviewed said they only had positive feedback to provide but would raise any issues directly with staff or by calling the office. Staff described the complaints process and how they support consumers when providing feedback. Management described how feedback is actively sought and the systems for reporting.

Consumers demonstrated some awareness of how to raise complaints with external organisations and advocacy groups. Information provided in consumer entry packs includes documents related to advocacy services and Commission complaints services. Advocacy information is provided in 12 different languages. Staff demonstrated understanding of advocacy groups and external complaints systems. Staff described how interpreter services are used to assist consumers to communicate any issues when required.

Consumers and representatives said although they have not submitted any complaints, they are confident the service would take appropriate action. Staff described how they would action and escalate complaints. A complaints management policy guides staff practice and outlines responsibilities and expectations for complaints management. Staff described their role in actioning complaints which may be resolved immediately when raised by consumers or escalated for further actioning. Staff described their role in ensuring complaints are captured in the electronic system.

The service documents feedback and complaints and reviews this information to identify improvement opportunities. Consumers and representatives are confident the service uses feedback and complaints to improve the quality of care and services.

Following consideration of the above information, I have decided that Standard 6 is compliant as all requirements of the standard are compliant.

# Standard 7

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| Human resources | | CHSP |
| 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

Management described how rostering is overseen by the team leader of each allied health stream. A team leader described the processes for managing referrals and wait lists. Team leaders described how most consumers receive care from a dedicated allied health practitioner who may be supported by an allied health assistant for a period of 12 weeks.

Consumers and their representatives expressed satisfaction with staffing and management. The workforce includes allied health professionals from various disciplines including physiotherapy, occupational therapy, speech pathology, dietetics, psychology, social work and allied health assistants. Staff said they are supported to effectively perform their roles.

Consumers and representatives described staff as kind and caring in their interactions and respectful of their identity and culture. Staff described how they ensure their interactions are caring through involving the consumer in decision making and ensuring their understanding of treatment plans. Management said feedback is sought from consumers through surveys and other means to ensure staff interactions are kind and caring.

Consumers and representatives said they were confident staff are competent and appropriately skilled to complete their roles. Staff said they have a clear understanding of their roles and scope of practice. Team leaders described how they provide monthly supervision to monitor and ensure competency of staff. Monthly supervision is completed by the team leader of each allied health stream. Staff confirmed they are required to participate in monthly supervision.

Management described how training is delivered and processes for monitoring. Management said allied health disciplines are required to complete varying levels of continuing professional development and the organisation supports this through providing a professional development allowance. Team leaders described how continuing professional development is discussed at monthly supervision meetings. A dietitian said they completed upskilling training in relation to enteral feeding held at a local public hospital.

The service completes annual performance reviews with staff and at 6 months through their probationary period. Staff confirmed they have completed performance appraisals at least annually. Staff said they complete a form when performance appraisals are due, reflecting on their performance against measurable targets, any areas for improvement and any aspirational training or career goals which are then discussed with the team leader. Management said team leaders report on compliance with supervision meetings and performance appraisals at team leader meetings which was evidenced in meeting minutes from March and April 2024.

Following consideration of the above information, I have decided that Standard 7 is Compliant as all requirements of the standard are compliant.

# Standard 8

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| Organisational governance | | CHSP |
| 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 organisation has processes and committees to ensure consumers are engaged in the evaluation and development of care and services. Consumers and representatives said they were provided opportunities if they chose to engage with the organisation. Management said Mater Health engages with consumers about care and services and partners with a consumers committee and other networks. Management described how any documentation developed for consumer use is tabled at the partnering with consumers meeting for feedback and input.

The service has a leadership team with executive leadership who complete reports for the governing body. The service is held accountable, and provision of care is monitored through monthly reporting. Monthly reports provided to the chief executive officer include monitoring of key performance indicators including incidents, staffing, staff training, financial reporting and complaints. Management described how the service and staff are held accountable through the current structure of monthly supervision, monitoring and reporting which include regular team and leadership meetings.

The service has demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management described processes for implementing legislative changes and incorporating relevant regulatory requirements into practice. Staff are provided updates through the daily and weekly meetings and meeting minutes for staff meetings provided indicated regulatory updates are an agenda item.

The service has systems to document consumer risks which includes identifying areas to assist consumers to manage and prevent ongoing risks. Due to the nature of the service, referrals received are for allied health services only and triggered by a pre-existing clinical risk such as a falls risk, swallowing risk or risks associated with various conditions such as Parkinson’s disease. Consumers and staff described ways they assist and support consumers to mitigate risks.

The organisation has a risk register which is managed by the governing body. The service escalates service wide risks and must provide mitigating strategies which was evidence through a review of governance reports.

Management described training which has been provided to staff to identify and respond to abuse and neglect of consumers including SIRS reporting. Staff confirmed they have received training and demonstrated an understanding of SIRS identification and reporting requirements.

The service has a clinical governance framework which details the organisational reporting structure. The service demonstrated there are policies and guidance material relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Management described how they are accountable to the Board through a monthly reporting and supported through a clinical governance officer and committee. The framework outlines the responsibilities of each level of the workforce. Staff and management demonstrated an understanding of their role and accountability.

The policy for preventing and controlling infections includes guidance for staff relating to limiting the development of antimicrobial resistance through the appropriate use of infection prevention and control measures.

Following consideration of the above information, I have decided that Standard 8 is Compliant as all requirements of the standard are compliant.

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