**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mayflower Home Care Packages |
| Service address: | 7 Centre Road BRIGHTON EAST VIC 3187 |
| Commission ID: | 300066 |
| Home Service Provider: | Mayflower Brighton |
| Activity type: | Quality Audit |
| Activity date: | 21 November 2022 to 24 November 2022 |
| Performance report date: | 15 December 2022 |

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 Mayflower Home Care Packages (**the service**) has been prepared by S Bickerton, 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:**

* Mayflower Home Care Packages, 27308, 7 Centre Road, BRIGHTON EAST VIC 3187

# 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
* the provider’s response to the assessment team’s report received 14 December 2022

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

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

At the time of performance report decision, the service was:

* Demonstrating the delivery of support and services to consumers that is inclusive of their culture and background
* Demonstrating consumer choices and preferences are respected, and evidencing that consumers are supported to be as independent as they request
* Evidencing the provision of timely, clear, and understandable information to consumers and representatives
* Evidencing embedded practices and procedures protect and respect consumers privacy, security, and confidentiality

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing that consumers needs, goals, and preferences are identified, assessed, and addressed in assessment and planning processes
* Demonstrating consumer assessment and planning processes occur in partnership with consumers, representatives, other services, and allied health professionals as required
* Evidencing consumer care plans are developed, provided to consumers, and made available in various formats at the point of services delivery
* Evidencing that consumer care and services are reviewed regularly, when consumer circumstances change, and when potential consumer risks become known
* Evidencing risks are considered, assessed, and discussed when consumers choose to use specialist equipment in their homes to assist with mobility

At the time of quality assessment, the assessment team found the service conducts thorough consumer assessments, identifies risks, and plans service delivery to mitigate risks. However, the assessment team identified one consumer using mobility equipment in their home that was not recorded in assessment and planning documentation or service risk assessments.

In response to the assessment teams report, the service evidenced that this equipment was not associated with the consumers HCP funding and was not in use by the consumer at the time of service onboarding and assessment. Additionally, the risks of this equipment were considered, discussed, and mitigated directly with the consumer by the allied health professionals recommending its use.

The service demonstrated a responsive, flexible and proactive posture in addressing this, and at the time of performance report decision the service had:

* Conducted an audit to identify all consumers potentially impacted by similar circumstances
* Arranged for allied health professionals to conduct a reassessment of one consumer identified as using this specialist equipment, demonstrating attentiveness and risk responsiveness
* Developed and updated service risk assessment documentation, despite the use of certain mobility equipment being unrelated to service provisions
* Updated service risk records and documentation
* Disseminated information to inform all consumers of potential risks in using specified mobility equipment
* Scheduled training for its workforce to ensure awareness of risks associated with specified mobility equipment, and guide processes should these risks be identified

As decision maker, the services response instils trust and confidence, and on balance I find that at the time of performance report decision the service is compliant with this standard and specifically requirement 2(3)(a).

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating consumers receive safe and effective personal and clinical care, to optimise their health and wellbeing.
* Demonstrating that high impact, high prevalence consumer risks are effectively managed
* Evidencing appropriate referrals are made where required and consumer information is shared with others when the responsibility of consumer care is shared
* Demonstrating appropriate care and services are delivered to consumers nearing the end of life
* Demonstrating infection related risks are identified and the use of antimicrobials is minimised where possible

# Standard 4

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

Findings

At the time of performance report decision, the service was:

* Demonstrating provision of services for daily living that optimise consumers independence, health, wellbeing and quality of life
* Evidencing support to consumers emotional, spiritual, psychological wellbeing, and assisting them in maintaining social relationships and interests
* Evidencing consumer referrals to other organisations are made as required for services and supports for daily living
* Demonstrating that consumers are provided with meals of appropriate quality and quantity

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Quality Standard is not applicable as the service does not provide a service environment for consumers under HCP.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing that consumers and representatives are enabled and encouraged to make complaints and provide feedback
* Evidencing that information if provided to consumers and representatives to encourage and assist in making complaints, including the use of advocates and external organisations
* Demonstrating that complaints are actioned appropriately using open disclosure practises
* Demonstrating that the services complaint management processes are agile and consumer and representative feedback informs the services plan for continuous improvement

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing active planning and recruitment processes to increase service levels, respond to consumer diversity, and provide continuity of consumer care
* Demonstrating that service staff are kind, caring, respectful and competent
* Evidencing that service staff are provided with training, support, and guidance
* Evidencing that the performance of service staff is regularly monitored and addressed when required

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing consumers are supported in engaging with the development, delivery and evaluation of their care and services
* Demonstrating the services governing body is accountable for service delivery and fosters a culture of inclusive care and services
* Evidencing the use of organisation wide governance systems in key areas to improve outcomes for consumers
* Demonstrating that service systems and processes in risk management include high impact, high prevalence risks, respond to consumer abuse and neglect, and support consumers to live the best life they can
* Evidencing the implementation of a clinical governance framework to support consumer clinical care outcomes

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)