**Performance**

**Report**

**1800 951 822**

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| Name of service: | M&I Home Care Pty Ltd |
| Service address: | 1 Corfu Avenue TARNEIT VIC 3029 |
| Commission ID: | 301072 |
| Home Service Provider: | M&I Home Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 12 December 2022 |
| Performance report date: | 12 January 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 M&I Home Care Pty Ltd (**the service**) has been prepared by M Murray, 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:**

* M&I Home Care Pty Ltd, 26650, 1 Corfu Avenue, TARNEIT VIC 3029

# 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, consumers/representatives and others
* the provider’s response to the assessment team’s report received 6 January 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

Where the Quality Standard is Met, all requirements of that Quality Standard have been assessed as Met.

Where the Quality Standard is Not Met, one or more requirements of that Quality Standard has been assessed as Not Met. Note that this does not mean that all requirements were 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 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)(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

I have relied upon the Assessment Team’s report and the response of the approved provider in making my decision on compliance.

The Assessment Team’s report evidences, that risk management plans include individual consumer’s risks as well as general risk controls such as environmental safety.

Documented risks captured through the assessment process for various consumers included, for example, pain, poor skin integrity, falls and poor mobility. Staff interviewed described being informed of any risk relating to the service they deliver for the consumer and described how they implement risk management strategies. For example, the use of a non-slip mat and a shower chair for a consumer with poor mobility during personal care.

The Assessment Team’s report evidences care planning reviews occur as scheduled and following incidents such as a falls. Representatives are satisfied that reviews occur and these trigger referrals to other health practitioners where necessary. Staff said when changes occur they receive updated information, this supports staff to deliver services safely. Staff also described providing feedback to care coordinators on changes to the consumer’s wellbeing and how this information informs care planning.

Based on the evidence summarised above I am satisfied that the approved provider complies with the requirements as noted in the table above.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |

Findings

I have relied on the Assessment Team’s report and the response of the approved provider in making my decision on compliance.

The Assessment Team’s report evidences processes for documenting and sharing consumer information within the organisation. Including through case conference meetings emails, telephone calls and via a mobile telephone ‘application’.

Support workers interviewed said they receive up to date information on consumers’ needs. Support workers also described how they document progress notes via the ‘application’ and that care coordinators contact them to discuss any emerging issues or risks.

Based on the evidence summarised above I am satisfied that the approved provider complies with the requirements as noted in the table above.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

I have relied on the Assessment Team’s report and the response of the approved provider in making my decision on compliance.

The service demonstrated to the satisfaction of the Assessment Team that information about the consumer’s condition, needs and preferences relating to their supports for daily living are available to support workers.

Based on the evidence summarised above I am satisfied that the approved provider complies with the requirements as noted in the table above.

# 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 |

Findings

I have relied on the Assessment Team’s report and the response of the approved provider in making my decision on compliance.

Management described to the Assessment Team, a recent focus on recruitment to ensure the workforce can meet the needs of consumers. A roster review identified a small number of cancelled shifts had occurred in the month prior to the assessment contact with each shift having a relevant reason noted, for example, ‘client away.’

Management advised consumers and representatives are contacted when a staff member is unavailable, alternatives are discussed and they are offered another staff member or an alternative day.

Representative feedback included that new staff had attended some consumer shifts, however, noted an area of potential improvement is in the consistency of the staff member attending so that it is the same staff member each time. Consumers and representatives can also request a change of support worker if they wish.

Based on the evidence summarised above I am satisfied that the approved provider complies with the requirements as noted in the table above.

# 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 |
| 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 |

Findings

I have relied on the Assessment Team’s report and the response of the approved provider in making my decision on compliance.

Requirement 8(3)(c)

The Assessment Team is satisfied that the service has governance systems for continuous improvement, financial management, workforce governance and feedback and complaints. I am satisfied with the evidence in the Assessment Team’s report in regard to sub requirements (ii) (iii) (iv) and (vi) and will not repeat the detailed evidence in this report. In summary a plan of improvements has supported the service to return to compliance with the Quality Standards, this includes refining governance systems as evidenced through the return to compliance in Standards 2,3, 4 and 7.

The evidence of the Assessment Team and the approved provider is in conflict for sub requirement (i) information management and (v) regulatory compliance.

In relation to sub requirement (i) information management

* I am persuaded by the approved provider’s response and additional evidence submitted as part of the response. I have also considered the Assessment Team’s findings of effective information systems in requirements 3(3)(e) and 4(3)(d). Considering all of this evidence I am satisfied that documentation gaps noted in the Assessment Team’s report do not translate to a failure of the approved provider’s information governance system.

In relation to sub requirement (v) regulatory compliance

* The evidence outlined by the Assessment Team includes a failure to adhere on one occasion to guidance material for the disbursement of home care package funds for a gardening service. I am persuaded by the approved provider’s assertions that the issue with the gardening service was as a result of poor communication and not a systemic failure of the regulatory governance system.
* The evidence outlined by the Assessment Team notes some missing contractual documents in an agreement between the service and an external occupational therapist. The approved provider has attached these documents in their response.
* I have formed a different view from the Assessment Team and I am satisfied the approved provider complies with this requirement.

Requirement 8(3)(d)

The Assessment Team’s report outlines the service has a risk management plan, risk register and risk management policy and procedure in place. This framework sets out identifying and managing the main risks to the organisation and consumers. For example, how manage a situation where a consumer does not respond to a scheduled visit.

Management, care coordinators and staff were confident in the use of the incident management system and staff training on risk was evidenced.

Based on the evidence summarised above I am satisfied that the approved provider complies with both the requirements as noted in the table above.

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