**Performance**

**Report**

**1800 951 822**

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| Name of service: | MiCare Home Care (Thuiszorg) |
| Service address: | 736 Mt Dandenong Road KILSYTH VIC 3137 |
| Commission ID: | 300120 |
| Home Service Provider: | MiCare Ltd |
| Activity type: | Quality Audit |
| Activity date: | 22 November 2022 to 25 November 2022 |
| Performance report date: | 9 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 MiCare Home Care (Thuiszorg) (**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:**

* MiCare Home Care - Southern Metro EACH Service, 18778, 736 Mt Dandenong Road, KILSYTH VIC 3137
* MiCare Home Care - Eastern Region EACH Service, 18787, 736 Mt Dandenong Road, KILSYTH VIC 3137
* MiCare Home Care Services (Northern Metro), 23536, 736 Mt Dandenong Road, KILSYTH VIC 3137
* MiCare Home Care Services (Western Metro), 23537, 736 Mt Dandenong Road, KILSYTH VIC 3137
* MiCare Home Care (South East), 18779, 736 Mt Dandenong Road, KILSYTH VIC 3137
* MiCare Home Care Services (Gippsland), 22824, 736 Mt Dandenong Road, KILSYTH VIC 3137
* MiCare Home Care Services (Gippsland 2), 18780, 185a-189 Princes Drive, MORWELL VIC 3840
* MiCare Home Care Services (Southern Metro Region), 22822, 1105 Frankston-Dandenong Road, CARRUM DOWNS VIC 3201

**CHSP:**

* Specialised Support Services, 4-BB385CA, 736 Mt Dandenong Road, KILSYTH VIC 3137
* Domestic Assistance, 4-BAD7F5I, 736 Mt Dandenong Road, KILSYTH VIC 3137
* Social Support - Group, 4-BB22AUK, 736 Mt Dandenong Road, KILSYTH VIC 3137
* Personal Care, 4-BAD7F19, 736 Mt Dandenong Road, KILSYTH VIC 3137
* Flexible Respite, 4-BAD7FNI, 736 Mt Dandenong Road, KILSYTH VIC 3137

# 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 16 December 2022
* Non-Compliance Notice issued 21 November 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

The focus of the improvement is noted against each requirement:

**Home Care Packages (HCP)**

**Standard 1, 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. Focusing on any impact of the Social, Community, Home Care and Disability Services industry award on consumers’ services and management of funds.

**Standard 6, Requirement 6(3)(c)** Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Focusing on the responsiveness of actions in relation to complaints and communication.

**Standard 8, 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. Focusing on oversight of how the service is taking corrective actions to return to compliance across the Standards.

**Standard 8, Requirement 8(3)(c)** Effective risk management systems and practices. Focusing on ensuring relevant and timely information, data or trending supports members of the governing body to fully discharge their responsibilities.

**Commonwealth Home Support Programme (CHSP)**

**Standard 2, 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. Focusing on the effective assessment of clinical risks.

**Standard 2, 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. Focusing on all consumers having a care plan informed by relevant assessments developed prior to services being delivered.

**Standard 2, Requirement 2(3)(c)** Assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. Focussing on consumers being active participants in the care planning process

**Standard 2, 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. Focusing on ensuring all consumers receive a copy care plan in an appropriate format.

**Standard 3, Requirement 3(3)(a)** Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being. Focussing on ensuring consumers receive the clinical care they need.

**Standard 3, 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. Focussing on establishing who else needs to be involved in the consumer’s care and ensuring effective information exchange between internal and external parties, for example dementia support services.

**Standard 6, Requirement 6(3)(c)** Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Focusing on the responsiveness of actions in relation to complaints and communication.

**Standard 7, 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. Focussing on recruitment and other strategies to balance the number of staff available with the number of consumers requiring care.

**Standard 8, 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. Focusing on oversight of how the service is taking corrective actions to return to compliance across the Standards.

**Standard 8, Requirement 8(3)(c)** Effective risk management systems and practices. Focusing on ensuring relevant and timely information, data or trending supports members of the governing body to fully discharge their responsibilities.

**Standard 8, Requirement 8(3)(d)** Effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers. Focussing on continuity of care and mitigating risks which may impact the service’s ability to delivery continuity.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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. | Non-compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

Consumers gave various examples to the team of being treated with dignity and respect.

Management advised that the organisation is a culturally and linguistically diverse (CALD) organisation and employs bilingual staff internally and when required subcontracts staff from CALD providers to support culturally safe care and services.

Individual consumer’s care documentation identifies consumer choices and decisions about care and services and any substitute decision makers are known to staff. Consumers said in various ways their choices are respected.

Management advised consumers risks are identified during the assessment and care planning process and when risk is identified, documentation review evidenced discussions with consumers on risk and balancing risk with life choices is occurring.

The Assessment Team observed information systems are secure and privacy and confidentiality of information is protected.

Information provided to consumers on the Commonwealth Home Support Programme includes information on fees, advocacy services, internal and external complaints, rights and responsibilities and privacy.

**Evidence of non-compliance in Home Care Packages (HCP)**

Requirement 1(3)(e)

Deficits in information are evident. Home Care Package consumers were provided with a newsflash (letter) and a telephone call about the changes to the Social, Community, Home Care and Disability Services industry award. However, there was minimal negotiation of the 2 hours minimum service requirement for casual staff. Care staff are generally brokered through other providers. All HCP consumers advised of the award change had their services increased to 2 hours including where no additional assessed need was evident. The Assessment Team’s report evidences minimal negotiation with consumers occurred in relation to changes to their services.

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, has failed to comply with Standard 1 as it has failed to comply with the requirements as indicated in the table above.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, is compliant with Standard 1.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | Non-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 | Non-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 | Non-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 | Non-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 | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

The service generally demonstrated assessment and planning is used to inform and support the delivery of safe and effective care and services including the consideration of risks to HCP consumers. Consumers described the assessment process and how risks including risks associated with cancer management and mobility challenges are discussed and considered. This information was reflected in care plans. Clinical risks are escalated to a clinical nurse as a need is identified. The Assessment Team noted Level 3 and Level 4 home care package consumers did not always have a clinical assessment. Management outlined that some clinical assessments are undertaken by others such as the wound clinic or the consumer’s general practitioner. While staff spoke to the current clinical care needs of consumers with poor skin integrity, documentation about wound care and pressure injuries is not always accurate.

Care plans overall reflected the goals and preferences of consumers and evidenced discussions on advance care planning occur.

Consumers are satisfied with the extent they are involved in care planning and confirmed others they wish to be involved are included in discussions. Consumers receive a copy of their care plan once completed.

Care reviews are occurring including for consumers waiting for a higher package level.

Evidence to support that reviews for long term CHSP consumers are occurring as they become due was provided by management.

**Evidence of non-compliance Commonwealth Home Support Programme (CHSP)**

Requirement 2(3)(a)

Deficits in care planning exist for CHSP consumers who transitioned to the service from June 2022. Consumers’ care documentation, the service tracking systems and interviews with consumers, representatives and staff showed some risks to consumers including catheter care, pressure area care, swallowing issues and transfer risks may not have been identified through the assessment and planning process and as such have not been used to inform safe and effective care and service delivery.

Requirement 2(3)(b)

Deficits in identifying care needs are evident. A large number of consumers have transitioned into the service from other care providers. Management advised consumers who have transitioned have been telephoned and a basic assessment conducted utilising background information provided by the transferring organisation and/or taken from the My Aged Care portal. The Assessment Team identified consumers with complex health care needs are having services delivered in the absence of an assessment by the service to plan for, and manage these complex needs. Management said information transfer has been limited in cases and assessments will occur at a later stage.

Requirement 2(3)(c)

Deficits in involving consumers in care planning are evident. Consumers new to the service are generally dissatisfied. Consumers who require domestic care have not been involved in any assessment process. Management said consumers requiring personal care services/meal preparation have been prioritised.

Requirement 2(3)(d)

Deficits in providing copies of care plans to consumers are evident. Care plans have not been provided to all consumers.

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, is compliant with Standard 2.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, has failed to comply with Standard 2 as it has failed to comply with the requirements as indicated in the table above.

# Standard 3

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| Personal care and clinical care | | HCP | 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 | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | Not applicable |
| 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 | 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 | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP) for applicable requirements.**

Home care package consumers sampled evidenced personal/clinical care that is safe, best practice and tailored to their needs.

Consumers described tailored care including post-surgical reviews and changes to services to meet needs emerging from acute care episodes. Optimal care is coordinated with general practitioners, specialist care services and the consumer. Clinical risks are identified and referrals to, for example, wound specialists are occurring, however, care coordination staff are not always effective in their oversight of consumers’ wellbeing once the referral has occurred.

Risks, when identified through the assessment process, are managed. Review of clinical risks including chronic lower respiratory disease, pain and falls are managed to the satisfaction of the Assessment Team.

All direct care workers interviewed were able to describe appropriate and timely responses following any adverse consumer incidents.

Home Care Package consumers on a palliative care pathway have care plans and advance care plans in place. Care staff described the support they provide to ensure consumers’ end of life wishes are met. Representative feedback included that comfort care for consumers at end of life is effective.

Consumers said their care needs are managed and the service is responsive to any physical deterioration, such as increasing pain or reducing mobility, with staff organising additional services to be put in place.

Home care package consumers’ information is generally documented and communicated within the organisation and with others involved in their care for example, with medical practitioners and palliative health care teams.

Referrals to other agencies as consumer care needs arise are timely and appropriate.

Consumers, staff and management described how services are delivered in line standard and additional precautions. Consumers described responding to COVID-19 screening questions and they observed the use of personal protective equipment by staff undertaking care and services. At the audit social support staff were observed wearing masks, using hand sanitiser and competing temperature checks and screening questions for consumers attending social groups.

**Evidence of non-compliance in Commonwealth Home Support Programme (CHSP)**

Requirement 3(3)(a)

Deficits in the provision of safe clinical are evident. The Assessment Team evidenced complex personal and clinical care needs for a consumer including, catheter care have not been identified through the assessment and care planning process and care has not been tailored to support these needs. Best practice care could not be demonstrated by the service for all CHSP consumers.

Management were unable to provide the names of or evidence for any consumer who has a completed a clinical assessment. A blank ‘clinical nursing assessment and report’ was supplied to provide an example of the type of clinical assessments completed by the nurse.

Requirement 3(3)(e)

Deficits in communication and management of information are evident. Communication between agencies involved in consumers’ care including dementia service agencies or other specialist supports was not evidenced. Consumers are not having their care needs consistently assessed, therefore the consumer’s needs and any risk is not able to be communicated to others involved in the consumer’s care.

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, is compliant with Standard 3.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, has failed to comply with Standard 3 as it has failed to comply with the requirements as indicated in the table above.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

Consumers and representatives were able to describe ways in which the service supports them to maintain their independence, well-being and quality of life. This included the provision of transport assistance, personal alarms and assistance with shopping.

Staff were able to demonstrate ways they recognised when a consumer is feeling low and gave examples of strategies including making sure they were available for a chat and talking about their family.

Consumers at the social support groups were observed to enjoy socialising with each other and the staff present. Staff were observed to warmly engage with consumers.

Staff spoke in detail about consumers’ interests and how they provide personalised support to help consumers maintain their interests. Written information generally lacked sufficient detail, however, the Assessment Team was satisfied that verbal communication between staff involved in supporting consumers is adequate at this time.

External referrals to occupational therapists were evident in care documentation and consumers confirmed referrals occur. Referrals to occupational therapists have resulted in the provision of walking aids, personal alarms and bathroom modifications for various consumers.

The majority of consumers at the social support group were satisfied with the variety, quality and quantity of the meals.

Consumers and representatives were satisfied they received the equipment they needed.

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, is compliant with Standard 4.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, is compliant with Standard 4.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

Consumers spoke positively about the service environment, indicating they feel a sense of connection and belonging to the groups they attend.

The service environment was observed by the Assessment Team to be clean, comfortable and easy to navigate.

Consumers indicated satisfaction with furniture and equipment in use.

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, is compliant with Standard 5.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, is compliant with Standard 5.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

The consumer information pack documents each consumer’s right to be represented by an advocate and includes complaints information for both internal and external complaint bodies. The organisation’s comments and complaints policy and procedure has reference to advocacy and advocacy information in the information pack includes a list of external advocacy services.

Management advised that the organisation is a CALD organisation and attempts to employ language specific staff to provide case management and care.

Consumers said they understood how to make a complaint to the service and to external agencies.

Consumers and representatives can also provide feedback via the organisation’s website.

**Evidence of non-compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

Requirement 6(3)(c)

Deficits in the responsiveness of the service to complaints are evident. Although consumers know how to complain they have generally been dissatisfied with the responsiveness of the service to action their complaints.

CHSP consumers involved in a transfer arrangement between approved providers, are dissatisfied with the actions MiCare has taken to address lapses in service continuity since moving to the MiCare group. Management demonstrated they are continuing to work with these consumers and other service providers to ensure each consumer receives their scheduled services to the greatest extent possible.

HCP consumers are dissatisfied with how the service has implemented the Social, Community, Home care & Disability Services Award changes.

Management did not evidence an open disclosure process with consumers providing feedback and communication was described as poor in dealings on lack of staff and the Social, Community, Home care & Disability Services Award changes.

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, has failed to comply with Standard 6 as it has failed to comply with the requirements as indicated in the table above.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, has failed to comply with Standard 6 as it has failed to comply with the requirements as indicated in the table above.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | 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 | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

Consumers on Home Care Packages are satisfied with the availability of staff to deliver their care and services.

Consumers and representatives interviewed are satisfied staff are respectful, kind and caring.

Consumers and representatives interviewed said in different ways that staff are good at their jobs.

The service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles including processes for subcontracted staff.

Procedures are in place to onboard new staff in a structured way and performance reviews occur as required.

**Evidence of non-compliance Commonwealth Home Support Programme (CHSP)**

Requirement 7(3)(a)

Deficits in workforce planning for CHSP consumers are evident. The CHSP workforce is insufficient to meet the number of consumers in the Commonwealth Home Support Programme. Management have initiated additional recruitment strategies including working with registered training organisations to promote their service as a potential employer for newly graduated care staff.

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, is compliant with Standard 7.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, has failed to comply with Standard 7 as it has failed to comply with the requirements as indicated in the table above.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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. | Non-compliant | Non-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. | Non-compliant | Non-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 | Non-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 | Compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. The approved provider accepts the evidence in the Assessment Team’s report and has expressed a commitment to rectifying issues of non-compliance as a priority.

**Evidence of compliance in Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)**

Consumers are satisfied they can contribute their ideas and suggestions about the development of services. The approved provider has endeavoured to establish a community advisory group for Victorian consumers without success. However, continues to engage with consumers through other initiatives such as surveys.

The organisation has a clinical governance framework that is endorsed by the Board. Clinical care for consumers is provided by internal and external nursing or allied health services and medical practitioners. Reporting of clinical incidents to the Board is undertaken through the quality and risk committee. The governance framework includes protocols, policies and monitoring mechanisms for antimicrobial stewardship, minimising the use of restraint and open disclosure.

**Evidence of non-compliance in Home Care Packages (HCP)**

Requirement 8(3)(b)

Deficits in governance in relation to information management, workforce and complaints are evident and outlined in Standards 1, 6 and 7 and translate to a failure in oversight by the governing body of the quality of care and services.

Requirement 8(3)(c)

Deficits in the governance system are evident. Systems to monitor and evaluate performance against the delivery of safe and quality care and services have failed to alert the governing body to potential failures. The governance framework for sub requirements (i), (iv) and (vi) has not provided the governing body with relevant and timely information, data or trending to allow them to fully discharge their responsibilities.

Policies around the delivery of care and services with the introduction of the SHADS award were not fully informed by available information and the governing body did not demonstrate the informed consent of each consumer had been sought and/or obtained before changes were implemented.

**Evidence of non-compliance in the Commonwealth Home Support Programme (CHSP)**

Requirement 8(3)(b)

Deficits in governance in relation to information management, workforce and complaints are evident and outlined in Standards 1, 6 and 7 and translate to a failure in oversight by the governing body of the quality of care and services.

Requirement 8(3)(c)

Deficits in the governance system are evident. Systems to monitor and evaluate performance against the delivery of safe and quality care and services have failed to alert the governing body to potential failures. The governance framework for sub requirements (i), (iv) and (vi) has not provided the governing body with relevant and timely information, data or trending to allow them to fully discharge their responsibilities.

Requirement 8(3)(d)

Deficits in governance in relation risk management systems are evident. Risk planning for the transition of consumers from other providers to MiCare has not been fully effective. Consumers have been placed at risk of poor outcomes as continuity of care has not consistently occurred. The service has failed to comply with sub-requirements (i) and (iii).

**Decision**

I am satisfied based on the evidence summarised above that:

* The approved provider, in relation to the management of Home Care Packages, has failed to comply with Standard 8 as it has failed to comply with the requirements as indicated in the table above.
* The approved provider, in relation to the management of the Commonwealth Home Support Programme, has failed to comply with Standard 8 as it has failed to comply with the requirements as indicated in the table above.

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)