**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Miracle Home Services |
| Commission ID: | 301121 |
| Address: | 12 Crown Point, CRAIGIEBURN, Victoria, 3064 |
| Activity type: | Quality Audit |
| Activity date: | 4 September 2024 to 5 September 2024 |
| Performance report date: | 9 October 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 10059 Miracle Services Acts Pty Ltd  
Service: 28204 Miracle Services Pty Ltd trading as Miracle Health Services

**This performance report**

This performance report 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

|  |  |
| --- | --- |
| 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 | **Not applicable** |
| **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

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Consumers and representatives said they are treated with dignity and respect; staff respond to their cultural needs, and they feel supported by the services delivered.

Consumer care file documentation is up to date with individualised information about consumers, including their cultural background and personal preferences.

Support workers were knowledgeable about consumers’ backgrounds and what makes their lives meaningful.

The client information pack includes information about consumer choice. Staff described how they offer choices and respect consumers’ decisions about day-to-day service delivery.

Management explained their process to identify risk and how risk is discussed with consumers and their representatives as required.

Consumers are satisfied they have enough information to inform their choices and decisions and receive monthly statements on how their funds are being expended.

Staff outlined privacy and confidentiality measures such as not disclosing consumer information to others and keeping written information secure and confidential. Management said, as part of the assessment process, consumers nominate who they are comfortable sharing information with and this guides staff in how to manage information about the consumer.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all the relevant Requirements in Standard 1, Consumer dignity and choice.

# 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

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Consumers and representatives expressed confidence assessment and care planning considers risks to their health and well-being. Staff use information including the Aged Care Assessment Service report and the outcomes of validated risk screening tools to plan the delivery of care and services.

Documentation review identified detailed assessments including consumers’ goals, risk identification and minimisation strategies. Consumers described how the service has come to understand their mobility risks, how they have been involved in assessments and said that interventions are in place to reduce any personal harm.

The service has an end-of-life policy and staff follow this if they need to facilitate completing an advance care plan for a consumer.

Care plans capture consumers’ needs, goals and preferences, and the information in the care plans aligns with how consumers described their needs. Care plans are goal directed and reflect the outcomes of assessments and consumer consultation.

Information is shared appropriately where multiple service providers are meeting care needs, such as the council. Where care is provided through multiple agencies consumers are satisfied that effective coordination of care is occurring.

Consumers or their representatives receive a copy of the consumer’s care plan. Staff can access relevant care plan information electronically via a mobile device and a copy of the care plan is held at the consumer’s home.

Care plan reviews have occurred in line with consumers’ changing health and well-being needs and progress notes evidence referrals to specialist health providers for reassessments as required.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all the relevant Requirements in Standard 2, Ongoing assessment and planning with consumers.

# 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

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Consumers and representatives said they are satisfied their personal and clinical care is tailored to their needs and optimises their health and well-being. Clinical staff undertake clinical assessments and oversee the delivery of personal care. Care strategies and care delivery for consumers at risk of falls, undertaking Short Term Restorative Care, and managing their pain are effective. Staff described personalised interventions and support, encouraging the use of mobility aids and monitoring for signs of pain and deterioration when discussing how they deliver personal care.

The service maintains a high-impact, high-prevalence risk register that identifies vulnerable consumers who are at risk of harm due of falls, infections, skin breakdown, social isolation and/or living with dementia or diabetes. Clinical staff ensure the register is up to date and where a new risk is identified, ensure strategies to minimise the risk are discussed with the consumer and implemented.

Support workers described reporting any risk or incident to the clinical team who discuss the incident with the health care manager and direct an appropriate response.

Clinical staff have completed training in end-of-life care and are available to coordinate and support any consumer placed on a palliative care pathway. The service has a policy which outlines consideration of symptom management, cultural and spiritual needs, family involvement and emotional and bereavement support.

Consumers and representatives are confident staff would be able to identify a change in a consumer’s condition and any signs of deterioration. Support workers demonstrated their understanding of consumers and their health status and said they raise any concerns about a consumer’s changing physical or mental health directly with the health care manager. Care planning documents evidenced that consumers’ care and service needs are reviewed and updated as required to reflect any changes in their health or wellbeing.

Information about the consumer is shared in line with their directions and in a way that supports coordinated care and support between the service, family members, brokered services and allied health practitioners.

Care planning documentation, progress notes and consumer feedback demonstrate that referrals to other health or wellbeing services occur as required and are made in a timely manner. Referrals for allied health assessments and to brokered services were evident.

Consumers and representatives said they were satisfied with the actions the support workers and nurses take to prevent infection, including hand hygiene and wearing gloves and masks when required. Support workers confirmed they have completed hand hygiene and infection prevention and control training and described using and having personal protective equipment available for their home visits.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all the relevant Requirements in Standard 3, Personal care and clinical care.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Complaint |

Findings

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Consumers described in various ways how the services they receive support their independence and wellbeing. Care planning is goal focused and aims to support consumers to maintain their interests and social connections. Representatives described how the supports provided are enabling consumers to live at home independently for longer.

Support workers spoke about monitoring consumers’ emotional wellbeing and providing reassurance if a consumer is feeling low. Consumers and representatives said the service ensures the consumer is supported by staff who understand their needs including whether they need emotional or psychological support. Management and staff both described having continuity of staff is an important consideration for all the consumers and having staff that can speak the consumer’s first language is helpful in providing emotional and social support.

Consumers described using transport services to visit friends, attend appointments, community events and cafes, and using respite services. Staff said the services they provide help consumers participate in the community and have a social life.

Information about the consumer is shared in line with their directions and in a way that supports coordinated care and support between the service and family members and others. Consumers felt staff have the relevant information about their care and service needs and they always know what they need to do.

Care planning documentation, progress notes and consumer feedback demonstrate that referrals to other health or wellbeing services occur as required and are made in a timely manner. Referrals for home modifications and personal care equipment were evident.

As the service does not provide meals Requirement 4(3)(f) is not applicable.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# 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 Standard does not apply as consumers do not attend the organisation’s premises to receive care and services.

# 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

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Consumers and representatives said they were comfortable providing feedback and making complaints and described their complaints being resolved to their satisfaction.

Management and support staff described how consumers and representatives can provide verbal feedback, complete feedback forms, phone or email the service. The Assessment Team noted information on how to make a complaint is available in the client information pack.

Consumers and representatives said they were aware of various ways to make complaints, including contacting external advocacy and language services. Staff demonstrated their knowledge of complaint and advocacy services.

Support workers reported when a complaint is raised, they try to resolve it themselves if it is within their scope of work, and if unresolved refer it to management. Management said they manage complaints as they arise and described using an open disclosure approach.

Documentation reviewed showed the service is managing complaints, taking appropriate action in response to complaints, utilising open disclosure and using feedback to make improvements to care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 6, Feedback and complaints.

# 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

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Management demonstrated a planned approach to workforce management. Support workers said they have adequate time to complete required tasks during their shifts and consumers said they know the staff member and staff are punctual. Management outlined using a pool of casual staff to backfill unplanned leave and minimise any disruption to services.

Consumers and representatives said the staff were very kind, caring and respectful. Position descriptions outline the expectations of staff when undertaking their roles and staff sign a code of conduct on role commencement.

Management outlined how the staff have the qualifications, skills and knowledge required to effectively perform their roles. An induction and orientation process requires staff to undertake relevant mandatory training and new staff are ‘buddied’ with more experienced staff.

Consumers and representatives are satisfied staff are competent, know what they are doing and deliver quality care and services. Support workers are satisfied with the training the service provides and with the ongoing support they receive from the management.

Management has regular staff meetings and an open-door policy for staff to discuss any human resource issues.

Workforce performance is monitored via feedback received from consumers and review of audit results. Where a staff member is found to be under performing strategies are put in place to support the staff member to improve. Staff said informal feedback from management about their performance is provided. Management said their system for reviewing the performance of each member of the workforce will be formalised with a view to undertaking formal annual staff appraisals.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 7, Human resources.

# 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

The Assessment Team report outlines evidence against the Requirements of this Standard and includes the following information which I have relied on in my decision.

Consumers and representatives said they are encouraged to be involved in the evaluation of services provided. Management said they look for opportunities to involve consumers in all areas of service delivery and evaluation.

Consumers and representatives said they believe the service has systems in place to ensure the delivery of safe, inclusive, and high-quality care. Support workers said they believe the service is well run.

Board meetings are informed by information and data on aged care reforms and aged care legislative compliance, and monthly reports containing information on incidents, complaints, staffing, financials and continuous improvement. Management said they keep up to date with aged care updates and legislative and regulatory change through subscriptions and updates from their peak organisation.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Board’s risk management framework supports effective management of high-impact and high-prevalence risks and effective identification of and response to abuse and neglect. The framework also supports consumers to live their best lives.

The service has a clinical governance framework which incorporates a range of clinical care considerations, including antimicrobial stewardship, the use of restraint and open disclosure. Staff have received training regarding restrictive practices and open disclosure. Staff demonstrated an awareness and understanding of the service’s policies and procedures in relation to clinical governance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 8, Organisational governance.

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