**Performance**

**Report**

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| --- | --- |
| Name of service: | Muslim Care |
| Service address: | 1/33 McMahon St HURSTVILLE NSW 2220 |
| Commission ID: | 201195 |
| Home Service Provider: | Muslim Care |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 6 December 2022 |
| Performance report date: | 22 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 Muslim Care (**the service**) has been prepared by A. Grant, 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:**

* Muslim Care, 26453, 1/33 McMahon St, HURSTVILLE NSW 2220

**CHSP:**

* Care Relationships and Carer Support, 27964, 1/33 McMahon St, HURSTVILLE NSW 2220
* Community and Home Support, 23911, 1/33 McMahon St, HURSTVILLE NSW 2220

# 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 22 December 2022.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **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** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | **Not applicable** | **Not applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | **Not applicable** | **Not applicable** |

Findings

This standard was not assessed as part of this Assessment Contact and therefore is not applicable.

# 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. | **Non-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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed consumers and representatives expressed satisfaction that the assessment and planning for the consumer’s care considered risks to the consumers health and wellbeing. Evidence analysed by the Assessment Team showed home care package assessments are undertaken by a registered nurse and include a needs assessment supported by validated risk assessments as relevant to the consumer’s needs.

Evidence analysed by the Assessment Team showed assessment and planning information, found in a variety of documentation, was not always consistent across documents and did not always contain detailed information on needs, preferences and care instructions and, as such, did not provide detailed care instructions to guide service delivery. Evidence analysed by the Assessment Team showed assessment and planning did not consistently document needs, care guidance or how risks might impact care and the consumer’s health and wellbeing. A sample of evidence to substantiate this claim is documented below.

Evidence analysed by the Assessment Team showed Consumer A (HCP L4) lives with dementia and ‘unstable’ diabetes. The Assessment Team noted the assessment and planning documentation identify a high falls risk. Evidence analysed by the Assessment Team showed a falls risk assessment is evident and support staff interviewed were aware of the consumer’s falls risk and continence needs. Evidence analysed by the Assessment Team showed while there was evidence of communication with the medical practitioner in relation to diabetes management, there is no evidence that any risks associated with Consumer A’s diabetes has been considered in the assessment and planning process. The Assessment Team analysed evidence which showed progress notes showed that support staff assist with blood glucose testing however there are no details in the care plan or support plan in relation to diabetes management and there is no care guidance for support staff who are assisting. The Assessment Team noted while support staff interviewed stated they assist with Consumer A’s diabetes monitoring, evidence analysed by the Assessment Team showed there is nothing in the care documentation around the worker’s role in this, nor any reportable levels or information on what to do in the event of a hypoglycemics episode.

Evidence analysed by the Assessment Team showed Consumer B (CHSP) is assessed as requiring in-home flexible respite, however, the Assessment Team noted there is no further details on what this respite entails or clear guidance for support staff for the respite period, which could be up to 4 hours, according to staff. During interviews with the Assessment Team support staff showed an understanding of the consumer’s needs and explained that they are there for both the consumer and the consumer’s partner. Evidence analysed by the Assessment Team showed there is nothing in the care plan in relation to flexible respite and the support plan does not list any care directives in relation to respite, which management advise, includes shopping, transport and cleaning.

Evidence analysed by the Assessment Team showed there is conflicting information in assessment and planning information. A sample of evidence to substantiate this claim is documented below. Evidence analysed by the Assessment Team showed Consumer C (HCP L4) is rated as a low falls risk on the falls risk assessment and a high falls risk on the support plan. Evidence analysed by the Assessment Team showed Consumer C (CHSP) is identified on his/her care plan as ‘total hearing loss’ but on the client information sheet, Consumer C is identified as having a ‘hearing deficit and using hearing aids’.

The Assessment Team noted based on interviews conducted during the Assessment Contact that support staff demonstrate an awareness of the consumer’s current needs and consumers and representatives were satisfied with the care and services. However, evidence analysed by the Assessment Team showed the service did not adequately demonstrate current and detailed assessment and planning informs the delivery of care and services. Evidence analysed by the Assessment Team showed various elements of the care documentation, such as assessment, care plans, support plans and consumer information forms, show discrepancies, conflicting information and inconsistencies in the detail of the consumer’s needs and preferences and the documentation did not always align with service provision.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed on this occasion did not meeting and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision Maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

# 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** | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **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. | **Not applicable** | **Not applicable** |
| 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** | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |

Findings

During interviews with the Assessment Team consumers and representatives supplied positive feedback on the personal care the consumer received, stating in various ways that support staff knew what care was to be delivered, would take their time and encouraged the use the available equipment such as shower chairs, grab rails and mobility devices. Support staff when interviewed indicated how personal care is delivered according to the consumer’s needs and preferences and draws on best practice principles, such as having towel and clothing ready to preserve dignity; using the opportunity to check skin health; being aware of risks; reading, understanding care documentation and seeking clarification if needed; and providing routine feedback to the service. During interviews with the Assessment Team management reported that the service does not deliver clinical care such as wound care or catheter care but will liaise with other care providers such as nursing services, allied health, medical practitioners and clinics to ensure care tailored to the consumer was delivered. Care documentation analysed by the Assessment Team shows liaison with the medical practitioner and allied health to monitor treatment and care delivery.

The Assessment Team noted while not speaking directly about how the consumer’s condition is communicated within the organisation and with others, consumers and representatives during interviews with the Assessment Team indicated that relevant information is communicated to enable staff to understand the services to be delivered. Evidence analysed by the Assessment Team showed the service has electronic systems for the communication of information within the service and directly to support staff via a mobile ‘app’. During interviews with the Assessment Team support staff confirmed communicating with the service in real time via an ‘app’ on their mobile telephone, both for the purposes of accessing consumer information as well as providing feedback following a service being delivered to a consumer. The Assessment Team noted it was evident in the case notes that feedback is logged and reviewed by a staff member with follow up as required. Evidence analysed by the Assessment Team showed care documentation contains allied health reports and examples of the service liaising with medical practitioner and hospital.

# 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. | **Not applicable** | **Not applicable** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** | **Not applicable** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** | **Not applicable** |

Findings

This standard was not assessed as part of this Assessment Contact and therefore is not applicable.

# Standard 5

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

Findings

This standard was not assessed as part of this Assessment Contact and therefore is not applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | **Not applicable** | **Not applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Not applicable** | **Not applicable** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Not applicable** | **Not applicable** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Not applicable** | **Not applicable** |

Findings

This standard was not assessed as part of this Assessment Contact and therefore is not applicable.

# 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. | **Not applicable** | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Not applicable** | **Not applicable** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Not applicable** | **Not applicable** |

Findings

This standard was not assessed as part of this Assessment Contact and therefore is not applicable.

# 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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** | **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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. However, systems for information management and financial governance specifically relating to HCP are not effective.

*Information management*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate adequate information management systems in place, however deficiencies in recording information in relation to consumers’ care had been identified as documented in Standard 2 of this Performance Report.

During interviews with the Assessment Team management advised that staff meetings have recommenced since the pandemic and are held fortnightly. The Assessment Team analysed meeting minutes for the 4 November 2022 and 18 November 2022.

Evidence analysed by the Assessment Team showed information is shared with staff via email, short message service (SMS), monthly meetings, an ‘app’ on their mobile telephone and WhatsApp.

During interviews with the Assessment Team management advised staff are provided with information on policies and procedures at induction and are notified of updates and changes; hard copies are available in the office and care staff are able to request access to a policy if they wish. The Assessment Team noted the organisations plan for continuous improvement identified policies and procedures have been reviewed and updated and are now shared with staff via a central hub used for housing information and communicating.

*Continuous improvement*

During interviews with the Assessment Team management discussed their continuous improvement process and the work they have undertaken since the previous assessment contact to address the non-compliance. Management stated, and the Assessment Team confirmed though analysis of evidence the organisation has recruited and employed a registered nurse to conduct consumer clinical assessments. Regular team meetings have commenced to discuss consumer wellbeing. Staff have received training in the Aged Care Quality Standards,

Evidence analysed by the Assessment Team showed management have made changes and updates to their plan for continuous improvement.

*Financial Governance*

Consumers and representatives when interviewed by the Assessment Team stated they are informed regarding the package budget at commencement and confirmed they receive monthly statements showing their income and expenditure and balance of funds. Monthly statements analysed by the Assessment Team showed these are itemised, listing subsidy and supplements, the care management fee, each care and service episode, equipment items and supplies purchased, and the package balance.

An analysis of consumer files for Consumer D (HCP L3) and Consumer E (HCP L2) identified through their monthly statements that they had been charged case management fees prior to signing of the home care agreement. A sample of evidence substantiating this is documented below:

* Consumer D (HCP L3) signed his/her home care agreement in late September 2022. A review of Consumer D’s monthly statement for the month of September 2022 identified he/she had been paying case management fees from 1 September 2022.
* Consumer E (HCP L2) signed his/her home care agreement in mid-November 2022. A review of Consumer E’s monthly statement for the month of November 2022 identified he/she had been paying case management fees from 1 November 2022.

The Assessment Team raised this with Management and immediate steps were taken to rectify the two examples listed above. The Assessment Team noted management were unaware of their financial governance responsibilities in relation to the charging of case management fees prior to a consumer signing their home care agreement.

*Regulatory compliance*

Evidence analysed by the Assessment Team showed consumers are provided with a written agreement, an initial budget, a copy of their care plan and monthly statements; this was confirmed by the consumers and representatives interviewed by the Assessment Team.

Evidence analysed by the Assessment Team showed consumers are now provided with a copy of the Australian Government Charter of Aged Care Rights signed by both parties as required under the User Rights Principles 2014 (Section 20) and examples were provided to the Assessment Team.

During interviews with the Assessment Team management advised consumers are provided with a home care agreement upon commencement with the service and the agreement is varied when a consumer transitions from a lower level package to a higher-level package.

During interviews with the Assessment Team management discussed their policies and procedures and advised they have reviewed and updated their policies and procedures which are now uploaded into a central repository for staff to access.

*Workforce governance, including the assignment of clear responsibilities and accountabilities*

Evidence analysed by the Assessment Team showed care and services delivered to HCP and CHSP consumers are supported by internal support staff and care managers. The Assessment Team noted each care manager supervises a team of support staff. During interviews with the Assessment Team management advised that there have been several staffing changes including the recruitment of registered nurses since the previous assessment contact.

Consumers and representatives when interviewed by the Assessment Team provided positive feedback regarding the support staff who provide their care and services. However, the Assessment Team noted discussion with consumers and representatives and a review of consumer files identified one consumer in the sample had not been receiving regular services. Evidence substantiating this is documented below.

* Consumer F (HCP L2) during interviews with the Assessment Team stated he/she had not received domestic assistance for several weeks. An analysis of Consumer F’s file notes identified Consumer F was assessed for domestic care on 18 November 2022. Evidence analysed showed Consumer F is yet to receive services due to a lack of support staff.

*Feedback and complaints*

Consumers and representatives when interviewed by the Assessment Team advised they know how to provide feedback, raise concerns or make a complaint. Consumers and representatives during interviews stated they speak with the care manager if they have any concerns.

During interviews with the Assessment Team support staff interviewed advised they had recently received information on complaints at their last staff meeting and were now aware of how to inform consumers to provide feedback.

Evidence analysed by the Assessment Team showed a complaints register is maintained and includes the date, nature of feedback, summary, action taken, and the issue resolved date.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed on this occasion did not meeting and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision Maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

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)