**Performance**

**Report**

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| Name of service: | Myvista Community Care |
| Service address: | 3 Doncaster Road MIRRABOOKA WA 6061 |
| Commission ID: | 500085 |
| Home Service Provider: | Stirling Ethnic Aged Home Association (Inc) |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 February 2023 |
| Performance report date: | 23 March 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 Myvista Community Care (**the service**) has been prepared by S Bickerton, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care Packages (HCP):**

* Myvista Community Care, 19169, 3 Doncaster Road, MIRRABOOKA WA 6061

# 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 15 March 2023

# Assessment summary for HCP

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

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.

# Other relevant matters:

Non-compliance of requirements 1(3)(d), 2(3)(a), 2(3)(b), 2(3)(d), 2(3)(e), 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 6(3)(d), 8(3)(c), 8(3)(d), and 8(3)(e) was identified during a quality audit conducted on 10 May 2022.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

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

* Demonstrating practises that support individual consumers to take risks to enable them to live the best life they can

The service evidenced a contemporary review of consumer care plans had recently been completed to ensure risks are identified and recorded with mitigating strategies developed to guide staff in service delivery. Further policy development was evidenced specific to service delivery in community settings.

The service evidenced embedded policies, processes and systems support consumers to take informed risks. The service demonstrated that consumers are engaged when risks are identified, and processes capture consumer preferences and wishes associated with their care.

* All consumers and representatives interviewed by the assessment team described in different ways that they felt supported by the service to make choices and take risks
* The service evidenced a developed dignity of risk policy specifically for home care. This policy clearly defines consumer rights, directions to staff, and the monitoring and reporting of consumer health and safety.

As decision maker, on balance, I find the service compliant with requirement 1(3)(d).

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(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)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

* Evidencing consumer assessments and care planning informs the delivery of safe and effective care and includes consideration of risks to the consumer’s health and well-being
* Demonstrating discussion and planning with consumers occurs relevant to advanced care planning and end of life planning
* Evidencing the regular review of consumer care and services, and episodic review when circumstances change or incidents impact on service needs
* Demonstrating that outcomes of consumer assessments are effectively communicated with the consumers and recorded in care plans

The service demonstrated that assessment and planning processes include the identification of risks to consumer safety and is linked to developed strategies to guide service staff in managing those risks. Service staff demonstrated having access to contemporary consumer information to manage consumer risk and deliver safe care.

* All consumers interviewed by the assessment team described in different ways that the service discusses risks with them and provides options to mitigate those risks.
* The service evidenced a consumer assessment policy that includes clear instructions to guide service staff in conducting consumer assessments and assessing risks.
* Service staff described to the assessment team that they felt the service provides enough information for them to deliver safe and effective consumer care.

The service demonstrated advanced care and end of life planning is discussed with consumers during assessments and reviews. The service also demonstrated that information about advanced care planning and end of life wishes is issued to consumers.

* Most consumers interviewed by the assessment team recalled discussing advanced care and end of life planning during assessments and reviews
* Service consumer care documentation for 10 consumers evidenced that all had either been involved in discussions around advanced care and end of life planning, or had been issued with information to consider and inform future discussions
* Service management demonstrated a robust understanding of advanced care and end of life planning, and evidenced consumer and service staff resources readily available to support discussions of this nature

The service demonstrated that outcomes of assessments, including consumer goals and risks are captured and documented in consumer care plans and provided to consumers following assessments and reviews.

* All consumers interviewed by the assessment team described in different ways that they receive documentation from the service following review processes
* Service management described to the assessment team that hard copies of consumer care plans and related information is included in consumer in-home files. Additionally, service management demonstrated continuous improvement efforts at the service are exploring mobile technology to enhance information sharing with its workforce and others delivering consumer care

The service demonstrated that in addition to reviewing consumer care and services annually, consumer needs are reviewed when incidents occur or when preferences or circumstances change.

* The services consumer assessment policy evidenced that in addition to an annual review, the need for a bespoke assessment is prompted by various circumstances including hospitalisation, illness, or accident
* The services continuous improvement plan evidenced its home care team had recently completed training in consumer care planning and associated documentation.
* All consumers and representatives interviewed by the assessment team described in different ways that the service is responsive and supportive in making changes to their services when required

As decision maker, on balance, I find the service compliant with requirements 2(3)(a), 2(3)(b), 2(3)(d), and 2(3)(e).

# Standard 3

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| 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 |

Findings

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

* Demonstrating that consumers receive timely personal care which is safe and provided in the manner they have requested
* Evidencing the identifying and documentation of high-impact, high-prevalence consumer risks
* Evidencing that deterioration or changes in consumers health and physical function is recognised and responded to in a timely manner
* Evidencing that consumers specific needs are documented and communicated when changes occur

The service demonstrated effective personal care delivery based on thorough assessments of the consumer needs, goals, and preferences. The service evidenced best practice assessment strategies are used to support consumers to have safe and effective personal and clinical care.

* All consumers and representatives interviewed by the assessment team described in different ways that they have regular contact with the services home care coordinators and complete comprehensive assessments
* Service staff demonstrated an understanding personal care service delivery to diverse consumers
* Service documentation for 10 consumers evidenced initial assessment and reviews are supported by a comprehensive suite of policies and procedures specific to assessment and care planning for clinical areas of risk.

The service demonstrated embedded processes guide staff in ensuring consumers understand, acknowledge, and are informed of their risks.

* All consumers and representatives interviewed by the assessment team described being satisfied with the services risk identification and management systems and processes
* Service staff demonstrated an understanding of incident management including documentation, reporting, and escalation
* Service documentation evidenced risks such as falls, behaviours, and wounds are recorded in consumer care plans
* The service evidenced that high-impact and high-prevalence risks are reported, responded to, and trended for analysis. Incidents are subject to reviews undertaken by service management

The service demonstrated end of life planning is discussed and addressed where appropriate with consumers and their representatives during assessments and reviews and responses are captured in care plans. The service also demonstrated that information about advanced care planning and end of life wishes is issued to consumers.

* Some consumers interviewed by the assessment team could not recall discussing advanced care and end of life planning during assessments and reviews with the service
* Service care documentation for 10 consumers evidenced that the service had issued information and documentation to all consumers relevant to advanced care planning and end of life planning

The service demonstrated embedded processes identify deterioration or changes in consumer’s cognitive function, capacity and condition, and a timely response is actioned. Consumers and representatives described the service having regular communication with them, specifically following a decline in consumer condition to discuss changes and agree on actions for follow up. Service staff demonstrated an understanding of their responsibilities to report and act on any observed or discussed changes in consumer condition.

* All consumers and representatives interviewed by the assessment team described having regular contact from the service and being encouraged to discuss any personal changes
* Service staff described clarity about their roles and responsibilities including identifying and reporting signs of consumer deterioration
* The service policies and procedures include a decision tree to guide staff around deterioration in consumer condition, ensuring it is recognised and responded to in a timely manner.

The service demonstrated communication systems are available to the workforce to assist them to provide and coordinate care that respects consumer choices ensuring safe, effective, and consistent care is provided.

* All consumers and representatives interviewed by the assessment team described feeling their needs and preferences are effectively communicated between staff
* Service staff demonstrated understanding processes for documenting consumer case notes in electronic management systems, and described receiving phone calls or emails from service management to inform them of any changes to consumer care or services because of care reviews
* Service documentation evidenced consumer assessments and reviews provide detailed information to support effective and safe sharing within the service and with others where responsibility for care is shared

As decision maker, on balance, I find the service compliant with requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e).

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

* Evidencing that feedback and complaints are monitored, actioned, and used to inform service improvements

The service demonstrated that it is reviewing and analysing feedback and complaints and using this information to improve the quality of services for individual consumers.

* Consumers and representatives interviewed by the assessment team described in different ways that recent improvements had been made to the services they receive because of feedback submitted
* Service management demonstrated practises that ensure consumer complaints and feedback is recorded in complaints registers and gives a summary of feedback and complaint statistics including trends
* The services complaint registers evidenced records of contemporary complaints and feedback, and links to the services continuous improvement plan
* The services complaints and feedback policy and procedure evidenced that service staff are guided in recording, resolving, and escalating complaints

As decision maker, on balance, I find the service compliant with requirements 6(3)(d).

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

* Evidencing risk management systems are embedded to identify and support consumers and mitigate impacts as far as practicable
* Evidencing information management systems ensure consumer care documentation aligns with all service policies and procedures
* Evidencing its workforce has awareness of antimicrobial stewardship policies and procedures

The service demonstrated embedded and effective governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. At the time of desk assessment, the service did not demonstrate that information is being managed to ensure that requirements of policies and procedures are reflected in consumer care documentation. However, at the time of performance report decision the service evidenced a robust plan for continuous improvement targeting specific policies and processes for improvement and an expedited timeline for these improvements to be operationally embedded.

* Service policies and procedures relevant to dignity of risk, assessment and review documentation, and assessment and review policies are scheduled for enhancement and improved implementation imminently (May 2023)

The service demonstrated embedded and effective risk management systems guide staff practise and manage high-impact or high-prevalence risks associated with consumer care.

* The service demonstrated identifying and responding to abuse and neglect of consumers and evidenced embedded policies and staff training records support identification and response to the abuse and neglect of consumers. Service staff demonstrated competency in identifying abuse and neglect of consumers and procedures to immediately report and record concerns.

The service demonstrated it has an embedded clinical governance framework guiding staff in their responsibilities and accountabilities. At the time of desk assessment, the service did not demonstrate embedded policies to support antimicrobial stewardship, However, at the time of performance report decision the service evidenced a robust plan for continuous improvement targeting specific policies and processes for improvement and an expedited timeline for these improvements to be operationally embedded.

* Service policies and procedures relevant to antibiotic stewardship, consumer handbooks, staff training, and homecare policies are scheduled for enhancement and improved implementation imminently (May 2023)

The service evidenced a policy in minimising the use of restrictive practices in home care settings. This policy describes various forms of restraint, the impact of restraint on consumers, and how this the requirement for use where required to comply with the Quality Standards.

The service evidenced embedded policies and practises around open disclosure and service staff demonstrated contemporary examples in applying this approach to resolving consumer complaints and incidents.

As decision maker, on balance, I find the service compliant with requirements 8(3)(c), 8(3)(d), and 8(3)(e).

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