**Performance**

**Report**

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| Name: | New England Care |
| Commission ID: | 201408 |
| Address: | 268 Furracabad Road, GLEN INNES, New South Wales, 2370 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9536 McCarney Enterprises Pty Ltd  
Service: 27545 New England Care

**This performance report**

This performance report for New England Care (**the service**) has been prepared by E Blance, 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.

# 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 the service, review of documents and interviews with staff, consumers and representatives and others
* Other information known by the Commission

# Assessment summary for Home Care Packages (HCP)

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| 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 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.

Standard 5 is not within the scope of the Quality Audit for this service.

# 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

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| 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

Consumers and representatives felt staff treated consumers with dignity and respect and supported cultural diversity by ensuring individual needs were met. Staff demonstrated knowledge of consumers’ cultural backgrounds and there were systems to monitor staffs’ interactions with consumers. A code of conduct established the appropriate behaviour and conduct of staff when interacting with consumers.

Consumers and representatives felt the staff understood consumers’ needs and preferences and said consumer’s felt safe and respected. A ‘Diversity’ policy provided staff with information about the service’s expectations and how the service appreciates and respects the unique cultural background of its consumers. Cultural and Diversity training was included within the services yearly training.

Consumers and representatives said consumers were supported to make their own decisions about the services they received. Management and staff evidenced knowledge, awareness, and understanding of consumers’ choices and preferences. A care and service choices form identifies consumers choices and preferences for care and services and is completed in consultation with the consumer upon commencement with the service and reviewed during care plan reviews.

Consumers and representatives felt supported by the service to live their best life and where risk was involved, the service supports consumers to reduce the impact of the risk. The service had processes to determine potential risks to consumers, and strategies to help mitigate those risks. Assessments identified risk factors including for consumers who live alone, live in rural or remote locations, were socially isolated, have a cognitive impairment, limited mobility, or highly dependent. Risk assessments of consumers’ homes to identify potential risks were conducted.

Consumers and representatives confirmed information received was current, accurate, and timely. Consumers and representatives said monthly statements were easy to understand and were confident that staff and management at the service were approachable to discuss any inconsistencies.

Consumers and representatives said privacy was respected and confidentiality of consumers’ personal information was maintained. Staff upheld consumer’s privacy by attending to cares in a dignified and respectful manner, not discussing consumers personal information with other consumers, and keeping secure storage of private information. Consent was sought for how a consumer’s personal information was collected and used.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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)(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 service had processes for the assessment and planning of consumer’s care and services. Assessment and planning was conducted in consultation with relevant staff including Registered Nurses, consumers, and their chosen representatives when consumers commenced with the service, and when changes occurred. Documentation demonstrated assessments considered specific risks impacting individuals, such as falls and pressure injuries. Care planning documentation provided sufficient detail on how care and services were to be delivered to each consumer.

Consumers and representatives said consumers received care and services which met their needs, goals, and preferences. Advance care planning and end of life planning was discussed upon commencement with the service. Consumers said this information was stored within care planning documents. Support workers were aware of processes to follow if consumers did not respond to a scheduled visit.

Consumers and representatives were involved in the planning and review of the care and services consumers received. Staff said they worked in partnership with and communicated regularly with, the consumers and others involved in their care.

Outcomes of assessment and planning were documented in hard copy files kept securely in the consumer’s home and in an electronic storage system that was accessible to staff. Consumers said the services they received, and the frequency, was explained to them on commencement with the service and when changes occurred. Support workers had access to the care and services plans available in each consumer's home and on an electronic data storage system.

Consumers and representatives said management regularly communicated with them and implemented changes to meet consumer’s current needs. Care and support plans were individualised and contained sufficient information to guide staff. Care planning documentation confirmed care plans were reviewed at least annually with oversight by a Registered Nurse.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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 |
| 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

Care received by consumers was tailored to their needs. Consumers’ needs, goals, and preferences were described in sufficient detail to guide staff in the delivery of care and services. Support workers demonstrated knowledge of individual consumer’s needs, goals, and preferences and could describe how care was tailored to the consumer’s needs. The service had policies and procedures to guide staff practice in delivering personal and clinical care.

Management identified the high-impact and high-prevalence risks for consumers at the service included falls, wounds and medication management. Risk assessments were completed by the Registered Nurse when consumers commence with the service and following an incident. Strategies to minimise risks were documented in care and service plans. Support workers received training on how to report an incident. Support workers described strategies to minimise the impact of identified risks for consumers. The service had policies and procedures to guide staff practice in delivering personal and clinical care which include high impact high prevalence risks.

Care documentation demonstrated the service captured consumers’ needs, goals, and preferences in relation to end of life care, however, the service had limited involvement in palliative care as consumers were generally transferred to the hospital for end of life care. Consumers confirmed the service discussed advance care planning and end of life wishes on commencement with the service. The service had established relationships with hospitals, medical services, and allied health services to support consumers’ needs and end of life wishes and processes to ensure consumers’ dignity was preserved.

Deterioration in a consumer’s capacity or condition was recognised and responded to in a timely manner. Continuity of care assisted support workers to recognise deterioration or change in a consumer. Support workers observed consumers for changes to their condition, including changes in behaviour, and reported these to management. Processes for recognising and responding to changes in a consumer’s condition, included reassessments, and referrals to medical and allied health professionals, as required. The service had policies and procedures to assist staff in recognising and responding to deterioration.

Consumers and representatives were satisfied with the quality of care and services provided. A hard copy of the care and service plan was available in the consumer’s home. Support workers confirmed they received information in relation to the consumer’s condition, needs, and preferences via a mobile phone application. Consumers and representatives reported staff knew the consumer’s needs.

Consumers and representatives said referral processes were timely and appropriate. Consumers said they had access to a medical officer and other health professionals when they needed it. Input from others was sought, such as medical officers, occupational therapists, and podiatrists with their recommendations incorporated into care plans. The service had policies and procedures in place to guide staff practice.

Practices to prevent the spread of infection included hand washing, the use of hand sanitiser, and the use of personal protective equipment by staff. Staff evidenced an understanding of antimicrobial stewardship in line with the services policies and procedures. A pandemic plan is obtained at the commencement of service and as health needs changed.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 4

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| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said consumers were supported to maintain their independence and quality of life with activities of daily living including assistance with meal preparation, gardening and attending activities. Support workers could describe how they helped the consumer to be independent if this was their preference. Care planning documents were individualised and outlined the services and supports for each consumer.

Consumers and representatives were satisfied with care, services, and supports provided by the service. Support workers provided appropriate emotional support including sharing a conversation about things the consumers like and if requested, attendance to church activities. Care and service plans guided support workers to support consumers’ emotional, spiritual, and psychological well-being.

Support workers understood the daily living preferences of consumers. Care planning documentation guided the delivery of services and supports that met consumers’ preferences including for transport to activities of interest, opportunities to interact with families, hobbies and community events. Consumers and representatives provided positive feedback about the support for daily living provided by the service.

Consumers and representatives said support workers knew consumers well and supported the consumer’s needs and preferences. Consumers said communication with the service was good. Support workers had access to the information they needed to provide services and appropriate care. Support staff made notes of tasks performed and observations to monitor a consumer’s condition and provided feedback if there was a change to a consumer’s condition or preferences. This information was accessible to support workers who provide care to those consumers.

Consumers and representatives said referrals were coordinated through the local hospital or from their medical officer. However, all consumers and representatives were confident the service would arrange appropriate referrals to other support services if required. Staff and management described the service’s processes should a consumer require a referral to other organisations and individuals involved in the consumer’s care. An information pack provided to consumers upon commencement with the service included information about organisations and providers who may be able to assist them, including advocacy services, legal aid details as well as information for My Aged Care and the Aged Care Quality and Safety Commission.

Consumers who received meals were satisfied with the quality, quantity, and variety of meals. The service had a process to identify consumers’ dietary requirements, including allergies, and a process to support consumers to order meals of their choice.

Consumers and representatives were satisfied the equipment provided by the service for use in consumers’ homes was suitable and met consumers’ needs. Staff received training in the use of equipment where applicable. The service had a process to ensure the equipment was safe and well maintained. For consumer’s who were supported to attend activities in vehicles provided by the service, the service ensured vehicles were insured, registered, serviced and clean.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 6

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| 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

Consumers and representatives felt encouraged and supported to make complaints and provide feedback to both staff or management. Compliment/complaint forms were available within consumer’s home files. Support workers were aware of reporting complaints of a serious nature directly to management. The consumer handbook and consumer service agreements informed consumers of the various methods to raise a complaint.

Consumers and representatives were aware of external complaints and advocacy services, however, preferred to manage any concerns or complaints directly with the service. Information about external organisations and advocacy services was contained within the Home Care Agreements. The service’s policies guided management and staff for advocacy and external feedback and complaints processes.

Consumers and representatives were satisfied management were responsive to feedback and complaints. Management demonstrated an understanding of utilising open disclosure throughout the complaints process. The service’s policies guided staff in documenting, investigating, resolving, and evaluating feedback and complaints and incorporated the use of open disclosure.

Consumers and representatives who had made a complaint or provided feedback to the service described the positive way the service made efforts or had been able to make changes to improve care and services. Staff and management could describe the steps the service took to regularly encourage consumers to provide feedback, bring forward concerns, and make suggestions for improvements. Feedback provided by consumers was monitored and actioned where appropriate including maintaining a complaints register and a continuous improvement plan.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| 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 workforce was planned to enable the delivery of safe and quality care and services. Consumers said staffing was consistent. Contingency plans were in place to ensure staff allocations were adequately meeting changed consumer needs and preferences. There were adequate staff to provide care and services in accordance with consumers’ needs and preferences. Staff had sufficient time to undertake their allocated tasks and responsibilities.

Consumers and representatives said staff were kind, caring and respectful. Consumers’ backgrounds, culture, and identity and those important to the consumer were known by the staff. Management monitored staffs’ interactions with consumers.

Members of the workforce had the qualifications to perform their roles effectively. Staff said they had the necessary skills to perform their role and were supported by management. Consumers and representatives felt the staff were well trained and met the needs of consumers. The service maintained a register of qualifications to ensure staff had the appropriate skills and qualifications prior to provision care and services. Position descriptions established the roles, responsibilities and competencies required.

The service had processes for the recruitment, induction, and onboarding of staff. The service provided online and face-to-face education for staff, including education about key elements of the Quality Standards, and the Serious Incident Response Scheme (SIRS).

The service had systems in place to regularly assess, monitor and review staff performance. Staff confirmed they were regularly engaged in their professional development including opportunities to request specific training relevant to their role.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 8

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| 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

Consumers could provide feedback on care and services and management demonstrated the various avenues for consumers to be involved in the evaluation of care and services including annual consumer/representative surveys, care plan reviews, feedback and complaints processes and have approached consumers to establish a consumer advisory board.

The governing body promoted a culture of safe, inclusive, and quality care and services. The governing body monitored compliance with the Quality Standards and was accountable for the delivery of quality care and services across the organisation. The leadership structure identified the governing body (the managing directors) holding overall accountability for quality and safety in the organisation. The governing body was supported by an experienced team and responsible for monitoring risk and quality in relation to care and services.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Consumers and representatives were satisfied with the way information about care and services was managed and how the information was communicated to them. Monthly statements outlined care and services received, and care needs were securely documented within the consumer file to inform staff and consumers. Incidents, feedback, complaints, and other risks were identified through the service’s incident and feedback reporting procedures, reviewed by management, and escalated as required. A yearly budget and forecast included a workforce review and consideration of planning and purchases as well as development and quality improvement investments. The service had a workforce governance framework in place to ensure staff were skilled and qualified to provide safe and respectful quality care and services to consumers. Regulatory changes were received and managed by management, who then disseminated information to appropriate parties throughout the service. The service had updated policies and procedures to reflect regulatory changes. Feedback and complaints were managed and escalated depending on severity. The directors were kept informed of all feedback provided to ensure oversight of the quality of care and services is maintained.

A clinical governance framework and policy supported the service to manage high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making, and report and manage incidents. The service’s incident register evidenced staff reported and escalated incidents to management which were investigated and controls implemented to prevent a recurrence. Staff received training in SIRS and identifying abuse and neglect of consumers.

The service’s policies in relation to open disclosure, antimicrobial stewardship, and restrictive practice guided staff practice and were included within staff orientation and mandatory education. Support workers and management described strategies to minimise infection related risks, and the open disclosure process.

I have considered the information brought forward by the Assessment Team and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)