**Performance**

**Report**

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| Name: | NexttCare Pty Limited |
| Commission ID: | 600595 |
| Address: | 62 The Parade, NORWOOD, South Australia, 5067 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 August 2024 |
| Performance report date: | 2 September 2024 |

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: 9371 AHC Care Services Pty Ltd  
Service: 27324 Nexttcare Pty Limited

**This performance report**

This performance report has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the assessment contact (performance assessment) – site, which was informed by a site assessment, observations at service outlets, review of documents and interviews with consumers/representatives, staff, management and others; and
* a performance report dated 16 August 2022 for a quality audit undertaken from 10 June 2022 to 15 June 2022.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 6** Feedback and complaints | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully 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.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

**Requirements (3)(b) and (3)(e)** were found non-compliant following a quality audit undertaken in June 2022 as staff had not consistently identified and reported consumers’ risks and incidents, or effectively followed up incidents to prevent further incidents occurring; and there was no systematic and effective process to collect progress notes from consumers’ homes, or review progress notes in a timely manner. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, training to all staff on deterioration, referral, risk and incident management and reporting; a structure review allocating clinical oversight; an electronic system to improve oversight of consumer information, including regular review of progress notes; ensuring all support staff have access to the electronic system; and reviewed admission and care planning documents.

At the assessment contact in August 2024, the service was found to have processes to identify, assess, plan for and manage high impact or high prevalence risks related to consumers’ care. Care files evidence appropriate and effective management of risks, including falls, with referrals to medical officers and allied health professionals initiated for further assessment and interventions for consumers identified as being at high risk. Staff interviewed are aware of high risk consumers and described how they identify, assess and mange such risks.

Detailed support plans are available in consumers’ homes for support staff to access information easily and address concerns quickly. Care documentation sampled includes recommendations from allied health professionals to inform provision of consumers’ care and services. Management documents and communicates information about consumers’ care and services in the support plan, progress notes and verbally. A subcontracted service provider described how information about a consumer’s condition, care and services is exchanged with the provider, including having access to consumers’ support plans on an electronic system. Subcontracted support workers complete an electronic form at the end of each shift which includes a series of questions, including about changes in a consumer’s condition, which is accessible to the provider. In the event of a major change in a consumer’s condition, the subcontracted service provider will discuss this with the provider. Staff confirm they are informed of changes in consumers’ condition through emails or phone calls, and consumers said staff are well informed and are familiar with their needs and preferences.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(e) in Standard 3 Personal care and clinical care compliant.

# 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

**Requirement (3)(d)** was found non-compliant following a quality audit undertaken in June 2022 as feedback and complaints were not used to improve care and services, and trends identified were not addressed. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, training for all case managers to reinforce daily review of progress notes to identify uncaptured complaints; reviewed care and service plan review processes to ensure consumer consultation during each review includes capture of complaints, feedback and suggestions for improvement; internal complaints audits to identify areas for improvement based on complaints data; and a dedicated feedback management position with responsibility for review and analysis of feedback and complaints data nationally.

At the assessment contact in August 2024, consumers/representatives interviewed were aware of how to provide feedback and complaints and had confidence their feedback would be appropriately addressed and drive improvements, where appropriate. A feedback management procedure and continuous improvement guideline outline the organisation’s commitment to effective feedback and complaints management, including identification and implementation of improvement actions. Feedback and complaints data is captured, and monthly reports disseminated to appropriate personnel include analysis and trending of feedback data and identification of potential improvement opportunities for consideration. While management confirm the service has not received any feedback or complaints in the last six months, the national register demonstrates the ongoing capturing of feedback data from other services, confirming the feedback process and identification of improvement opportunities.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

**Requirements (3)(c) and (3)(e)** were found non-compliant following a quality audit undertaken in June 2022 as the workforce was not competent and members of the workforce did not have the qualifications and knowledge to effectively perform their roles; and regular assessment, monitoring and review of the performance of each member of the workforce was not undertaken. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, an organisational clinical team to provide clinical oversight of consumers’ clinical care needs and guidance in clinical care management; leadership training programs to provide further support for managers; reviewed training module completion rates and implemented a monthly training completion reporting process; reviewed capability frameworks, including, but not limited to, position descriptions, role design, prerequisite qualifications, and training requirements; and an organisational review of staff performance review processes.

At the assessment contact in August 2024, consumers/representatives said staff are competent and have the skills and knowledge to effectively perform their roles. Recruitment processes are supported by a centralised people and culture team and include pre-employment checks of qualifications and professional registrations. Initial training modules are completed by all staff prior to deployment in their working roles to ensure a standard base level of knowledge that aligns with the organisation’s vision and values. Annual, ongoing training programs are in place, and ad hoc training is undertaken where a need is identified. Support workers confirm completion of initial and ongoing training modules across a range of care and service topics and said the training improves their knowledge. A provider of brokered/subcontracted services said all support workers are employed with a minimum qualification of Certificate III or IV in aged or disability support and undertake ongoing training programs.

Consumers/representatives are satisfied with staff performance and said they would report issues relating to underperformance if or when it occurred. A new staff performance and development review process has been implemented and ensures review of each staff member’s performance every two years, as well as six-monthly review of the performance and development plan to ensure agreed supports to achieve staffs’ goals are being provided. Staff performance is monitored and reviewed ongoing through incident and feedback data, informal conversations with consumers, and surveys. Training completion is tracked to monitor staff performance, with actions taken to address non-compliance with mandatory training through performance management processes. A subcontracted service provider confirmed monitoring of their staffs’ performance through a performance review request sent to the provider following each shift completed.

Based on the assessment team’s report, I find requirements (3)(c) and (3)(e) in Standard 7 Human resources compliant.

# 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)(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 |

Findings

**Requirements (3)(a), (3)(c) and (3)(d)** were found non-compliant following a quality audit undertaken in June 2022 as processes for involving consumers in developing, delivering and evaluating their care and services; information management, workforce and financial governance systems; and risk management systems and practices relating to managing high impact or high prevalence risks were not effective. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, a consumer feedback group; a new staff position in feedback and improvement management; regular and ongoing consumer satisfaction surveys; migrated to an electronic care system to improve oversight of consumer information; corporate and executive reporting on organisation wide training compliance; a complaint management improvement project; staff training on incident management, and responding to abuse and neglect; and reviewed and revised the clinical referral pathway.

At the assessment contact in August 2024, consumers were found to be engaged in the development, delivery and evaluation of care and services through various avenues, including feedback processes, surveys, three monthly check-ins and a consumer focus group. The plan for continuous improvement includes a range of action items resulting from nationwide feedback. Consumers/representatives described how they are regularly engaged in providing feedback and suggestions, with the opportunity to complete surveys, and providing suggestions at regular care plan reviews.

A governance structure is in place to support all aspects of the organisation. Information management systems ensure staff and management have ready access to relevant, up to date information to undertake their roles. Consumer information is maintained electronically, and privacy policies are applied. Contractors confirm they are provided accurate, and up to date information for consumers they provide support to. An organisational plan for continuous improvement (PCI) is maintained and incorporates nationwide and state level improvements. The PCI includes action items from a range of sources against the Quality Standards. Consumer fund spending is monitored each month, including consumers who are significantly under or overspending. Reports on consumers with high or low package funds are distributed each month to case managers, who will contact individual consumers to adjust the services they are receiving. The organisation has policies and procedures in relation to workforce governance, and the workforce is supported and developed to deliver safe and quality care through regular and ongoing training. Overarching policies identify roles and responsibilities of all members of staff within the organisation, including the governing body and management. There are systems to ensure all regulatory requirements are met. The organisation has memberships with peak bodies and outsources policies and procedures, which are updated to reflect changes in aged care legislation. There are processes to monitor feedback and complaints, which are reported at quality meetings and to the governing body.

There are effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents. The risk management system supports staff in delivering safe, effective and quality care by providing information on risks, processes and tools for monitoring and improving care quality, and identifying and responding appropriately to identified risks and incidents. The national clinical team provides advice and oversight to case managers on the management and support of high risk consumers. An incident register is maintained and captures all incidents, skin tears, hospitalisations and falls. All incidents sampled have been reported in a timely manner and include an investigation to identify opportunities to prevent reoccurrence. Incident trends are captured and reported to quality and governance committees. Staff undertake training on recognising and responding to abuse and neglect, and staff demonstrated an understanding of reporting incidents. A serious incident response scheme (SIRS) policy identifies legislative timeframes for mandatory reporting, and while no SIRS have been reported in the last six months, the organisation demonstrated processes for identifying where incidents should be reported. Policies and procedures are in place to support consumers to take risks and live the best life they can, and staff are aware of how to support consumers who undertake risky activities.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c) and (3)(d) in Standard 8 Organisational governance compliant.

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)