**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | Olive Tree Home Care |
| Service address: | Suite 3, 95-97 Nicholson Street FOOTSCRAY VIC 3011 |
| Commission ID: | 301070 |
| Home Service Provider: | Olive Tree Home Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 10 November 2022 to 11 November 2022 |
| Performance report date: | 13 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 Olive Tree Home Care (**the service**) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the 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:**

* Olive Tree Home Care, 26438, Suite 3, 95-97 Nicholson Street, FOOTSCRAY VIC 3011

# 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.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | 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.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

I have relied on the Assessment Team’s report in forming my view on compliance as outlined in the table above.

The Assessment Team found that organisational systems have been updated to support relevant assessments being undertaken and this information being used to inform care planning.

The service has updated its existing assessment tool and specific assessment tools have been introduced, including for mobility and pain management.

The service has engaged with its consumers (total 4) to undertake the updated assessments and develop a tailored care plan.

Documentation reviewed by the Assessment Team evidenced the new process has been effective at addressing the deficits previously identified.

I am satisfied based on the evidence, summarised above, that the service complies with requirement 2(3)(a).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP/STRC |
| 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 |

Findings

I have relied on the Assessment Team’s report in forming my view on compliance as outlined in the table above.

The Assessment Team evidenced that information systems have been reviewed and updated. Their report outlines an electronic care management system has been introduced, this includes a telephone application that staff download onto their phone.

Staff can access the information system to get updated information on consumers, enter progress notes and complete incident reports.

Information is password protected and has security levels.

Management can schedule various reports to help inform their governance activities and maintain oversight of the quality of care and services being delivered and respond to incidents.

I am satisfied based on the evidence, summarised above, that the service complies with requirement 8(3)(c). The deficit previously identified in sub-requirement (i) information management has been addressed.

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)