Performance

Report

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| Name of service or service group: | Performance report date: |
| Olivet Home Care Packages | 2 August 2022 |
| Commission ID: | Activity type: |
| 301031 | Quality Audit |
| Home Service Provider: | Activity date: |
| Christadelphian Welfare Association (VIC) Inc | 5 July 2022 to 12 July 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 Olivet Home Care Packages (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:**

* Home Care Packages Ringwood / Maroondah Area, 27317, 7-9 Rupert Street, RINGWOOD VIC 3134

**CHSP:**

* Centre-based Respite - Care Relationships and Carer Support, 4-AZYMKK9, 7-9 Rupert Street, RINGWOOD VIC 3134

# 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/representatives and others.

# 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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.

# 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 | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| 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 | Compliant |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| 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 | Compliant |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

## Findings

Overall consumers are treated with dignity and respect, can maintain their identity and are supported to take risks.

The Assessment Team found that consumers, representatives and staff interviewed during the site audit confirmed the following:

Consumers and representatives said consumers are treated with dignity and respect and valued as individuals with their own identity and culture.

Consumers and representatives stated they are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care.

All consumers and representatives described in various ways their satisfaction that the service supports consumers to live their best life.

Consumers and representatives said they are satisfied they are provided with the clarity and suitability of information to assist their choices and decisions related to care and services.

Staff demonstrated they are familiar with the cultural needs of individual consumers and confirmed staff participate in online cultural diversity training.

Staff described how they provide support for consumer choices and decisions, including asking consumers their priorities before commencing work and checking suitability of days and times of care and service provision.

Staff described support and assistance measures to ensure consumers are as safe as possible, including assistance with bus transport to the day respite program, the organisation of delivered meals as needed and encouragement for consumers to use mobility aids.

Care documentation reviewed reflected consumer backgrounds and included family and community connections. Consumer file documentation reviewed indicated risks are identified and strategies to mitigate risks and support service participation are documented. Files reviewed showed consumer information is maintained confidentially and password protected, with access according to roles.

The Assessment Team observed information is provided to consumers in service information handbooks, monthly invoices and statements, regular newsletters in large font as required, brochures, phone calls, emails and the organisation’s website.

The Quality Standard is assessed as Compliant and six of the six requirements have been assessed as Compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Compliant |
| 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 | Compliant |
| 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 | Compliant |
| 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 | Compliant |
| 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 | Compliant |

## Findings

Consumers and representatives interviewed were satisfied with assessment and care planning processes and agreed that everyone consumers wished to be involved were. A broad range of health and wellbeing topics are discussed when consumers commence with either HCP or CHSP and a registered nurse is available to complete further assessment as required, with home safety assessments, non-response plans and referrals occurring.

The service evidenced an Advanced Care Planning Policy and procedure and a Palliative Care and End of Life Policy and procedure. HCP consumer files reviewed included references to advanced care plans and consumers. The outcomes of assessments were demonstrated to be effectively communicated with consumers and representatives, documented in the consumers care plan and available to staff providing care and services. For example:

Consumer plans reviewed included strategies to mitigate identified risks to consumers.

The service identified outstanding consumer reviews and discussed with the Assessment Team the process put in place to address this. Review of files where consumers were identified with high care needs indicated this consumer group were prioritised for reviews which was support through observed updates in individual consumer records.

The Quality Standard is assessed as Compliant and five of the five requirements have been assessed as Compliant.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

## Findings

Personal and clinical care is not provided by the service to CHSP consumers, therefore this Standard is deemed applicable to HCP consumers only.

Consumers and representatives receiving personal and clinical care advised that is tailored to meet their needs. Detailed care instructions were noted to be provided to home care workers via an ‘app’ on their mobile phone. Review of a high need consumer file demonstrated information documented on their file highlighting new home care workers must do a buddy shift prior to providing care and services. Consumers and representatives interviewed said they are satisfied referrals occur to health professionals and other services when needed in a timely manner. Consent from consumers to share information is sought for referrals to occur.

The Assessment Team noted high impact or high prevalence risks associated with the care and services of home care package consumers included clear instructions for home care workers to mitigate the risk to consumers. For example:

The file for a consumer with a stoma bag states the consumer is to have a moist consistency diet and staff are to monitor skin around the stoma and use moisturising cream when needed. This consumer is able to manage the stoma bag and uses a personal alarm when alone at home.

Files reviewed identified referrals to nursing services, allied health professionals that included physiotherapy, occupational therapy, dietitian and podiatry.

Management interviewed described policy and processes in place to enable consumers to receive end of life care at home in line with consumers wishes. Management advised the service uses various ways to document and communicate consumers condition, needs and preferences within the service and with others. For example, case manager weekly meetings include a physiotherapist to discuss changes to consumer care needs.

Home care workers interviewed advised if they identify any changes in a consumer care needs or deterioration, they contact the office and document in a progress note. Documentation reviewed indicated timely identification, monitoring and appropriate care when changes occur requiring increased care and services.

The service demonstrated processes in place to ensure consumers and staff are safe and infection related risks are minimised. Management interviewed confirmed to minimise infection related risks, the service has increased the use of personal protective equipment including face masks, extra cleaning and social distancing at the day respite program. The service advised they conduct yearly mandatory infection control training and does extra training as required.

The Quality Standard is assessed as Compliant and seven of the seven requirements have been assessed as Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| 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 | Compliant |
| 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 | Compliant |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

## Findings

To understand the consumer’s experience and how the service understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, staff were asked about their understanding and application of the Requirements. The Assessment Team also sampled relevant documents.

The service demonstrated consumers received the services and supports for daily living that are important for health and well-being and enable them to do the things they want to do as:

Consumers described, in various ways, how the service helps them to maintain their independence and contributes to their wellbeing and quality of life.

Consumers described how the service facilitates their community participation within different settings, supports them to maintain their social relationships and pursue their interests.

Consumers reported the meals they receive at the day respite program meet their preferences and know they can always ask for an alternative if they wish.

Staff demonstrated an understanding of what is important to each consumer and the types of support required to optimise their well-being and independence.

Staff described their understanding of consumers and how they listen to consumers to understand their needs and provide emotional support as it is needed. Emotional, spiritual and psychological needs are discussed during the assessment process and documented in the consumers care plan.

Exception reporting progress notes are documented in the consumer’s paper file and discussed with the manager. Staff also review the communication diary before they commence their shift.

Staff confirmed consumers can request alternative meals and they will ask consumers of their preferences prior to meal service. Staff reported they ask consumers if they are satisfied after meal service is complete to confirm whether they have had enough and enjoyed their meal.

Care planning documents evidenced the service implements individualised support strategies to meet the needs, goals and preferences of consumers.

The service evidenced a system to manage consumer information and share it with others, where responsibility for care is shared. Consumer care documentation confirmed that timely and appropriate referrals are made as needed to individuals, other organisations and providers of care and services.

The service demonstrated where equipment is provided, it is safe and maintained. Equipment is selected for safety and suitability on the recommendations of allied health professionals. For example:

A consumer had a walker purchased through her package which assists her to mobilise.

The Assessment Team observed consumers in the day respite program interacting positively with each other and staff.

The Quality Standard is assessed as Compliant and seven of the seven requirements have been assessed as Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

## Findings

Consumers and representatives interviewed spoke positively about the service environment and indicated they felt a sense of connection and belonging to the groups they attend.

The Assessment Team observed gentle and respectful interactions between consumers and staff, consumers participating in an activity, listening and singing along to music. The Assessment Team observed the bus transporting consumers pull up to the front door and there is ramp entry near the bus stop.

The service was observed to be clean, well maintained and there was clear access for consumers within the building. The day respite program is for consumers with cognitive decline.

The Assessment Team observed the doors to the courtyard and sensory garden were locked on both days of the quality audit. Representatives for a number of consumers with cognitive decline, stated they were happy with the day respite program and said consumers had free access to the courtyard in the warmer months and that staff would take consumers outside for a walk when asked.

The Assessment Team noted that furniture, fittings and equipment was safe and clean, and review of the cleaning schedule indicated all equipment, fittings and furniture is wiped down after each activity and again at the end of the day. The service’s buses were also regularly serviced and maintained.

The Quality Standard is assessed as Compliant and three of the three requirements have been assessed as Compliant.

**Standard 6**

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| Feedback and complaints | | HCP | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

## Findings

To understand how the service manages feedback and complaints, the Assessment Team interviewed consumers, representatives and staff and reviewed relevant documentation.

The service demonstrated they:

Inform consumers about feedback and complaint options, including the use of advocates. Consumers interviewed confirm they feel safe to raise concerns and understand how to provide feedback.

Encourage and support consumers to give feedback or make complaints to the satisfaction of consumers and representatives.

Document feedback and complaints and action complaints to the satisfaction of complainants, using an open disclosure approach. The Assessment Team reviewed the complaints register and noted timeframes were applied to actions to address complaints and outcomes recorded demonstrating consumer satisfaction with the outcome.

Review complaints and use this information to make improvements to safety and quality systems. For example:

* + Feedback from HCP consumers indicated frustration with the lack of Case Manager contact. The outcome of this feedback was an increase in hours for the Case Manager from 2 to 7 days per fortnight. The service no longer received feedback regarding lack of access to the Case Manager.

The Quality Standard is assessed as Compliant and four of the four requirements have been assessed as Compliant.

**Standard 7**

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

## Findings

To understand how the service manages human resources, the Assessment Team interviewed consumers, representatives and staff and reviewed relevant documentation.

The service demonstrated they:

Are planning and implementing new scheduling arrangements to ensure sufficient staff with the right skill mix deliver quality care and services that meet consumer needs and preferences.

Are implementing rostering changes and parameters around planned leave to improve workforce planning and staff consistency.

Demonstrate a commitment to respectful, quality care and services through the recruitment, selection and retention of staff who consumers and representatives said are kind, caring and respectful.

Ensure staff are competent, qualified, knowledgeable and trained and supported in their roles.

Monitor staff qualifications, including those for the subcontracted workforce, and use information from observation, feedback and ongoing staff supervision and support to identify workforce competency.

Staff interviewed described the induction, support and supervision implemented to support them in their roles and described the ongoing training they are required to complete.

Monitor and review staff performance.

The Quality Standard is assessed as Compliant and five of the five requirements have been assessed as Compliant.

**Standard 8**

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| 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 | Compliant |
| 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 | Compliant |
| 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 | Compliant |
| 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 | Compliant |

## Findings

To understand how the service manages organisational governance, the Assessment Team sampled the experience of consumers, interviewed staff, management and volunteers and examined relevant documents.

The Assessment Team found the service:

Involves consumers in influencing the development and delivery of care and services to the satisfaction of consumers and representatives. Consumers described the varying methods available to provide feedback including surveys and speaking to management and staff.

Demonstrates the governing body’s commitment to leading a culture of safe, inclusive quality care and services and accountability for their delivery. The Board satisfies itself that the Quality Standards are being met through the use of feedback and complaints mechanisms, consumer surveys, clinical indicators and quality reports.

Uses effective organisation wide, tailored governance systems, including risk management systems, to improve consumers’ lives through care and services. The service demonstrated effective organisation wide governance systems to monitor information systems, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Demonstrates a risk framework for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

Has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Reporting of clinical incidents to the Board occurs via the clinical governance committee including mitigation strategies.

In assessing the information provided by the Assessment Team, the Quality Standard is assessed as Compliant as five of the five specific requirements assessed have been assessed as Compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)