**Performance**

**Report**

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| Name: | Omni-Care HCP |
| Commission ID: | 300910 |
| Address: | 110 Chifley Drive, PRESTON, Victoria, 3072 |
| Activity type: | Quality Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 27 August 2024 |

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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.

**Services included in this assessment**

Home Care Packages (**HCP**) included:  
Provider: 7108 Omni-Care Pty Ltd  
Service: 26332 Omni-Care Home Care Packages

**This performance report**

This performance report has been prepared by N Chahal, 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.

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 service outlets, 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 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 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed the service is respectful of consumers and described how their dignity, individuality, culture and different backgrounds are acknowledged. Care documentation reflects planning and considers the individual needs and preferences of each consumer capturing their background, culture, and diversity.

Management demonstrated an awareness of the cultural needs of consumers who are of diverse cultural and linguistic backgrounds. Management works toward matching consumers and staff with shared cultural and linguistic backgrounds.

The service undertakes a routine review of the care and services and involves consumers and representatives in decision making processes. The service’s policy and procedures commit to providing consumer autonomy and valuing consumer relationships.

Risk is assessed and captured in dignity of risk documentation. The dignity of risk form records a description of the risk activity or choice, control measures and consumer acknowledgement of informed consent in accepting the risk. The Assessment Team report included examples of completed dignity of risk documentation.

Consumers and representatives confirmed that information shared by the service is detailed, clear and easy to understand. One consumer representative discussed that monthly statements are presented in easy-to-read format with detailed spending and balances. The service provides new consumers a ‘welcome and sign-up pack’ which includes services offered by the provider, home care agreement information book, Charter of Aged Care Rights, a sample monthly statement and pricing schedule.

The service protects consumer confidentiality and has procedures to obtain informed consent prior to making referrals, and information sharing processes both within the organisation and with external providers.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives described the assessment and planning process as comprehensive. Initial and ongoing assessments are undertaken by case managers, including obtaining a medical history, physical functioning, cognition, psychological and social supports, home environment and mobility. There was evidence of individualised assessments, with consideration to identified risk and strategies. Staff demonstrated understanding of individualised consumer needs and risks, enabling them to provide safe care and services.

Advanced care directives and end of life wishes are discussed during the initial assessment and planning consultations. Consumers and representatives described how they were supported to plan their preferred way of receiving care, this included accommodating consumer requests related to the gender of support workers. Management confirmed consumer needs and goals are discussed during the initial meeting which includes advance care planning. The service’s ‘welcome’ pack provides information to consumers on advance care planning.

Consumers and representatives confirmed their involvement in assessment and care planning, and care planning documentation reflected involvement of medical and allied health practitioners. Consumers and representatives also confirmed they had been given a written copy of their care plan and a copy of the care plan is available in the consumer’s home. Support workers confirmed that care plans are easily accessible on the electronic management system with adequate information to inform consumer care.

The service contacts consumers and representatives regularly, as well as when services have been reviewed following changes to needs or conditions. Care documentation demonstrated care plan reviews are conducted at least 6 monthly, and more frequently if there are changes in consumer circumstances.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives provided positive feedback about the way clinical and personal care meets their needs and optimises their health and well-being. Staff demonstrated detailed knowledge of each consumer’s needs and how care is tailored. Care documentation reviewed demonstrated detailed assessments to ensure safe provision of care delivered by staff.

Consumers were satisfied with the continuity of personal care delivered by the service and through other providers engaged by the service, such as occupational therapists. Staff escalate high-impact, high-prevalence risks where identified, and management ensure appropriate referrals and reporting to the Board is completed. Management described how incidents are reported, investigated and preventative actions are implemented. Staff identified individualised consumer risks and preventative strategies associated with the care of consumers including falls, cognitive impairment, and social isolation.

Management explained that consumers approaching end-of-life care are referred to the external palliative service. There was evidence to support that the service ensures the continuity of support workers throughout the palliation period for consumers who choose to remain at home.

The Assessment Team report included review of a consumer experiencing changes to mobility. There was evidence of prompt reporting by staff of changes in the consumer’s health and wellbeing. Strategies to support the new needs of the consumer were developed in consultation with the consumer’s representative. Staff demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change, including advising management, calling emergency services if required, and documentation of deterioration.

The service actively communicates with internal and external stakeholders to ensure the provision of safe and effective personal and clinical care. A review of documentation demonstrated that communication is timely within the organisation with letters and medical reports from external organisations used to inform care planning.

There was evidence of referrals undertaken for consumers in a timely manner, including involvement of allied health professionals consistent with consumer choice. The service has established brokered service providers in place to ensure the provision of allied health and clinical care delivery to meet consumer needs, goals and preferences.

Staff were knowledgeable about their role in minimising infection related risks and described infection prevention and management protocols when visiting consumers. Consumers and representatives are satisfied with infection control measures undertaken by staff. Management organises referrals to pharmacist and medical practitioners for oversight of anti-microbial use.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives spoke about consumer independence and described strategies used to support consumers to maintain their quality of life. Management ensures that supports provided to consumers is determined by them and leads to optimisation of independence and quality of life. Staff discussed how they use the agreed strategies to support consumers to meet their goals and preferences.

There was evidence to support that care delivered promotes consumer emotional, spiritual, and psychological well-being. Consumers and representatives confirmed that staff recognise and provide support when they are feeling low. Staff discussed strategies to support consumers’ emotional and psychological wellbeing through offering space and engaging both formal and informal support.

Consumers and representatives were satisfied that the service supports them to engage within the community through various activities including shopping and going for walks. A review of care documentation reflected consumer participation in community activities consistent with their goals and preferences.

The service effectively communicates the consumers’ goals, needs and preferences within the organisation to support continuity of care and services. Consumers and representatives expressed satisfaction with information, communication, consent and coordination of services.

Referrals had been undertaken for consumers to support with services of daily living and to maintain social connections within the community.

Consumers and representatives provided positive feedback about the meals and were satisfied with the meal service provided. Staff said they check care plans and confirm preferences and risks with food preparation and care planning reflects consumer allergies, likes, and dislikes.

Consumers and representatives expressed confidence that the service would assist them in accessing repairs and maintenance when required. Care documentation demonstrated that consumer needs for equipment are assessed and evaluated by the service’s allied health professionals.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives described formal and informal ways to provide feedback and felt confident making a complaint. These include discussions with case managers, surveys or routine contact from case managers seeking feedback. Staff provided examples of how they support consumers to raise their concerns and provide feedback. The service’s ‘welcome and sign up’ pack provides detailed information for consumers on how to make a complaint, the service’s complaint process and contact details to Older Persons Advocacy Network, Translating and Interpreting Service National, and Aged Care Quality and Safety Commission. Management provided examples of how the service has supported consumers to engage with advocacy services.

Consumers and representatives confirmed the service addresses their concerns and uses them to improve the quality of care and services. Staff described the service’s complaints management system, discussed examples of responses to consumer complaints consistent with the service’s protocols. Whilst the service does not have a dedicated open disclosure procedure, documentation review demonstrated appropriate resolution of complaints using open disclosure principles.

Staff and management described how complaints are documented, reported, reviewed, and discussed at management meetings. The service’s complaints procedure guides management to analyse trends in feedback and complaints and develop plans for continuous improvement.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives were satisfied that service has planned workforce to enable timely delivery of care and services. The service has systems in place to ensure that there is sufficient workforce to provide all the services planned for consumers. A review of the electronic management system demonstrated that service had two personal care shifts missed for the month prior to the assessment and on both occasions internal procedures were followed by management to ensure service care delivery to the consumers.

Consumers and representatives stated staff engage with them in a kind, respectful and caring manner. The service has policy and procedures to ensure consumer care documentation reflects consumers’ personal goals and life experiences. The service ensures that all staff are trained to provide culturally safe services. The service requires staff to have experience with dementia speciality or have completed dementia training prior to supporting consumers with dementia.

Induction and ongoing supervision are provided, along with mandatory training. There was evidence of staff completion of assigned training modules and management explained selected staff are supported and provided higher skills training which simulates aged care settings.

Staff performance is monitored and reviewed through annual performance reviews and the service has a process in place to manage unsatisfactory performance. The service monitors regular compliance of staff driver licences and vehicle registrations for support workers transporting consumers.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed the service provides opportunities for input and contribution to the delivery of care and services. The Assessment Team report noted that the service has requested consumer participation in a consumer advisory committee and are seeking further consumer input in this area. The service has a governing body which also includes an experienced clinician. The governing body is responsible for overseeing and promoting safe and quality care and services through regular reporting from the management. There was evidence of reporting submitted to the board, this included detail about levels and number packages, staff recruitment strategy, risk management, continuous improvement, clinical care, feedback, medication and other incidents.

There was evidence of effective organisation wide governance systems related to information management and access to an online platform for care planning documentation, feedback, complaints and incidents. Continuous improvement is discussed monthly, and action improvements are identified through from incident reporting, feedback, and complaints. Financial governance is overseen by management though electronic management systems and reported to the governing body which includes an accountant. The service has contracted external accountants for preparation of financial reporting and there was evidence of effective workforce governance through the planned and monitored workforce. The service monitors and incorporates feedback and complaints into their continuous improvement activities and remains up to date with regulatory compliance through regulatory bulletins, newsletters and webinar attendance.

There is an effective reporting and feedback system which enables the service to detect and respond to risk associated with the care of consumers and suspected abuse or neglect. The service’s incident management process ensures incidents are reviewed, managed and reported to the governing body.

The organisation has an established oversight of the governing body for clinical care that is monitored through assessment and meeting consumers’ clinical care needs. The service also has a complaints management procedure which supports an open disclosure approach to resolving complaints and incidents. Antimicrobial stewardship is managed by individual health practitioners and escalation where additional management is required. The service has provided guidance to staff related to restrictive practice.

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-1)