**Performance**

**Report**

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| Name: | OneCare Community Programs - CACP (North) |
| Commission ID: | 300297 |
| Address: | 2 Guy Street, KINGS MEADOWS, Tasmania, 7249 |
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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: 2389 OneCare Limited  
Service: 17232 OneCare Community Programs - EACH (North)  
Service: 17176 OneCare Home Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7453 OneCare Limited  
Service: 24872 OneCare Limited - Community and Home Support

**This performance report**

This performance report for OneCare Community Programs - CACP (North) (**the service**) has been prepared by V Stephens, 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/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 | **Not assessed** |
| **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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not assessed** |
| **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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

All consumers and representatives stated consumers are treated with respect and dignity, and consumer diversity and identities are valued. Staff described how they demonstrate respect for consumers. Staff were observed speaking respectfully with consumers.

All consumers and representatives indicated the care and services received are culturally safe. Staff outlined how they practise cultural sensitivity in their work, and care plans contained information regarding the cultural backgrounds of consumers. An example is presented in the Quality Audit report in which a consumer representative describes how the service has appointed multilingual support workers to provide care.

All consumers and representatives indicated consumers are supported to exercise choice and independence. Staff outlined how they facilitate choice for consumers, and how they support consumers to maintain social and family connections. Consumer care plans outlined the role of family members and others involved in care.

Numerous consumers were found to have dignity of risk assessments within their files, evidencing discussion of risks associated with their choices and the relevant supports provided by the service. While not all consumers identified risks or recalled discussing them, risk management processes were clearly evidenced in documentation.

With one exception, all consumers indicated they receive information that is clear and easy to understand. Management said case managers provide verbal explanations of consumer budgets and statements and repeat explanations if needed.

All consumers and representatives were satisfied consumer privacy is respected and that personal information remains confidential. Staff demonstrated the security measures associated with the service’s consumer care documentation mobile telephone application. Consumer files were observed to contain signed consent forms allowing the service to share information where required.

# Standard 2

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

Findings

Overall, consumers and representatives indicated the services they receive are meeting their needs and are effective. Recent home care assessments or reassessments were evident in all client files reviewed. All HCP consumers had nursing assessments on file. A range of validated assessment tools and service-specific assessment tools were evident. Risks were identified within assessments which mostly linked to interventions outlined in care plans.

However, inconsistencies between documents were evident for some consumers. In some cases, care delivery was not recorded within care plans and for one consumer, swallowing risk had been identified but not addressed. In response to feedback from the Assessment Team the service addressed all issues identified. No impact on consumers was found.

All consumers and representatives said the services they receive meet their needs. Assessments observed within consumer files included information regarding preferences. While most consumers or representatives could not recall advance care planning being discussed, documentation review evidenced the provision of information by the service. End of life wishes were clearly recorded in the care plan for a culturally diverse consumer with specific needs.

All consumers and representatives indicated they feel involved in their assessments and the planning of their services. Management outlined the involvement of others based on consumer preferences and consent. File reviews evidenced liaison with other care providers in relation to consumer needs.

Consumers demonstrated an understanding of their services and of recommendations and offers made by the service, even where these had been declined. All consumers had current care plans. While not all consumers or representatives could recall receiving a copy of their care plan, routine provision was outlined by management and documented within consumer files. Some care plans lacked information regarding current interventions and these issues were addressed in response to Assessment Team feedback.

Consumers and representatives reported regular review of care and services. Documentation review evidenced reassessments and care plan reviews occur at or close to the service’s regular, prescribed intervals.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumer and representative feedback and file reviews demonstrated safe and effective personal and clinical care. Consumers reported their preferences are mostly met, and examples were provided of care being tailored to consumer needs. Staff demonstrated an understanding of consumer’s personal and clinical care needs. Management outlined the support provided to staff to ensure the care provided is in accordance with best practice.

Consumers and representatives expressed satisfaction with the support provided in relation to the management of high-impact or high-prevalence risks. Management identified falls as the highest prevalence risk for consumers, and support workers outlined strategies to minimise the risk of falls. Care plans contained strategies to minimise risk, and file review evidenced the effective management of nutrition and falls risks.

The service does not currently have consumers requiring palliative or end of life care. One representative reported extremely high levels of satisfaction with the care and support provided by the service at the end of a close relative’s life.

Consumers reported staff detect changes in their condition and respond in a timely manner. Those who had not experienced a change expressed confidence staff would notice if changes occurred. Support workers outlined the actions they take if decline is noted, and documentation review demonstrated appropriate responses.

The Assessment Team identified deficits in the documentation of consumer needs, the care currently being provided, and the consistency of information across documents. Some interventions were not documented in progress notes or care plans, however staff advised interventions had occurred. Most consumers said staff understand their needs, however two reported that unfamiliar staff do not understand their needs. Most staff indicated they have access to sufficient information regarding consumers, however two indicated they do not always have the information required and phone the office for assistance. No impact on consumers was found. In response to feedback from the Assessment Team, management took a number of actions to address identified issues.

Consumers and representatives did not report referral to external services, however for most consumers appropriate referrals to nursing staff and external providers were evidenced within files. One consumer had not been referred to a speech pathologist despite reports of swallowing difficulties. This was corrected after feedback from the Assessment Team.

All consumers and representatives expressed satisfaction with the measures taken by staff to protect consumers from infection-related risks. Staff outlined standard and transmission-based precautions. Documents evidenced guidance regarding the role of staff in relation to antimicrobial stewardship.

# Standard 4

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

Findings

Consumers and representatives indicated the services they receive are effective and optimise their independence and quality of life. Support workers described how they support consumers to retain as much independence as possible. Care plans contained information on consumer goals and preferences and how care is delivered, including which tasks consumers can complete themselves.

A number of consumers spoke of the emotional support provided by staff, or the general reassurance provided by the service’s involvement in their lives. Staff outlined how they detect emotional changes or distress and how they provide support to consumers which was evidenced within progress notes in consumer files.

Most consumers indicated they do not require assistance to participate in the community, maintain relationships or engage in their preferred activities. Some advised they have been offered assistance to access group social activities but have declined. Some consumers emphasised the importance of the social support provided by the service.

Consumers and representatives said staff understand consumer needs and preferences in relation to supports for daily living. Staff advised how changes to consumer condition or needs are communicated. Information regarding support needs and preferences was contained within consumer care plans. Documentation review evidenced information regarding consumer needs is shared with others involved in consumer care.

Only one consumer representative reported referral to an external support service and no consumers or representatives reported unmet needs in this area. There was clear evidence of the service working with external services to support consumers.

While the service does not provide meals, some consumers receive partially funded meals. One sampled representative expressed satisfaction with the quality and size of these meals.

All consumers and representatives reported satisfaction with purchased equipment. Support workers explained how they clean and check equipment and address any maintenance needs. Management explained that equipment is only purchased following allied health assessment. Occupational therapy assessments were located within consumer files.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not assessed | Not assessed |
| Requirement 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. | Not assessed | Not assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not assessed | Not assessed |

Findings

Standard 5 was not assessed as the service does not provide services to consumers at its premises, nor provide transport in service-owned vehicles.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

All consumers and representatives reported that the service encourages them to provide feedback and raise complaints and that when they raise issues, all consumers said the service promptly addressed their concerns. Support workers were aware of the service’s feedback and complaints process. Documentation reviewed reflects the care recipient handbook includes information on avenues to provide feedback. Clinical management said that consumers provide feedback during home visits, reviews, and during phone calls regarding the day-to-day management of their care and services. Management advised there are multiple avenues to provide feedback including completing a ‘feedback form that is recorded into the service’s complaint register, phoning and emailing staff, and completing surveys.

All consumers and representatives said the service would support them if they required an advocate, language service, or another method for resolving complaints. Support workers described referring consumers to the advocacy information included in the consumer’s handbook, which includes resources such as interpreter services. Documentation review evidenced the consumer handbook and home care agreements include complaints procedures and advocacy resource contact information.

Consumers and representatives expressed satisfaction with how complaints are managed. Support workers provided examples of practising open disclosure, assisting consumers to lodge complaints and creating progress notes to alert management to follow up action. Management described following up on complaints and ensuring a resolution is achieved. Feedback and complaints are regularly collated and analysed and used to inform continuous improvement. A review of the service’s feedback and complaint register demonstrated appropriate action is taken in response to complaints.

The vast majority of sampled consumers and representatives indicated the service reviews their feedback and complaints to improve the quality of care and services. Management said they register and review every consumer complaint and make continuous improvements in response to feedback. Documentation reviewed reflects continuous improvements are made in response to the consumer feedback.

# Standard 7

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

Findings

All consumers and representatives reported that the service provides support workers who deliver safe and quality care and services. The service has permanent case managers, nursing staff, and support workers. Brokered services are used for allied health services, home maintenance and home modifications. The chief clinical manager and the home community services coordinator oversee the care provided by case managers. Administration and rostering staff, in collaboration with the relevant case managers, allocate service support workers and brokered support services ensuring unallocated shifts are covered ahead of time. The Assessment Team reviewed the rostering management system for staff allocation and noted alerts are provided to the rostering team including unallocated and missed shifts, planned leave and staff availability.

All consumers and representatives said staff are kind, caring, and respectful. Management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and needs. Management described recruiting and allocating care according to consumer requirements and preferences. The service has a suite of policies and procedures to support consumer diversity and inclusion.

Consumers and representatives expressed satisfaction that staff are competent, skilled and effectively perform their roles. The service employs case managers who have both clinical and non-clinical backgrounds and administration staff review certifications, qualifications and police checks. Documentation reviewed includes position descriptions for roles within the service, which include minimum qualification requirements for each role and conditions of employment. Management said they only engage subcontractors when they require a specific skill or there is a temporary staff shortage and engage them only when they are satisfied the worker’s qualifications and experience fulfil the service’s needs.

All consumers and representatives were satisfied staff are competent and deliver quality care and services. Management described the recruitment, onboarding, and induction processes. The service has implemented a new workforce planning system which assists with selecting and recruiting staff in various roles within the service and organisation. All staff described completing annual mandatory education and additional online training modules of personal or professional interest. The service provides additional face-to-face training and online modules according to staff roles and identified training needs. The Assessment Team observed the 2024 staff training report, and mandatory training completion records.

All consumers and representatives were satisfied with the performance of staff and said their feedback on staff performance is valued by the service. Management said staff have an annual performance and professional development review as per the organisation's processes, and feedback is also delivered through consumer feedback. Staff stated they had informal discussions, competency assessments and formal annual appraisals. The Assessment Team observed samples of completed staff appraisals, competencies and one staff performance management process following a consumer complaint.

# Standard 8

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

Findings

All consumers and representatives said they are supported to provide input into how the service is run. They described being asked for feedback during regular phone calls, reviews with their case manager and completing surveys. Review of the consumer satisfaction survey and the organisation’s strategic plan showed a direct link between consumer feedback and the service’s adoption of a new rostering system.

The Assessment Team reviewed documentation including meeting minutes from board sub‑committees and clinical and care staff meetings which evidenced identification of risks, opportunities for continuous quality improvement and actions taken. Documentation review evidenced that information flow occurs effectively within the service enabling the governing body to provide effective oversight.

The service has organisation-wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Documentation review evidenced some inconsistencies in capturing and recording information relevant to clinical care. In response to this feedback, the service implemented effective corrective action.

The service has a risk management framework inclusive of a risk register and quality and risk management procedures. A review of documentation confirmed the organisation maintains a risk identification matrix which gathers information to inform risk prevention and/or minimisation strategies. The service operates a risk management system and incidents are reported to the quality team and quality advisory sub-committee each month. Policies and procedures guide staff in managing high-impact and/or high-prevalence risks. The workforce completes training on identifying, preventing, and reporting harm, abuse, and neglect. Support workers were able to provide examples of what they would do if they identified neglect and abuse of a consumer and how to expedite an incident report. In relation to supporting consumers to live the best life they can, the service’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice, and sense of self.

The service has a chief clinical officer who is a registered nurse and participates in the quality advisory sub-committee, quality team meetings and the monthly clinical risk review forum. The chief clinical officer oversees all clinical care. The service has a clinical governance framework incorporating various clinical care considerations as well as current policies and procedures relating to open disclosure, antimicrobial stewardship and minimising the use of restraint. The Assessment Team observed that the electronic consumer record management system documents individual consumer’s clinical needs, goals, and preferences.

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)