**Performance**

**Report**

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| Name: | Pearl Home Care - Perth WA |
| Commission ID: | 500243 |
| Address: | 3/38 ARDROSS Street, APPLECROSS, Western Australia, 6153 |
| Activity type: | Quality Audit |
| Activity date: | 11 September 2023 to 13 September 2023 |
| Performance report date: | 28 November 2023 |

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: 8674 Pearl Home Care Pty Ltd  
Service: 26338 Pearl Home Care Perth

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9795 Pearl Home Care Pty Ltd  
Service: 27716 Pearl Home Care Pty Ltd - Care Relationships and Carer Support  
Service: 27717 Pearl Home Care Pty Ltd - Community and Home Support

**This performance report**

This performance report for Pearl Home Care - Perth WA (**the service**) 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 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.

# 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.

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 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** |

# 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 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

Policies and procedures guide staff to promote a person-centred and respectful approach in the delivery of care and services. Staff spoke respectfully about consumers and were aware of consumers’ backgrounds and preferences. Consumers said staff treat them with respect and their rights and choices are valued when care and services are delivered.

Staff have completed cultural safety training and could describe what it means to deliver culturally safe care. Documentation guides staff in how they can support consumers’ cultural needs and preferences when providing care. Consumers and representatives said staff know consumers well and what is important to them.

Each consumer is encouraged to take risks to enable them to live the best life they can. Consumers’ risks are identified during assessment and planning, and strategies to minimise risks are discussed with the consumer. Documentation showed alternative approaches are used when managing risks associated with consumers’ choices.

Consumers are provided current, accurate and timely information that is easy to understand and enables them to exercise choice. Staff encourage consumers to have choice and promote independence. Files in consumers’ home include copies of consumers’ agreements, care plans, risk assessments, complaint forms, and general information, such as advocacy services available. Consumers and representatives said they are happy with the information they receive regarding services and said they participate in making decisions for consumers.

Staff have completed training regarding the importance of keeping consumer information confidential and privacy is respected by not disclosing any information about consumers with others. Systems are in place to protect electronically stored information so it is only accessible by those who are authorised. Consumers feel their privacy is respected and are aware of how their information is protected and used.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

A comprehensive assessment and planning process is in place to inform the development of care plans for the provision of safe and effective care and services. Consumers are provided an opportunity to discuss their end-of-life wishes, and risks to consumers are considered, with strategies to reduce risks included in consumer care plans. Staff are aware of each consumer’s needs, goals, and personal preferences to ensure appropriate care is provided. Consumers feel staff regularly discuss the care provided to ensure it remains current and aligns with their preferences.

Consumers and representatives are involved in the planning of consumers’ care and services, and consumers are supported to access external service providers when required. A referral policy guides staff in forwarding timely and appropriate information about an individual to alternative service providers. Consumers and representatives said they have meet with their care manager to discuss consumers’ specific needs and preferences.

Outcomes of assessment and planning are effectively communicated, and staff can access care plans electronically. Information is provided to staff by phone if changes have been made to care plans, and staff are encouraged to visit the office and speak with the community service officers directly. Consumers are provided access to their care plan which is discussed to confirm the provision of services is in line with their identified preferences, prior to the commencement of services being provided.

Processes are in place to ensure care plans are regularly reviewed and remain current. Care plans are also updated when there has been an adverse event or change in the consumer’s health condition or personal preference. Consumers and representatives stated services provided are regularly reviewed.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

A health care professional is available to assess the clinical care needs of consumers on admission and referrals to allied heath staff are made to seek best practice strategies when issues are identified. Consumers are satisfied with the personal and clinical care received.

Staff are aware of consumers who have high prevalence/high impact risks and systems and processes are in place to assist the management of consumer risks. Documentation showed risks, such as falls, weight loss, behaviours, wounds, and pressure injuries are all recorded in progress notes and referrals are initiated as required. Incidents are reviewed to identify the cause and the action needed to prevent reoccurrence.

Consumers and representatives are provided an opportunity to discuss advance health care directives and end-of-life planning on admission. Palliative care policies and procedures are in place to ensure best practice care is provided to consumers.

Staff recognise and respond to consumers whose function, capacity or health condition changes or deteriorates. Documentation showed referrals are made to other health services when deterioration or change of a consumer’s health is identified. Care managers are updated about care and services provided by external consultants through the electronic management system. Consumers and representatives said care managers encourage consumers to discuss any changes in their health care needs with staff.

Communication systems are available to provide and coordinate safe, effective, and consistent care. Care plans are updated regularly, and all staff have access to information pertinent to their role. Staff stated information regarding consumers’ care and services, including changes that may occur, are communicated to them prior to the scheduled consumer visit. Consumers and representatives said consumers feel their needs and preferences are effectively communicated between staff.

Practices are in place to promote appropriate antibiotic prescribing, including assisting consumers with administration of medication, consulting with the consumer’s medical practitioner and providing them with information regarding the safe use of medication and information about antibiotic use. Personal protective equipment is available to all staff and training has been completed in COVID-19 prevention.

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

# 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The needs and preferences of consumers are identified, documented, and used to plan the delivery of services to promote consumers’ independence and improve their well-being. Staff described how services are tailored to meet the needs and preferences of each consumer to ensure they are both safe and effective. Consumers and representatives expressed satisfaction with the supports and services consumers receive.

The service considers the psychological well-being and spiritual beliefs of consumers when assessing and planning care and services. Documentation showed spiritual beliefs are discussed, and well-being assessments are conducted. Consumers said they look forward to receiving their services because they get to know their support workers and enjoy spending time with them.

Information is gathered during assessments and reviews to support consumers to maintain relationships that are important to them, participate in the community and do things that interest them. Consumers and representatives feel consumers are supported to do the things that interest them and to maintain social and personal relationships.

Information about a consumer’s condition, needs and preferences are documented in their care plan and staff described how they access information about consumers through applications on their phone or in home files. Care managers and schedulers phone staff if any unexpected changes have occurred and changes to consumers condition or preferences noticed by staff are reported to care managers to ensure they are followed up.

Timely and appropriate referrals are made to other individuals or organisations to provide supports or services for daily living to assist consumers to feel safe or maintain their independence. Documentation showed staff ensure that any supports or services provided by third parties are safe, documented, and are an appropriate use of home care package funds. Consumers and representatives provided examples of when assessments by an occupational therapist resulted in consumers receiving home modifications or equipment from third party providers.

Staff described how they follow policies and procedures to ensure that any equipment provided is safe, suitable, and maintained. Consumers are satisfied the appropriate assessments are undertaken before any home modifications are made, or equipment purchased, to ensure they are suitable and safe.

Based on the assessment team’s report, I find all requirements assessed in Standard 4 Services and supports for daily living compliant.

# 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

The Quality Standard is assessed as compliant as all four requirements assessed have been found compliant. The assessment team recommended requirement (3)(d) in Standard 6 not met.

**Requirement (3)(d)**

The assessment team were not satisfied the outcomes of feedback and complaints are used to improve the quality of care to consumers. The assessment team’s report provided the following evidence relevant to my finding:

* Management advised they have processes and procedures to review feedback and complaints and provided examples of feedback from consumers and representatives.
* A continuous improvement policy is in place, however, the plan for continuous improvement only included information for issues identified and did not contain information related to planned actions, outcomes, or the person responsible.
* Management could not provide a documented example of where a consumer or representative gave feedback, and actions were implemented using the continuous improvement plan to improve care and services.

The provider did not submit a response to the assessment team’s report. Based on the information included in the assessment team’s report, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement.

Whilst gaps were identified in the plan for continuous improvement, in coming to my finding, I have considered information provided by the assessment team in Standard 8 requirement (3)(c). The information put forward by the assessment team indicated that meeting minutes showed opportunities for continuous improvement are identified, and responsibilities and timeframes to action and implement planned improvements are documented and monitored. Feedback data is also noted to be reviewed regularly and used to inform improvements to the way care and services are delivered. Management confirmed they were aware of the gaps identified and are working to educate service managers to ensure all continuous improvements are captured in the centralised continuous improvement plan. Management provided examples of continuous improvements informed by consumer complaints and feedback, such as training managers and improving compliant escalation pathways following numerous complaints regarding monthly statements not being resolved in a timely manner. As such, I find the evidence presented demonstrates the service is using feedback and complaints data to identify opportunities for improvement to the quality of care and services being delivered.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

**In relation to all other requirements in this Standard**, policies and procedures are in place to encourage feedback from consumers, representatives, their families, and those involved in delivering services to consumers. Staff demonstrated how feedback and complaints are captured through its electronic management system and said they encourage consumers to raise any issues or concerns. Consumers and representatives felt comfortable to provide feedback and make complaints.

Information regarding advocacy services and how to make external complaints is provided to consumers. Staff explained how they use interpreter services when required and described how they would assist consumers to access advocacy services for raising and resolving complaints. Consumers and representatives felt comfortable in raising concerns and confirmed they were aware of external services available to raise feedback and complaints.

Policies and procedures are in place to guide the management of complaints and open disclosure. Staff described how they will try and resolve consumers’ concerns as soon as possible and demonstrated an understanding of open disclosure principles. Consumers and representatives are satisfied with how the service responds to complaints.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints compliant.

# 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

The workforce is planned and managed to ensure that consumers receive safe and quality care and services. Staff said they have enough time to do their job, develop relationships, and become familiar with the care needs and preferences of consumers. Consideration is given to ensure staff are appropriately matched to consumers, and an electronic care system allows staff to prioritise unfilled shifts according to consumer risk and/or preferences. Consumers and representatives are happy with the staff who provide services to consumers.

Staff spoke about consumers in a kind and respectful way and have the knowledge to competently perform their roles. Staff described how recruitment processes ensure staff have adequate skills and qualifications, and how management monitor their competency. Consumers and representatives said staff and management are kind and perform their tasks well.

Policies and procedures are regularly reviewed to ensure training is effective and reflects current best practice. During the onboarding process, staff must complete mandatory training requirements relevant to the role. Staff described completing buddy shifts until they felt confident to perform their role and are supported to complete additional online training modules to improve their skills. Systems are in place to ensure staff performance is regularly monitored and reviewed, and action taken when required to improve staff performance. Performance monitoring is an ongoing process ensuring any staffing issues are identified.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers are encouraged to participate in the evaluation and development of care and services. Documentation provided to consumers and representatives showed they are encouraged to directly contact management of the organisation if they are not comfortable approaching, or are not satisfied with the response of management at the service level. Feedback and complaints data is analysed by the governing body to identify any trends and inform improvements.

The organisation oversees multiple franchised services across Australia and provides those services with a framework within which to operate that includes shared IT systems, training, and a suite of policies and procedures. The organisation maintains oversight of how the services are operating and will address any identified gaps directly with the relevant service. A quality care advisory group, which includes consumers, hosts clinical governance meetings involving all franchised services and reports to the governing body monthly.

Electronic client management and scheduling systems are used by the organisation to capture and provide information to ensure safe care and services are delivered. Responsibilities and timeframes to action and implement planned improvements are documented and monitored through the continuous improvement plan. Management described the processes in place to ensure effective management of any unspent funds. Job descriptions describe the roles and responsibilities for each position within the organisation and systems are in place to ensure qualifications and competencies required for each role are monitored. Management keeps informed of any regulatory changes and circulates a newsletter to service managers every two months that includes information about any regulatory reforms. Complaints and feedback data is reviewed regularly and used to inform improvements to the way care and services are delivered. However, not all feedback and complaints are being captured fully in the centralised complaints and feedback register.

An effective incident management system is used to manage and prevent incidents. All incidents are reviewed by the quality care advisory body that reports and make recommendations to the governing body. Assessment and review processes ensure identification of high impact and high prevalence risks, with strategies to manage and mitigate those risks for each consumer. Staff have completed training and described steps they would take if they suspected any consumers were being neglected or abused. Consumers felt supported to make their own informed decisions about risk to enable them to live the best life they can.

Antimicrobial stewardship policy and procedures ensure infection prevention and control, antibiotics are taken as prescribed, and when appropriate, questioning the use of antimicrobials. Using clinical indicators, personal protective equipment, and identifying early signs of infection, reduce the likelihood consumers will contract infections that require treatment with antibiotics. Staff are trained to identify and manage restrictive practices and behaviour support plans are used to minimise the use of restrictive practices. Training records showed service managers have participated in a recent training session that focussed on how to use an open disclosure approach when responding to a formal complaint, or when a mistake has been made.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance 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-1)