**Performance**

**Report**

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| Name: | Pearl Home Care Brisbane North |
| Commission ID: | 700965 |
| Address: | 1277 Sandgate Road, NUNDAH, Queensland, 4012 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 May 2024 |
| Performance report date: | 21 June 2024 |

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: 28398 Pearl Home Care Brisbane North

**This performance report**

This performance report for Pearl Home Care Brisbane North (**the service**) has been prepared by J. Bayldon, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 28 May 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 2(3)(a)** – Ensure as part of the assessment and planning process that strategies to effectively manage risks to consumers are documented in consumers care documentation.
* **Requirement 3(3)(b)** – Ensure that high impact and high prevalence risks are effectively managed through appropriate documentation and strategies to deliver care and services to each consumer.
* **Requirement 8(3)(d)** – Ensure that the incident management system is successfully imbedded into practice to enable effective management and prevention of incidents and risks to consumers.

# 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. | Not Compliant |

Findings

The decision maker from the Quality Audit performed 2 August 2023 to 4 August 2023 was not satisfied that the strategies to mitigate risks identified as part of assessment and planning of consumer’s care and services are not fully articulated in either the care planning document or the App used by staff.

The Assessment Team from the Assessment Contact – Site performed 8 May 2024 reviewed the non-compliance and were not satisfied that it had been rectified by the service. The Assessment Team provided the following information relevant to my finding:

* For some consumers, whilst key risks to consumers had been identified and recorded in care planning documentation and the App used by staff at the service, strategies to manage those risks and guide staff were not documented in either area.
* Care plans, although providing information on consumer service needs, did not contain sufficiently detailed information to guide staff practice in relation to mitigating risks.
* Management acknowledged when these issues were addressed by the assessment team at the time of the assessment that the recording of strategies for some consumers had not been updated on the Electronic Care Management System (ECMS) or progress notes in care planning documentation.

In response to the Assessment Team’s report, the service provided the following information relevant to my finding:

* Management acknowledged that whilst in some cases that consumers are aware of and are managing those risks themselves, consumer preferences in relation to the management of these risks could be more detailed in care planning documentation to enable staff with no prior knowledge of the consumer to provide effective management of these risks whilst performing care and services to consumers.
* Management acknowledged that in some cases, information is recorded using a mix of paper based and electronic care record systems and an area of focus is streamlining current systems to ensure reliance on only one system.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response. Whilst I acknowledge that the service has a focus on streamlining systems to enable more consistent information for consumers is recorded, I am not satisfied that the service is recording consistent risk management strategies for consumers to guide staff in providing effective care and services to consumers nor is the service including the recording of these strategies as part of its assessment and planning processes. I therefore find the provider, in relation to the service, non-compliant with Requirement 2(3)(a) at the time of the performance report decision.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |

Findings

The decision maker from the Quality Audit performed 2 August 2023 to 4 August 2023 was not satisfied that suitable qualified staff members have not had proactive oversight of risks which impact the consumer’s health and well-being and notes recorded by care staff have not been triaged and appropriately escalated to clinical care staff.

The Assessment Team from the Assessment Contact – Site performed 8 May 2024 reviewed the non-compliance and were not satisfied that the service is managing risks related to the personal and clinical care of each consumer by applying measures to ensure the risks associated with weight loss, swallowing difficulties, dementia and falls risks are effectively managed. The Assessment Team provided the following information relevant to my finding:

* Evidence that consumers with high-risk health issues have not had effective monitoring to ensure the risks can be effectively managed.
* The Registered Nurse (RN) confirmed that for a consumer who is experiencing a decline in health, that no risk considerations or referrals had occurred.
* Staff have not considered risks or managed strategies to reduce or effectively manage risks for consumers.
* Management confirmed they would complete a detailed review of high impact and high prevalence risks for consumers by 30 June 2024 to ensure they are effectively managed.

In response to the Assessment Team’s report, the service provided information in relation to consumer’s updated situations, staff training in dementia and advised that in some circumstances, consumers were managing their own risks.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response. Consumer information provided by the service in response to the Assessment Team’s report still did not contain sufficient information in relation to how the service is managing risks for consumers by documenting effective risk management strategies. The service is not ensuring that it has oversight to consumer risks, that these risks are appropriately documented to guide staff with service deliver, and that risks are effectively managed. I also am placing weight in my decision that service would complete a detailed a review of high impact risks to consumers by 30 June 2024. I therefore find the provider, in relation to the service, non-compliant with Requirement 3(3)(b) at the time of the performance report decision.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Not Compliant |

Findings

The decision maker from the Quality Audit performed 2 August 2023 to 4 August 2023 was not satisfied that the service had successfully imbedded their incident management system into day-to-day practice to enable to the management and prevention of incidents.

The assessment team from the Assessment Contact – Site performed 8 May 2024 reviewed the non-compliance and were not satisfied that the service is effective utilising its risk management system to manage and prevent risks to consumers. The Assessment Team provided the following information relevant to my finding:

* Management acknowledged they do not have an understanding in the utilisation of their risk management systems in analysing high impact or high prevalence risks for improvement and will seek assistance from their peak body.
* A review of consumer’s care documentation identified some consumers with high impact and high prevalence risks have not been identified or evaluated to include risk strategies and assessments.
* Risk management systems information has not been analysed or trends identified in considering where delivery of care and services may be improved.
* Assessments and risk strategies are not being effectively monitored by registered staff. This is further discussed under Requirement 3(3)(b).
* Management said they would complete a review of their risk management systems by 30 June 2024.

In response to the assessment team’s report, the service provided the following information to my finding:

* A Process Improvement Plan is in place (but not provided) to address the issues identified by the assessment team.
* An Internal Audit Program and a Risk Register (not provided) is in place to allow for analysis to occur and that some analysis (not provided) had already occurred.
* Acknowledgement that issues identified are because of using both electronic and paper-based systems and that the service was working on streamlining these systems.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response. Based on the information summarised above, it is still evident that the service has not had enough time to successfully imbed their incident management system and utilise its information to ensure that risks are effectively managed as they occur and prevented and minimised on an ongoing basis. I acknowledge that the service is taking steps to rectify the deficiencies, however these steps will take time to imbed into practice. I therefore find the provider, in relation to the service, non-compliant with Requirement 8(3)(d) at the time of the performance report decision.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)