**Performance**

**Report**

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| Name: | Peninsula FlexiCare Home Support |
| Commission ID: | 300917 |
| Address: | 335-351 Eastbourne Road, CAPEL SOUND, Victoria, 3940 |
| Activity type: | Quality Audit |
| Activity date: | 12 June 2024 to 13 June 2024 |
| Performance report date: | 15 July 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: 6887 Village Glen Flexicare Pty Ltd  
Service: 26258 FlexiCare  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9828 Village Glen Flexicare Pty Ltd  
Service: 27768 Village Glen Flexicare Pty Ltd - Care Relationships and Carer Support

**This performance report**

This performance report for Peninsula FlexiCare Home Support (**the service**) has been prepared by P. Singh, 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 | **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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| 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

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 they are treated with dignity and respect and encouraged to provide feedback about what is important to them. Care documentation reflects that planning considers the individual needs and preferences of each consumer, and captures their background, culture and diversity including what is important to them.

Consumers from culturally and linguistically diverse (CALD) backgrounds confirmed staff provide care that acknowledges and respects their values and choices. Management described initial and subsequent assessment processes which includes gaining an understanding of each consumer’s culture, preferences, life story and choices.

The service demonstrated consumers were supported to exercise choice and independence in their care, decision-making, and communication. A review of the consumer’s documentation identified information relating to people involved in the consumer’s care, including guardianships, nominated representatives, and significant others.

Consumers and representatives were satisfied with how the service supports consumers in living their best lives. Management described how safety considerations are balanced with consumer rights to take risks and provided documents detailing discussions regarding consumer risk held with consumers, their representatives, and staff.

Consumers and representatives provided mixed feedback regarding their experience of receiving accurate and easily understood information. Consumers indicated they are well-informed about available services. Management described meeting with consumers face to face every 4 to 6 weeks to keep consumers informed.

Management and staff described being aware and respectful of privacy when in a consumer's home. They discussed maintaining confidentiality with password-protected access to consumer information and not discussing consumer details outside of the service. The service has a privacy and confidentiality policy to guide staff on expected practice with privacy education provided to staff during orientation and annually.

# 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

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 that the service seeks to understand consumer needs and preferences through care planning and assessment. Staff explained their understanding of consumer needs and risks, enabling them to deliver appropriate care and services. Care documentation showed the service uses validated assessment tools to identify consumer risks with appropriate strategies implemented.

Management confirmed consumer needs and goals are identified during the initial onboarding meeting, including those regarding emergency and advanced care planning.

Consumers and representatives confirmed their involvement in assessment and planning and said they are encouraged to contribute to discussions relating to the services they receive. Care planning documentation reflected a multidisciplinary approach to care. Case managers advised the outcomes of assessment and planning are discussed with consumers and their representatives with consumers confirming copies of their care documentation being provided to them.

Staff described ready access to consumer care information through a mobile telephone application and the service’s electronic health information management system.

Consumers and representatives said consumers’ care and services are reviewed regularly. They confirmed consumers can change their provided services if required, including when their circumstances change. Care planning documents evidenced that consumers’ care and services are reviewed as required.

# 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

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 regarding clinical and personal care services received. Staff described how they ensure care is safe, effective and tailored to the needs of consumers to optimise health and wellbeing. Care planning documents detailed consumer current personal and clinical care needs and care strategies with care provision reflective of best practice.

Consumers and representatives described care provided as safe and appropriate. Staff demonstrated an understanding of high impact, high prevalent risks and described their approach to reducing identified consumer risk. Care documentation showed risks for individual consumers effectively identified and managed.

The service~~s~~ advised of no consumer currently receiving end of life care. Management and staff explained consumers approaching end of life are referred to their health practitioner for assessment and support. Management described collaborating with palliative care services and said consumers’ needs, goals and preferences would be documented and respected.

Consumers and representatives were satisfied that service staff monitor consumers’ condition and would recognise and respond to change in function or condition. Staff described the processes to report and action consumer deterioration or change. Documentation shows staff are responsive to changes in a consumer’s health and well-being and take appropriate action.

Consumers and representatives were satisfied the service enables appropriate individuals, other organisations, and service providers to become involved in each consumer’s care and service delivery. Care documentation demonstrated appropriate referrals made in response to consumer-identified needs.

The service has a COVID safety plan that describes detailed procedures for support officers to follow when visiting consumer homes. Support officers and volunteers confirmed their use of personal protective equipment (PPE) and maintaining social distancing when visiting consumers' homes.

# 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

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 in relation to how care and services support consumers to maintain their independence and do the things they want to do. Staff described ways services and supports provided optimise consumer independence and quality of life. Care planning documentation evidenced ways consumers’ needs, preferences and supports for daily living are met.

Consumers and representatives were satisfied that services and supports for daily living promote consumer wellbeing. Staff described how they support consumer’s emotional, spiritual and psychological well-being. Care documentation showed services delivered align with what is important to the consumer.

Consumers and representatives confirmed they were assisted to participate in community activities. Care documentation demonstrated communication with others responsible for consumer care, including representatives, staff and other services, occurs to ensure services are coordinated. Referrals to a range of services and supports for daily living are facilitated through the assessment and referral process.

The service does not directly provide meals to consumers under its HCP program. However, home support partners support consumers to access a range of meal delivery services through their HCP program. Consumers and representatives provided positive feedback about the meals provided at the centre-based respite service.

Consumers and representatives said the service supports them in purchasing equipment and felt confident it would assist them in accessing repair and maintenance when required.

# 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | 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.

The service demonstrated that their respite care centre environment is welcoming, easy to understand and optimises each consumer’s sense of independence and interaction. Consumers can move freely within the centre.

Feedback from consumers and representatives indicates the respite care centre is safe and comfortable and promotes independence.

The service has processes to ensure that the service environment is safe, clean and well-maintained, including the cleaning and maintenance of service equipment used.

# 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

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 they are provided with opportunities to provide feedback. They spoke of regular visits from service staff encouraging consumers to provide feedback, make suggestions and discuss concerns. Staff are aware of feedback processes and support consumers to provide feedback.

Consumers and representatives were aware of external avenues and supports available for consumers to raise concerns and resolve complaints. Advocacy and interpreter service information, and information related to the Aged Care Quality and Safety Commission (the Commission), are available to consumers in the consumer welcome pack.

Management and staff explained the principles of applying open disclosure and gave examples of how open disclosure has been implemented when things go wrong. Consumers said that issues are resolved once raised, and management described a process of providing feedback to consumers on the outcome of any issue raised.

Complaints data is compiled monthly with trends discussed with executive leadership team. The service has a complaint handling policy which identifies a purpose and intent of ensuring complaint outcomes inform continuous improvement.

# 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

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.

The service plans its workforce to ensure that consumers can receive safe and quality care. Consumers and representatives expressed satisfaction with the delivery of safe and quality care and services.

Consumers and representatives indicated staff are kind, caring and respectful providing examples of numerous ways this was shown.

Management advised the workforce is recruited to specific roles requiring qualification, credentialing and or competency to effectively perform their roles.

Training is delivered in various forms including information sessions from industry partners. Staff are updated of any legislative changes through the mobile phone application or during staff meetings. Management reported performance appraisals are conducted annually. New staff have a three-month probation review before they are eligible to transition to a permanent role.

# 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

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.

Management described how the service supports feedback from consumers and representatives through surveys and ongoing discussions. Management explained this information is used in their continuous improvement plan to improve care and service. Documentation evidenced regular discussions with consumers and representatives assessing current services and evaluating effectiveness.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for its delivery. Management described how the Board develops, articulates, and shares a framework to promote accountability and continued review and improvement.

The service’s electronic health information management system contains care plans and other consumer documentation. Staff confirmed access to adequate information through the service’s electronic portal.

The service has a plan for continuous improvement (PCI) developed from review of incidents and complaints, consumer reviews, risk identification, and feedback. The PCI includes information related to actions, outcomes, staff responsible, and the proposed completion date.

Financial governance systems are in place to manage the resources and financial requirements of the service, to ensure the continued delivery of quality care and services. Management reported maintaining oversight of income and expenditure through unspent fund review and review of budget estimates, including consumer expenditure and workforce budgets.

The service maintains records of competency and qualifications for staff, and reviews staff compliance with mandatory education. All care staff were compliant with mandatory education requirements at the time of the Quality Review.

Management advised that the service tracks regulatory and legislative updates via subscription to peak body updates and the Commission Regulatory Bulletins. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change.

The service has systems and processes in place to ensure that complaints and feedback are received, captured and recorded.

The service demonstrated effective risk management, comprising an improvement and risk register, a vulnerable consumer register, documented policies and procedures, and an incident management system.

The organisation has a clinical governance framework, monitored through the quality clinical governance committee, and reported to the Board. Policies guide practice in relation to minimizing the use of restraint and open disclosure principles when something goes wrong. The service does not provide information in relation to antimicrobial stewardship; however, the service’s PCI was updated to include the activity of providing consumers, information related to antibiotic use and antimicrobial stewardship in next newsletter.

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)