**Performance**

**Report**

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| Name: | Platinum Healthcare Group |
| Commission ID: | 500296 |
| Address: | 70 Verde Drive, JANDAKOT, Western Australia, 6164 |
| Activity type: | Quality Audit |
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| Performance report date: | 10 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: 9298 Platinum Healthcare Group Pty Ltd

Service: 26951 Platinum Healthcare Group

**This performance report**

This performance report for Platinum Healthcare Group (**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 consumers, representatives, staff 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers’ identity and cultural preferences are learned through conversation, assessment processes and ongoing reviews. The service encourages familiar support and engagement as part of the care planning process to better identify supports and services consumers need and want and in a manner that respects their identity and diversity. Consumers interviewed felt respected by staff providing care to them in their homes and by staff they engaged with at the service. Consumers felt the service knew them well and respected their cultural and social beliefs.

Developed knowledge of consumers’ culture, identity and preferences is used to inform care and services for each consumer. For sampled consumers, staff described what was important and valued to them and how they respect their choices through providing culturally safe care. Consumers interviewed described how the care they received was at the time and by a person of their preference.

Engagement and review processes include discussions about whom consumers wish to be involved in their care planning and communicating their choices and preferences for care. Policies and processes ensure substitute decision makes are nominated or have the appropriate delegation to make decisions when consumers do not have the capacity to do so. Care plans included consumers’ preferences for support workers and preferred tasks, and staff knew where to find a consumer’s needs and preferences for care and support services and who was to be involved in care planning. All consumers sampled reporting having choice over who, when and how their care and services were provided.

Consumers and representatives stated consumers are supported to take risks and do things they want to do. Risk assessments are undertaken and include discussions with consumers and their families about mitigating risks to ensure consumers’ safety. Staff were knowledgeable of activities consumers choose to partake in which include an element of risk and described how risks were mitigated.

Consumers and representatives said they are provided with the right information, at the right time and in a way they can understand. They said they have copies of care plans, receive regular monthly statements and they understand the information they receive. Initial care planning discussions include identifying the most effective way to communicate with consumers. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

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 |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

A range of assessments, including validated assessment tools, are completed on entry, at scheduled care plan reviews and when consumers’ needs change to identify consumers’ needs and preferences for care and services. Information gathered through assessment processes and consultation with consumers is used to develop care plans which include management strategies to reduce the risk. All consumers and representatives said they were in regular contact with staff and involved in ongoing discussions relating to care planning, including identification and mitigation of risks.

Care plans identified consumers’ current needs, goals and preferences for care, as well as advance care planning and end-of-life wishes. However, while staff described individual goals for consumers, these were often not clearly documented in the care plan. Management stated although consumers are provided an opportunity to identify end-of-life preferences in an advance care directive, many, due to cultural reasons, choose not to engage in this discussion. The service provides written information that is left with the consumer and their representatives to consider. Staff said they never assume a consumer will want to follow the same daily routine and will always discuss the consumer’s preferred activity for the day with them when they arrive. Consumers confirmed they are included in the process to identify what is important to them and how they want their care to be delivered.

Consumers and/or representatives are involved in the planning of the care and services. There are processes to support consumers to access external service providers by sharing consumers’ goals and preferences in accordance with privacy of information obligations. All consumers and representatives said they initially met with the coordinator to discuss consumers’ specific needs and preferences in order to set up the care and care plan together. All said they can easily contact the coordinator on an ongoing basis to discuss any changes to consumers’ needs or preferences.

All consumers and representatives said they have been provided with a copy of the consumer’s care plan and described their involvement in the ongoing process of discussion and care plan review. Where changes are made to care plans following a consumer review, or in response to incidents or change in consumers’ condition or preference, these changes are communicated to consumers and their representatives, and an updated care plan is provided. Support workers said they have electronic access to care plans, as well as hard copy access in consumer home folders. However, ongoing updates regarding treatment programs implemented by external service providers are not provided regularly. The service relies on invoices to monitor the external service is ongoing and feedback from the consumer and their representatives. Management said they would review this process.

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 |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Personal and clinical care is tailored to consumers’ needs and preferences and based on their assessed needs. Clinical staff said they engage in ongoing education and training to ensure best practice care is being delivered, and support workers described how they provide safe, tailored personal care to the needs and preferences of consumers. Consumers and representatives said consumers get the care they need and were satisfied care was tailored to their needs and preferences.

Care files sampled demonstrated effective management of risks related to falls, behaviours, and wounds, and evidenced involvement of various allied health services, including through referral processes, and ongoing communication to the clinical team. Clinical staff described the main risks for sampled consumers and how these are managed, including through the use of validated assessment tools, appropriate identification and escalation of risks, review post incidents and implementation of strategies to reduce the risk of reoccurrence. While no impact to consumer care was identified, stand-alone policies to guide staff practice in the management of specific clinical issues, such as skin integrity, pain, and fall prevention were not available. Consumers and representatives said high-impact and high-prevalence risks associated with consumers’ care and services are effectively managed, including risks related to falls.

The cultural background of many of the consumers results in a reluctance to discuss the topic of end-of-life planning. However, related information is provided to consumers and their representatives and is revisited when requested. Clinical staff are advised by the general practitioner when a consumer enters end-of-life care/comfort care and, in consultation with the consumer and their representatives, specialist palliative care services are contacted, and care transferred to them as appropriate.

Deterioration or change of a consumer’s health is recognised and responded to in a timely manner. Deterioration is usually first noticed by support workers who are trained to record any changes in progress notes and report their observations to the coordinator or the clinical team, who then assess the situation and escalate appropriately. Care files demonstrated, and consumers confirmed, referrals are made to the general practitioner and/or other health services when deterioration or change of a consumer’s health is identified. There are processes to ensure changes to consumers’ care and service needs are documented and communicated, including to consumers, representatives and staff.

The service has documented policies and procedures to support minimisation of infection related risks, through infection prevent and control practices, and clinical staff have completed training in relation to infection prevention and control. An outbreak management plan directs staff in the event of a respiratory or gastroenteritis outbreak, including isolation and testing requirements. Where concerns are raised by support workers, consumers or representatives in relation to possible infection, clinical staff liaise with the consumer and their representatives, advising a general practitioner referral is needed, and monitor the consumer. While clinical staff can discuss risks of antibiotic resistance with consumers and representatives, there are no processes to provide information to inform consumers’ decisions and discussion with their general practitioner in relation to appropriate antibiotic prescribing choice. During the Quality Audit, an information leaflet was added to the in home pack.

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 |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the services they receive assist them to remain independently living at home and are reviewed regularly. Care plans inform staff of consumers’ needs, wants and preferences and demonstrated care, services and supports are regularly updated and reviewed in line with the consumer’s needs, goals and preferences as they change.

Consumers said the supports and services provided enable them to engage in and maintain connections with their spiritual community, and promotes relationships and connections that support their well-being. Additionally, consumers said the services they receive enable them to continue to do things of interest or importance to them, by either assisting them with the activity or freeing up time otherwise spent on daily living tasks. Staff know and respect consumers’ beliefs and provide support services appropriate to consumers’ cultural and spiritual beliefs. Care files demonstrated consumers’ cultural and spiritual preferences are captured, respected and shared, ensuring staff are aware of consumers’ needs and preferences.

Only relevant consumer information is shared to the appropriate persons, including to third party providers of care and services to support continuity of care. Consumers said they did not have to repeat their story to multiple care providers, support workers or external services, and all their services are delivered when and how they want them.

Consumers do not currently require services and supports supplementary to those provided by the service. The service maintains relationships with community day centres to facilitate prompt referrals and assistance should consumers wish to access social supports. Consumers were confident the service would facilitate, refer to and engage additional services should their circumstances changed. Staff discuss any equipment needs directly with the consumer and report to the coordinator if maintenance or repairs are identified, and all equipment purchased is at the recommendation of the appropriate allied health professional assessment.

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

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers are made aware of and have access to advocates and other methods for resolving complaints, including both internal and external avenues, through provision of a customer handbook and client home agreement. Support workers said they encourage consumers to complete a feedback form in their home folder or call the office to raise any issues or concerns, and said they would also raise the issue or concern with management if required. Consumers and representatives felt comfortable to provide feedback and make complaints by calling the office. Consumers said they would speak directly to their coordinator to give feedback or make a complaint stating it would be immediately followed up and actioned.

Policies and procedures relating to complaints management and open disclosure are available to guide staff, and documentation demonstrated appropriate action is taken to resolve complaints quickly and an open disclosure approach is used when things go wrong. Staff described how they will try and resolve concerns raised as soon as possible, including providing an apology, investigating the matter, actioning changes, and keeping the consumer or representative informed throughout the process. The continuous improvement plan included improvements derived from feedback, complaints and incidents. Consumers and representatives interviewed who had made a complaint or given feedback were satisfied with the actions taken, including changes made to improve the quality of services and care.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Staff described how services are added and staffing requirements, including contractors, are considered and deployed, including consumers’ preference for a particular support worker, and there are three registered nurses are available to meet consumers’ clinical care needs. Consumers are able to request the same support worker to provide their services for continuity of care, and buddy shifts are organised for staff to introduce them to new consumers to support unplanned leave and maintain a consumer’s preference for support workers. Consumers said they never feel their services are rushed and services are provided by regular support workers.

Consumer feedback demonstrated interactions between them, and the service is respectful. The coordinator engages with all consumers regularly for review and actively seeks feedback on staff interactions. The service has policies and procedures for escalation and investigation if workforce interactions are not kind, caring and respectful.

Staff position descriptions outline position requirements and qualifications required to undertake the role. There are processes to verify the appropriate checks and qualifications, including for external contractors providing services on behalf of the service. Spot checks and reviews are regularly conducted on the workforce to review competency of care providers, and executive meeting minutes show staff competencies, training and recruitment is a regular agenda item for discussion and review. Consumers felt staff providing their care were competent and capable.

The workforce is recruited, trained and reviewed according to consumers’ needs. All staff undertake induction, including online learning, mandatory training and assessment prior to commencement of any consumer care roles. Staff competency is ensured by assessing staff prior to commencement and through ongoing regular spot check reviews. Support workers said they had undertaken mandatory training upon commencement with the service and had been assessed by a registered nurse for competencies on manual handling and medications before commencing support services. Workforce performance is reviewed, including through investigation of complaints, and consumer input on staff performance is actively sought. Policies and practices are being reviewed to ensure all staff are regularly reviewed across all disciplines, to supplement the current, ad hoc spot checks conducted for support staff.

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 |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. Survey results, complaints and feedback data is gathered, analysed, and presented to the executive management team, and management provided examples of this information being used to improve the quality of services provided. Consumers and representatives agreed there has been consultation in how consumers’ services are delivered, with their choices and preferences taken into consideration.

The executive management team has oversight of all areas of the service, and is comprised of a director, general manager, finance officer and registered nurse manager. A range of reporting mechanisms ensure the director and executive management team are aware of and accountable for the delivery of care and services. Where delivery of services is subcontracted, oversight of the quality of subcontracted services is monitored.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

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 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)