**Performance**

**Report**

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| Name: | Pop-Up Health and Pop-Up Community Care |
| Commission ID: | 600621 |
| Address: | 229 Greenhill Road, DULWICH, South Australia, 5065 |
| Activity type: | Quality Audit |
| Activity date: | 20 November 2023 to 21 November 2023 |
| Performance report date: | 24 January 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: 9548 Desjan Pty Ltd  
Service: 27780 Pop-Up Health  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9832 Desjan Pty Ltd  
Service: 27777 Desjan Pty Ltd - Community and Home Support

**This performance report**

This performance report for Pop-Up Health and Pop-Up Community Care (**the service**) has been prepared by T Wilson, 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.
* the provider’s response to the assessment team’s report received 12 December 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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

This Quality Standard is compliant as six of six Requirements have been found compliant.

Consumers and representatives confirmed staff are respectful and provide consumers with culturally safe care. Staff described how they have completed cultural training and could provide examples of how they provide consumers with culturally safe care. Staff were observed to talk to consumers in a respectful way, including how the service is inclusive and respectful.

Consumers and representatives confirmed the service involves them in making decision about the care and services consumers receive and being able to undertake activities they enjoy safely, and with appropriate supports to minimise risk. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process, including when consumers wish to take a risk. The service has policies and procedures that focus on supporting consumer independence and choice, along with processes to ensure risks are understood with mitigating strategies put in place.

Consumers and representatives confirmed they are provided with information that is timely, accurate and easy to understand and feel staff are respectful of their personal information. Staff could provide examples how they provide information to enable choice when communicating with consumers with cognitive impairments or language barriers and how they involve others to assist with communication where necessary. The service has consent forms to allow them to collect and share information, with effective systems in place to protect personal information. There are polices and procedures in place in relation to privacy and confidentiality.

# 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

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers and representatives confirmed the service conducts face to face assessments to ensure they understand how consumers’ health and well-being can be supported with the implementation of services, including their goals needs and preferences and preferred care. Comprehensive assessments are undertaken to assess risks to consumers which are used to inform the delivery of safe and effective care and services. Documentation contained detailed information in the care planning information, including end of life planning if the consumer wanted to provide that information.

Consumers and/or representatives confirmed they are involved in decision making regarding the care and services consumers receive. Care planning documents demonstrated the inclusion of consumers and/or their representatives, as well as others involved with assessment and planning, such as health professionals or external providers. Staff described how initial and ongoing assessments are undertaken with the consumer, including the option to have family or a representative present if consent is given.

All consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s care plan was provided, which staff have access to at the consumer’s home. Staff and management described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to clinical staff and personal care workers at the point of care and/or service delivery.

High risk consumers receiving clinical care are reviewed every three months, while other consumers are reviewed every six months, or as required which was confirmed through documentation and discussions with staff. Documentation review confirmed all sampled care plans had been reviewed in the past year or after a consumer was hospitalised.

# 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

This Quality Standard is compliant as seven of seven Requirements have been found compliant.

The assessment team recommended Requirement (3)(e) not met due to consumers’ information about needs preferences, conditions, and changes not being consistently documented or communicated within the organisation.

The assessment team stated there are a multiple IT systems where consumer information is stored, including some on paper or on staffs’ personal hard drives. The assessment team named five consumers where assessments were not undertaken, monitoring had not occurred, there was conflicting information or where alerts had not been updated. They also stated that three incidents reported in the incident management system did not allow staff to change the date of reporting an incident if they were unwell or could not report when it happened, and alerts were not present to alert staff prior to someone taking leave from care and services. They also stated that not all staff have access to the wound management system that the service is currently trialling.

The assessment team confirmed that consumers were satisfied their information was shared and they did not need to repeat their care needs to staff. The service could also demonstrate how information was shared with other providers of care, including providers of contracted services. Staff could describe how information is provided through care planning and their managers. Clinical staff demonstrated a comprehensive understanding and knowledge of consumers’ conditions needs and preferences.

A response from the provider was received on 12 December 2023 to address the concerns raised by the assessment team. It was explained that the alerts have now all been updated to include consumers returning from leave but the previous process was that the consumer or representative advised the dates of leave and services were reinstated when advised of the return date. Systems where staff have been able to store information in isolation have been disabled, the digital based wound care photograph system has now more users so coordinators can now see the information. The care planning documentation is being updated to a more comprehensive template and alerts also will include consumers known procedures to follow up on outcomes.

I have considered both the assessment team’s report and the provider’s response and I have come to a different view to that of the assessment team.

Whilst there were five consumers named, the issues were all different and they were all related to different Standard 2 Requirements, including (3)(a), (3)(b) and (3)(e). I have considered the information provided in those Requirements where they fit but this did not alter my view on the outcome of those Requirements. The information in relation to the incident management system is more relevant to Standard 8 Requirement (3)(d) so this has been considered there.

I also considered the fact that whilst there are different IT systems in place, with some information being recorded on paper and being scanned in later, consumers are getting the care they require as outlined in the rest of Standard 3, and nowhere was it stated that staff were missing care for consumers. Consumers themselves were happy as they did not have to repeat themselves and it was confirmed that information was shared with providers of other services. Staff are happy with the information they can access, including clinical staff where it was stated they have a comprehensive understanding of each consumer’s needs.

It is for these reasons I find Requirement (3)(e) compliant.

Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g)

Consumers confirmed they are satisfied with the care and services they receive which help them maintain their independence and well-being. Staff could describe how the service identified and assessed for high impact or high prevalence and they ensure care is delivered as per consumer needs, including palliative care. The organisation has policies and procedures to guide staff on the management of clinical and personal care needs and high impact high prevalence risks. Meetings occur regularly to ensure consumers’ risks are managed with information then disseminated to the quarterly governance meetings for oversight.

Staff and management advised that end of life preferences are discussed with consumers and family members and recorded in the consumer’s care plan to guide staff on consumer wishes and inform their end of life wishes. Consumers can choose to remain in their home for end of life care and external palliative care services are provided based on these wishes.

Consumers and representatives confirmed how the service is prompt to recognise and respond to a change in consumers’ condition and provided examples, including referral to internal specialised wound care and/or external allied health providers. Staff could describe processes to report and respond to changes related to consumers, for example, general deterioration, change in mobility, skin integrity, or function impacting on their independence. Care planning documents reflected the early identification of, and response to, deterioration or changes in condition.

Consumers and/or representatives confirmed consumers had been referred to health professionals when required which has assisted them to maintain their independence and sense of well-being. Staff advised how they refer to internal and external health professionals when risk is identified. Care planning documentation showed timely referrals for their care package needs and to other health care professionals, including external allied health professionals, general practitioners, and other providers of care.

Training is provided on infection control and staff have access to relevant policies and procedures that guide in the management of infectious disease. Consumers confirmed staff use personal protective equipment to minimise the transmission of infection.

# 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

This Quality Standard is compliant as seven of seven Requirements have been found compliant.

Consumers and their representatives confirmed consumers receive services that support their independence, well-being, and quality of life and support them emotionally. Staff could describe how they provide services to meet each consumer’s needs and enhance their quality of life and how they escalate when a consumer needs further emotional support. Care planning demonstrated detailed consumer goals and instructions for staff undertaking services.

Consumers confirmed they enjoy the social activities provided by the service which allows them to maintain relationships, meet new people and do things of interest to them. Care planning documentation included examples of services that support consumers to participate in the community, maintain social relationships. Staff could describe how information is shared within the organisation and with other involved in their care. Referrals are made to other organisations and providers of care, including other support groups and dieticians.

Consumers and representatives confirmed they are satisfied with the meals provided. Management and staff demonstrated how they monitor consumers’ dietary needs, preferences and identified risks relating to consumers’ nutritional status. Care planning documents identified consumers’ dietary needs and preferences. The service showed one consumer’s special dietary needs was provided with options to suit them on outings.

Consumers and representatives confirmed equipment provided safe and suitable for consumers’ needs. Documentation showed reviews are undertaken to ensure equipment remains suitable and safe for use.

# 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

This Quality Standard is compliant as three of three Requirements have been found compliant.

Consumers and representatives confirmed they feel welcome in the service and it is safe, clean, and easy to move. They expressed satisfaction with the equipment stating it is maintained and safe for use. The environment was observed to be welcoming with natural lighting and free of any obstruction for ease of movement around the service. Consumers were moving freely about the service with exit signage and safety equipment visible and easily accessible. Regular cleaning is undertaken and whilst there is no current records for cleaning or maintenance, a checklist and the new process were reviewed and will be put into place as soon as it is approved.

# 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

This Quality Standard is compliant as four of four Requirements have been found compliant.

Consumers and representatives confirmed they knew how to provide feedback or make a complaint and were aware of advocacy and language services available to them. Staff described their processes for when a consumer or representative raises issues or concerns and how they identify and assist consumers who may need help to raise a complaint or access advocacy and language services. Client information packs are provided to consumers containing information on the complaints and feedback process, along with information on advocate and language services.

Consumers confirmed when issues were raised the service was prompt to address their concerns and to their satisfaction. There is a process for managing complaints which includes governance reporting which documents the status of resolution and application of open disclosure where applicable.

Staff and management could describe how feedback and complaints are analysed, trended and the information used to make service improvements. Review of the continuous improvement plan included improvements driven by consumer feedback.

# Standard 7

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

Findings

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers and representatives confirmed they are satisfied with staffing numbers who normally arrive on time and described them as kind and caring. However, they did say they would like to have more consistency in the staff who attend to consumers’ care. Staff there are sufficient staff and are provided enough time to ensure the safe delivery of care and services. Management could describe how they ensure the workforce is maintained to meet consumer demand.

Consumers stated they were confident in staff knowledge and their ability when delivering care and services. Staff confirmed they receive adequate training to allow them to complete their duties competently along with a range of mandatory training requirements relevant to their role. Management confirmed the process to ensure staff are competent for their role during recruitment and with ongoing monitoring.

The service is guided by polices on how to recruit and onboard suitable staff which includes an induction training program. Staff confirmed they have access to additional training if requested and if it is identified through other means, such as feedback or incident analysis. Staff and volunteers confirmed their performance is reviewed through an annual performance appraisal and regular feedback through their managers.

# 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

This Quality Standard is compliant as five of five Requirements have been found compliant.

The assessment team recommended Requirement (3)(c) not met as information is not effectively communicated and documented, including risks to consumers, in relation to some care planning documentation and information capture and exchange. The assessment team also provided commentary as to the different information systems and the downfalls of each system.

The stated management acknowledged the information system gaps more broadly and had previously introduced continuous improvement to assist in the capture and streamlining of information management systems which were due to be completed by the end of 2023.

In the provider response dated 12 December 2023, the provider stated a universal system for care planning has now been introduced and staff have been trained to use this system with information that is not current being archived. All consumer alerts have been updated and include more comprehensive information for staff. The pictorial wound care tool now has a function that provides PDF reports that are uploaded into consumer files in the care system.

I have considered both the assessment team’s report and the provider’s response and I have come to a different view than that of the assessment team.

Whilst there were individual bits of information missing it is not necessarily relevant to the whole of the information system. The fact that gaps in the information systems had already triggered continuous improvement to be put in place actually demonstrates that governance of the information systems is working. There was no staff commentary stating they did not have the information they need nor were there any consumers who were missing care due to the lack of information.

It is for these reasons I find Requirement (3)(c) compliant.

Requirements (3)(a), (3)(b), (3)(d) and (3)(e)

Consumers confirmed they have input about services provided. Management and staff described how consumers have input about their experience and services through formal and informal feedback processes. Documentation showed the results from consumer surveys with regard to the satisfaction, delivery and evaluation of care and services, which is also reported at care governance and board meetings.

There is a governance structure and reporting process to drive continuous improvement and accountability at a board level. Information about overall consumer care is provided at board level to discuss care and identify opportunities for improvement.

The organisation has effective organisation wide governance systems in relation to 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 service demonstrated effective risk management systems and practices, including, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The clinical governance framework has a suite of policies underpinning it, including policies and procedures antimicrobial stewardship, minimisation of restraint and open disclosure.

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)