**Performance**

**Report**

**1800 951 822**

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| Name of service: | Prestige In Homecare |
| Service address: | Level 1, Suite 101, 1 Cochranes Road, (Head office) MOORABBIN VIC 3189 |
| Commission ID: | 300982 |
| Home Service Provider: | Prestige Inhome Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 21 December 2022 |
| Performance report date: | 6 February 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.

**This performance report**

This performance report for Prestige In Homecare (**the service**) has been prepared by M Murray, 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.

# Services included in this assessment

**Home Care:**

* Prestige Inhome Care, 27924, Level 1, Suite 101, 1 Cochranes Road, (Head office), MOORABBIN VIC 3189
* Prestige Inhome Care, 26413, Unit 1, 98 Burnett Street, BUDERIM QLD 4556
* Prestige Inhome Care, 26413, Shop 1, 165 Military Road, NEUTRAL BAY NSW 2089

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives, and others
* the provider’s response to the assessment team’s report received 23 January 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 8** **Organisational governance** | Not applicable as not all requirements have been assessed |

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

# 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 care coordinators maintain the currency of care plans so that they accurately reflect consumer’s needs, goals and preferences and that relevant information is shared with staff to delivery of safe care.

# 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. | Non-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 |

Findings

I have relied on the Assessment Team’s report and the approved provider’s response to that report in forming my decision on compliance as outlined in the table above.

In relation to Requirement 2(3)(a)

The Assessment Team’s evidence outlines the service is transitioning consumer information to a new care planning format that will identify risks to consumers and provide information to staff and others on the delivery of safe and effective care. Audits of the existing care plans are occurring to ensure their currency and to identify risks using validated assessment tools.

Consumer representatives said communication on the development of care plans has improved.

It was noted that some care plans, although dated as recently reviewed, did not capture relevant changes in consumers’ needs.

Management said staff now access care plans though a phone ‘app.’ The Assessment team noted, while the training is mandatory, a number of staff had yet to complete the training.

Management said the service’s transition to the new assessment format is ongoing.

I am satisfied, based on all the evidence available, that the service, does not comply with Requirement 2(3)(a).

In relation to Requirement 2(3)(d)

While some consumers did not recall receiving a copy of their care plan. I am satisfied from the approved provider’s evidence that the service has a system for providing consumers with a copy of their care plan.

The Assessment Team noted online care plans correctly included consumer ‘goals’, however also noted care plans printed or sent by electronic mail to consumers did not include the ‘goals’ section.

I am satisfied the service has now rectified this technical issue and relevant consumers have received an updated care plan. The service complies with Requirement 2(3)(d).

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

I have relied on the Assessment Team’s reporting in forming my view on compliance as outlined in the table above. I am satisfied the evidence provided demonstrates the service has returned to compliance.

The assessment of performance focused on the service’s information management system.

Care planning and consumer documentation is located on a centralised management system which enables staff to log in and view care plans, enter progress notes, and receive alerts pertaining to consumer risks and mitigation strategies. The system prompts care planning staff to identify risks with the use of validated assessment tools.

Staff log into the system via a mobile ‘app’ at the commencement of each shift, and on completion enter progress notes and record incidents. The service also enters additional information into the system as required.

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