**Performance**

**Report**

**1800 951 822**

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| Name: | Prompt Care Victoria |
| Commission ID: | 300749 |
| Address: | Ground Floor, 722 High Street, KEW EAST, Victoria, 3102 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 1 November 2023 |
| Performance report date: | 5 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: 5186 The Carers' Phone Pty Ltd  
Service: 28099 Prompt Care NSW  
Service: 28110 Prompt Care NSW  
Service: 23577 Prompt Care South Australia  
Service: 28342 Prompt Care STRC Sydney  
Service: 23617 Prompt Care Tasmania North Western  
Service: 23631 Prompt Care Tasmania Northern  
Service: 23632 Prompt Care Tasmania Southern  
Service: 23579 Prompt Care Victoria - Barwon-South Western  
Service: 23580 Prompt Care Victoria - Northern Metro  
Service: 23581 Prompt Care Victoria - Western Metro  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9129 The Carers' Phone Pty Ltd  
Service: 26756 The Carers' Phone Pty Ltd - Care Relationships and Carer Support  
Service: 26757 The Carers' Phone Pty Ltd - Community and Home Support

**This performance report**

This performance report for Prompt Care Victoria (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the Assessment Team’s report for the Assessment contact (performance assessment) – non-site report which was informed by review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 9 February 2023 in relation to the Quality Audit undertaken from 4 January 2023 to 6 January 2023.

The provider did not submit a response to the Assessment contact (performance assessment) – non-site report.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **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 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 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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

Requirements (3)(d) and (3)(e) were found non-compliant following a Quality Audit undertaken from 26 September 2022 to 28 September 2022, as the service did not demonstrate:

* the outcomes of assessment and planning were consistently communicated to CHSP consumers and documented in a care and services plan which was readily available to CHSP consumers, and where care and services was provided
* care and services for CHSP consumers were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals and preferences of the consumer.

During the Quality Audit undertaken from 26 September 2022 to 28 September 222, the service did demonstrate outcomes of assessment and planning for HCP consumers were consistently communicated and documented and care and services for HCP consumers were reviewed regularly for effectiveness and when circumstances changed or when incidents impacted on the needs, goals and preferences of the HCP consumer.

The Assessment Team’s report for the Assessment Contact undertaken on 1 November 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, providing CHSP consumers with a current care plans and information explaining the services and implemented and maintains review processes for CHSP consumers. The Assessment Team was satisfied these improvements were effective and recommended Requirements (3)(d) and (3)(e) met.

Consumers and representatives discussed their satisfaction with information provided about the consumer’s care and services. Staff confirmed they receive sufficient information to provide care and services for consumers. Management discussed an improved process for assessing CHSP consumer needs and communicating the outcomes of these assessments. Documentation showed assessment and planning outcomes are communicated to the consumer and/or representative and documented in care plans.

Consumers and representatives expressed satisfaction with how the service reviews the consumer’s care and services. Staff described how CHSP consumers’ care and services are reviewed after each service attendance through completion of an online survey to review the consumer’s overall well-being. Management described the review schedule process implemented for CHSP consumers. Documentation showed CHSP consumers are being reviewed regularly.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers for both HCP and CHSP.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 |

Findings

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 26 September 2022 to 28 September 2022, as the service did not demonstrate:

* effective processes were in place to ensure relevant CHSP consumer information is communicated between the organisation and care partners.

During the Quality Audit undertaken from 26 September 2022 to 28 September 222, the service did demonstrate this was occurring for HCP consumers.

The Assessment Team’s report for the Assessment Contact undertaken on 1 November 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, reviewing and refining how the service provides information to care partners by including CHSP care plan information on the electronic care management system which care partners can access. The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(e) met.

Consumers and representatives discussed satisfaction with care partners’ knowledge of how to provide the consumer’s services. Care partners discussed how the information they receive provides details and guides them to provide each consumer’s services. Management described the changes to the electronic care management system to provide CHSP care plan information to care partners. Documentation confirmed HCP and CHSP care plan documentation is available to care partners.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care for both HCP and CHSP.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 26 September 2022 to 28 September 2022, as the service did not demonstrate:

* information about consumers’ condition, needs and preferences were consistently and effectively communicated and documented within the organisation and with others where responsibility for care is shared.

The Assessment Team’s report for the Assessment Contact undertaken on 1 November 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, updated forms and protocols to obtain feedback from external providers, updated protocols regarding documentation after services are provided and new processes to ensure activities are documented. The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(d) met.

Staff described consent requirements for sharing information. Management discussed changes to ensure care partners have time to document activities and information after services are provided and that the service is undertaking spot check audits to ensure care plans and notes are updated and care reviews are completed. Documentation showed evidence of referrals to other organisations including relevant information sharing where responsibility for care is shared.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living for both HCP and CHSP.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following a Quality Audit undertaken from 26 September 2022 to 28 September 2022, as the service did not demonstrate:

* development and documentation of care plans or documentation of consumer care directives for each consumer’s care and services
* regulatory compliance regarding providing consumers care plans, new agreements and assessments.

The Assessment Team’s report for the Assessment Contact undertaken on 1 November 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, updated care plan template to ensure all consumer data relevant to their needs, goals, preferences and risk are captured and documented and updates to policies and procedures. The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(c) met.

Documentation showed care plans, care directives, letters to HCP and CHSP consumers are documented and consistently provided. The service has an electronic care management system which staff said provides them with access to relevant care and services information for each consumer. Management described the continuous improvement processes used by the service and discussed changes made to address the previous non-compliance. Management described the financial governance system used to ensure appropriate management occurs. Management described the workforce governance system in place and documentation evidenced workforce policies and processes are followed. Management described how the service meets it regulatory compliance requirements and documentation showed the service implemented changes to ensure care plans, agreements and assessments are shared with consumers. Management described the services feedback and complaints processes, with the governing body addressing trends. Documentation showed the service has systems in place to monitor, analyse and use feedback and complaints to improve the quality of care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance for both HCP and CHSP.

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)