**Performance**

**Report**

**1800 951 822**

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| Name of service: | Ruscare Community Home Care Services |
| Service address: | 13 Conway Street DANDENONG VIC 3175 |
| Commission ID: | 300137 |
| Home Service Provider: | RusCare Ltd |
| Activity type: | Quality Audit |
| Activity date: | 5 July 2023 to 7 July 2023 |
| Performance report date: | 18 October 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 Ruscare Community Home Care Services (**the service**) has been prepared by M Abjorensen, 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:**

* Partners In Care - General, 18893, 13 Conway Street, DANDENONG VIC 3175
* Partners In Care - Non English Speaking Background, 18894, 13 Conway Street, DANDENONG VIC 3175
* St John of Kronstadt Southern Metro EACH, 18960, 13 Conway Street, DANDENONG VIC 3175

**CHSP:**

* Community and Home Support, 27547, 13 Conway Street, DANDENONG VIC 3175

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 4 August 2023.

# 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

Consumers and representatives advised, in various ways, that consumers are treated with dignity and respect and valued as individuals with their own identity and culture. Staff and management demonstrated they are familiar with the identity, culture and diversity of each consumer and spoke about consumers using respectful language. Care documentation identifies each consumers’ culture, identity and diversity with respect to their care and service needs.

Consumers and representatives said the support workers know about the consumer’s cultural background and provide care and support that reflects their needs and preferences. Care documentation provides staff with information on the cultural background of consumers, the things that are important to them and what language they prefer to speak. The service has a cultural diversity policy and staff attend cultural safety training.

Consumers and representatives described, in various ways, how they are supported to maintain relationships and connections with others that are important to them. Staff provided examples of how they support and encourage consumers to maintain and make decisions about their care. Care documentation identified the consumers choices in doing things the way that they prefer.

Consumers and representatives reported satisfaction in how the service supports consumers to live their best life. Staff and management were knowledgeable in how to support consumers to take risks and participate in things of their choosing. Staff described referral pathways to other services and assisting consumers to access suitable services to support them.

Consumers and representatives advised they were provided with accurate and sufficient information to make informed decisions. The information pack provided to consumers contains information in the consumer’s preferred language. Management advised budgets are explained to HCP consumers during the initial meeting and care planning visits, in addition to ongoing opportunities for consumers to clarify information, where needed.

Consumers and representatives expressed satisfaction that care and services, including personal care, is undertaken in a way that protects their privacy. The service has processes to maintain and share consumer records with policies and procedures to support and guide staff to maintain consumer privacy and confidentiality. Consumers sign a consent form to share information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1, Consumer dignity and choice.

# 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

Consumers and representatives reported they are satisfied with the assessment and planning processes which includes consideration of risks consumer health and wellbeing. Consumers with identified risks are referred to nursing or allied health services for clinical assessments. Risks and management strategies are discussed with consumers and documented in care plans.

Staff reported, and care documentation showed, consumers’ goals, needs and preferences are captured through assessment and planning processes. Information is provided to consumers regarding advanced care planning and end of life planning through information packs and their wishes are documented, where relevant. Consumers and representatives reported consumer care has been planned around what is important to them.

Consumers and representatives were satisfied with the communication and consultation that occurs through assessment and planning. Care documentation demonstrated assessment and planning involves the consumer, and relevant others including representatives, nursing services, allied health practitioners and medical practitioners with the consumer’s consent.

Consumers and representatives advised consumer care and services have been explained to them. Consumers are posted a copy of their support plan and care documentation showed all consumers had support plans that informed care and services. The Assessment Team report shows an area for improvement is to expand on the detail contained in task lists.

* The provider’s response advised of planned improvements to expand task lists from a summary of care and support requirements to include a summary of information about the consumer’s background.

Consumers and representatives reported changes to the consumer’s care plan occur as needed. Documentation showed, and staff described, how the care management system prompts annual re-assessments, with reviews to care and services also occurring in response to a change in the consumer’s circumstances. The Assessment Team report identified inconsistencies in staff practice to monitor scheduled reviews.

* The provider’s response advised a streamlined process has been discussed and implemented with case managers for both programs.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 2, Ongoing assessment and planning with consumers.

# 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

Consumers and representatives reported the personal and/or clinical care provided is safe and effective. Care managers described how they contact consumers and/or representatives to monitor care provision. While regular reports from external nursing services including wound photographs, wound measurements and consumer monitoring reports are not always recorded in care documentation monitoring of wound care occurs through contact with consumers, representatives, support workers and relevant allied health clinicians involved in the care of consumers.

* The provider’s response described implemented corrective actions, including, contacting all brokered services to set expectations around reports received from clinicians and others involved in the consumer’s care.

Management and staff said high impact, high prevalence risks included falls risk, wounds, health deterioration and cognitive decline. Care documentation showed, and staff described, strategies implemented to manage risks associated with consumers. The Assessment Team report included examples where care and services have been adjusted in response to risks, such as, falls prevention strategies following mobility decline and speech pathology referrals in response to swallowing issues.

The service has established networks with palliative care services, and processes to support the consumer and their representatives when the consumer is nearing the end of life. Care documentation showed the needs, goals and preferences of consumers nearing the end of life are known by the service and documented. Care is provided to address individual care and comfort needs. The service’s assessment and planning policy incorporates palliative and end of life care for staff guidance.

Consumers and representatives reported staff would recognise and respond to a change in the consumer’s condition or a deterioration in health. Support workers demonstrated knowledge of their responsibilities in recognising and reporting a consumer’s deterioration. Care documentation reflected that changes in a consumer’s health or condition are responded to in a timely manner.

Staff reported, and care documentation showed, the service communicates with others, both internally and externally, to ensure the provision of personal and clinical care. Consumers and representatives are satisfied with the consistent coordination of consumer care and services.

* The provider’s response includes improvement actions to improve how information is shared between others involved in the consumer’s care and the service.

Consumers and representatives described effective consultation, timeliness and outcomes of referrals arranged through the service. Care documentation showed the effective management of referrals and implementation of any recommendations.

Consumers and representatives were satisfied with the measures staff take to protect them from infection. Staff said they wear personal protective equipment (PPE), where required, and have access to supplies of PPE. The service delivers infection, prevention and control training inclusive of hand hygiene and donning/doffing of PPE. The service has an antimicrobial stewardship policy to guide staff practice and resources for consumers in relation to antibiotic use.

Based on the information summarised above, I find the provider, in relation to the service, compliant in Standard 3, Personal care and clinical care.

# 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

Consumers and representatives described how the services they receive promote consumer independence and quality of life. Consumer files document relevant information such as consumer preferences, goals and the supports needed to maintain their quality of life relevant to the services consumers receive.

Support workers described how they support consumers when they feel low, including talking with them, showing empathy, and promoting positive outlooks by relating to consumers in a positive way. While the CHSP care documentation did not always reflect the level of detail and contact provided by support workers, the service delivers services and supports in line with the consumer’s needs and preferences under the CHSP program. Care documentation overall, showed services delivered align with what is important to the consumer.

Consumers have input into the social support group activities held once a month, including excursions or activities within the service environment. Consumer files contained details on consumers’ social profiles, interests and support networks and things that are of importance to them. Consumers were satisfied with the supports to connect with others within the community and are participating in activities that interest them.

Care documentation showed communication with others occurs to coordinate services. Consumers and representatives confirmed care and services are ordinariate in accordance with their needs and preferences and communicated with those involved in their care.

Consumers confirmed that the service has discussed supports with them and assist with their access to additional services if required. Staff described, and documentation showed, timely referrals occur for supports for daily living, including referrals to My Aged Care, transport services and social support services.

Consumers and representatives described satisfaction with meal preparation services and meals provided through delivery services. Dietary needs and preferences, including cultural needs, are accommodated. The service offers consumers multiple meal service providers to meet consumer choice.

Consumer and representatives advised equipment meets their needs. Staff reported, and care documentation showed, the provision of equipment occurs through assessment and recommendation by an allied health practitioner. Information and evidence under (3)(c) in Standard 5 shows buses that pick up and drop off consumers for the social support group were observed to be clean, well-kept and maintained. Documentation showed that the services buses have current roadworthy certificates and insurance policies.

Based on the information summarised above, I find the provider, in relation to the service, compliant in Standard 4, Services and supports for daily living.

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# 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

Observations showed the service environment optimises interaction and function through seating arrangements, lighting, navigational signage and with a layout accessible for wheelchairs.

Consumers expressed satisfaction with the safety and cleanliness of the environment and said in various ways that they are able to move freely indoors and outdoors. Management advised environmental audits are completed regularly and areas of concern are followed up as required.

The Work Health and Safety committee on the site, in conjunction with the maintenance department, control any risks/hazards within the service environment through maintenance requests, hazard reports and incident reports.

Based on the information summarised above, I find the provider, in relation to the service, compliant in Standard 5, Organisation’s service environment.

# 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

Consumers and representatives stated if they wished to raise a complaint, they would speak directly to staff or management. The information pack and home care agreement provided to consumers contains information regarding internal and external complaints processes.

Documentation showed, and consumers confirmed, the service provides information on other methods for raising and resolving complaints, advocacy service and access to language services. Management explained this information is available in multiple languages, in accordance with consumer needs.

A compliment and complaints policy informs staff on complaints, compliments and feedback management procedures, and the organisation has an open disclosure process in place when things go wrong. The Assessment Team report included an example where open disclosure principles were applied by the service to resolve a complaint, where the representative reported they are satisfied with the outcome.

Management is aware of complaint trends and described how the findings from feedback and complaints are reviewed, discussed and used to improve services. The organisation conducts annual consumer surveys to capture complaints and feedback on a more regular basis.

Based on the information summarised above, I find the provider, in relation to the service, compliant in Standard 6, Feedback and complaints.

# 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

Staff interviewed said they have time to complete their work, and if required request additional time. Management advised that their subcontractor agreements and services they have in place are sufficient to service their consumers. Consumers and representatives reported they are satisfied with staff consistency and punctuality.

Consumers and representatives interviewed are satisfied staff are respectful, kind and caring. Staff described how they treat each consumer as an individual, show respect, compassion, listen to the consumer’s preferences and respect their decisions.

All staff have a position description that documents the qualifications required for the role. Management stated subcontractors provide their staff qualifications as well as all the relevant compliance and training checks. Compliance checks including police checks are not sighted by the organisation rather a statutory declaration is requested confirming all staff have a current police check. Consumers and representatives were satisfied staff are competent in the roles they perform.

Staff advised that they have access to ongoing training that included elder abuse, manual handling, and infection control. Training reminders are sent by their team leader and an internal training system. Management stated they follow the recruitment guidelines and described the recruitment, onboarding and induction process of staff which include training, probity checks and probation periods.

Staff reported, and documentation showed, the service conducts annual performance reviews. Staff members advised that they complete annual reviews where they are able to discuss any training required and are provided feedback on their performance. The completion of the staff performance review and development plan is monitored by human resources.

Based on the information summarised above, I find the provider, in relation to the service, compliant in Standard 7, Human resources.

# 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

Consumers and representatives are engaged in the evaluation, development, and delivery of their care and services through contact with the care managers during home visits, telephone contacts and annual surveys. Management showed evidence of regular annual consumer surveys to gauge consumer satisfaction, and consumer survey results are reviewed annually for feedback. Trended issues that may lead to improvements are discussed at monthly governance meetings.

Senior management and the Board satisfy itself that the Aged Care Quality Standards are being met through use of management reports that include financial reporting, quality report inclusive of data analysis on incidents and complaints. The Board receives information regarding clinical care for HCP and CHSP consumers and how it is delivered with an overview of wound care nursing and personal care.

The service has information management systems in place that include a client and staff management systems, website, email, intranet, document management and face to face meetings to share information.

Continuous improvement opportunities are identified through internal and external audits, complaints, feedback and incidents.

The organisations finances are monitored and reviewed by the finance director, senior management and the Board. Finance reports are prepared and discussed at monthly Board meetings. Monthly consumer statements are prepared by the organisations finance department and reviewed by the home care manager. Unspent funds are clearly identified on consumer statements and actions taken by the home care manager to ensure consumers assessed needs are being met, this is discussed monthly with the operations manager.

The workforce, inclusive of subcontracted providers, have assigned roles and responsibilities, performance and suitability of staff is monitored through monthly reporting and feedback from consumers.

The organisation stays informed of regulatory requirements and changes through communications received from peak bodies and Government departments, disseminated throughout the organisation via the quality team. The Assessment Team report indicated policies and procedures were out of date.

* The provider’s response explains this as a misunderstanding in that the obsolete policies were provided as an overall picture of policies being revised. The provider has purchased new policy templates which are being used to complete the current suite of policies and procedures.

The organisation has a compliments and complaints policy inclusive of open disclosure that supports the pursuit of improved outcomes for consumers.

The organisation has a risk management framework inclusive of a risk management policy and a risk register, monitored through monthly board reports. High impact and high prevalent risks associated with the care of consumers are identified through assessment and support planning processes, feedback from support workers and through the incident reporting system. Training registers showed, and management advised, elder abuse prevention training is provided to all staff, including subcontracted providers. Organisational policies and procedures promote a balanced approach to risk management to support consumers to live the best life they can. Incidents are monitored, trended and reviewed to determine whether an improvement is required. Senior management and the Board monitor all incidents.

The organisation demonstrated a clinical governance framework which outlines the service’s role in the provision of person-centred integrated care and clinical effectiveness, inclusive of the service’s approach to antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 8, Organisational governance.

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)