**Performance**

**Report**

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| Name: | Sabine's Home Care Services Pty Ltd |
| Commission ID: | 300912 |
| Address: | 6/5 Corporate Boulevard, BAYSWATER, Victoria, 3153 |
| Activity type: | Quality Audit |
| Activity date: | 23 October 2023 to 25 October 2023 |
| Performance report date: | 27 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: 8982 Sabine's Home Care Services Pty Ltd  
Service: 26476 Sabine's Home Care Services

**This performance report**

This performance report for Sabine's Home Care Services Pty Ltd (**the service**) has been prepared by N Eastwood, 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 8 November 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 | **Not Assessed** |
| **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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how consumers are respected and valued with an example provided of being treated like family. Care documentation reflects the background information and current situation of each consumer, including information about what is important to them. Staff described how they meet consumer cultural needs and preferences and confirmed they participated in cultural safety training and brochures and pamphlets in preferred languages are available.

Care staff provided examples of how they support consumers with choice and independence, including providing opportunities for discussion and friendship within groups. Care documentation identified key consumer choices and decisions about care and services. The organisation informs consumers about their rights to informed decision making and self-determination of care. The Assessment Team noted one example where a consumer indicated without the service supporting them, they wouldn’t be able to stay at home.

Risks are discussed with consumers and representatives and alternative strategies to mitigate risk are offered as appropriate. Staff described the support and assistance measures provided to ensure consumers are as safe as possible while living their best lives.

Consumers and representatives interviewed said they receive timely and clear information from the service including hard and soft copies of care plans, newsletters, invoices for services and monthly statements detailing services provided.

Support workers explained how they protect consumer privacy and information, by never discussing consumer personal information with others. All staff and volunteers sign privacy and confidentiality and code of conduct documentation on commencement.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Case management staff discussed ongoing assessment and care planning processes and how risk relating to mobility, skin integrity, social isolation and living in high bushfire risk areas is assessed and managed. Consumers confirmed specific activities to assist with high risk environmental factors such as installation of a fire alarm and clearing of vegetation by home maintenance staff.

Consumers and their representatives confirmed the care and services provided were reflective of their needs and preferences. Some consumers could not recall whether advance care planning had been discussed, however case managers explained the topic is raised during initial assessment, and written information provided.

Case management staff outlined how the utilise information from others involved in the care of consumers to assist with assessment and planning. Strong partnerships between the service and family members of consumers living with dementia in particular were apparent. A review of care notes demonstrated involvement of allied health professionals with evidence of supporting education where potential risks were apparent with implementation of equipment.

Current care plans were in place for all consumers sampled, and most could recall receiving a copy. Support workers said they can easily access care plans and other relevant information within a new application (app) recently introduced at the service.

Consumers and representatives confirmed the service contacts them and visits them regularly and review of needs and services in response to health events. Care managers confirmed along with regular planned reviews, care plans are reviewed in response to consumer request, changes in care needs, and events such as hospital admission. The Assessment Team noted assessments and care planning documentation reflected updates and changes in response to incidents and clinical need.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the personal and clinical care received. The Assessment Team noted examples of challenging behaviours which the support workers have been able to overcome, awareness of individual risks and tailored approach to monitor change.

Support workers outlined how they minimise risk when working with consumers, and the comprehensive risk management strategies included in consumer care plans. A review of care planning documentation reflected updated strategies to assist with specific risks such as the purchase of a personal alarm system and allied health review and recommendations. Support workers provided examples of practical examples where they ensure the safety of consumers such as modified communication methods and increased levels of supervision during tasks.

Case management staff explained how consumers are supported through the end-of-life period and a review of care files demonstrated care of a previous consumer which maximised comfort and dignity. Support workers outlined how they escalate concerns which was confirmed by consumers and representatives and file reviews demonstrated appropriate intervention in response to deterioration had occurred.

Consumers and representatives confirmed staff know their needs and preferences. Support workers explained how they record updates in consumer files and management demonstrated the newly introduced electronic documentation tools. A review of documentation demonstrated appropriate sharing of information with other involved parties and evidence of notes where information has been provided to a treating practitioner.

There was evidence of referrals for allied health review and input and case management staff outlined the regular use of these services to maximise consumer function and safety and enhance independence.

Staff and consumers confirmed that support workers maintain a range of precautions to guard against transmission of infection. While the service does not work directly with medical officers in relation to prescribing, it has provided information to consumers regarding appropriate antibiotic use. The Assessment Team noted effective infectious screening and use of personal protective equipment where indicated.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives provided examples of how the care provided supports independence, well-being, and quality of life. Support worker examples included how increased risks were managed for a consumer as well as the individualised strategies to put the consumer at ease with care provision.

Support workers explained how they provide emotional support to consumers which was confirmed by consumer examples of interactions with staff. Supports are in place to enable community engagement and participation including for those with greater physical, cognitive or communication barriers. Examples were provided form a representative of where support workers assisted with recreational activities, technical support, outings and quiet company.

Support workers explained how they access information related to consumer needs, communicate changes and receive information regarding changed care requirements. Clinical files and progress notes demonstrated clear, comprehensive and timely recording of information.

Case managers explained that they have capacity to refer to a friendly visiting service and to local council-run seniors clubs. They outlined local day centres but advised many consumers are already attending these when they commence with the service.

While the service does not provide meals, some consumers are partially funded to receive meal delivery from other providers through their Home Care Package. They explained that while sometimes the consumer liaises independently with the meal provider, information regarding consumer needs is initially provided by the service.

The service arranges access to equipment through allied health recommendations and staff assist with cleanliness and basic checks of functionality.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not Assessed |
| 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. | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

Standard 5 was not assessed as the service provides no support to consumers at its premises nor transport in service-owned vehicles.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported they were comfortable and are supported to provide feedback and make complaints. The consumer handbook provides advice to consumers and representatives regarding how to provide feedback and make complaints and the Assessment Team noted a recent newsletter encouraging contact with case managers with any concerns.

A review of documentation indicated significant information is also provided on advocacy services and external bodies who can provide support with complaints The service’s consumer handbook was noted to contain information on the Older Persons Advocacy Network and the Aged Care Quality and Safety Commission (the Commission).

The service has an open disclosure framework and care staff confirmed that when a complaint is raised, they try to resolve it themselves or refer it to management. Management explained they manage complaints as they arise including performing open disclosure.

A review of the services Plan for Continuous Improvement (PCI) and supporting documentation demonstrated the service is reviewing feedback and complaints to inform and improve their service delivery.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described having no unfilled shifts for the past 6 weeks as qualified staff working in head office can backfill any vacancies at short notice, providing additional coverage when a staff member is on unplanned leave. Consumers confirmed support workers were on time for shifts if not early.

The Assessment Team noted feedback from a consumer regarding minimum care provision duration, management acknowledged a misunderstanding on the part of the service in relation to recent changes to the Social, Community, Home Care and Disability Services (SCHADS) award. The service committed to reviewing schedules with all consumers and added this to their Plan for Continuous Improvement (PCI) which was sighted by the Assessment Team.

Consumer documentation showed consumer preferences and values are identified. Staff described how they treat consumers with respect, tailoring services to meet the needs and preferences of each consumer by actively listening and considering their cultural values. Consumers confirmed staff are kind, gentle and caring when delivering their care.

Staff explained the process of onboarding to the service and described providing evidence of qualifications, police checks and vaccination requirements prior to proceeding to the offer of a position. The Assessment Team reviewed the service staff files and noted the service performs qualification verifications according to their roles.

The service has developed a system to train and support the workforce to deliver outcomes required by the Aged Care Quality Standards (the Standards). Staff reported the service provides training and relevant information for staff via the mobile telephone application (app). Management provided a training schedule for all staff including modules already completed by online and modules to be completed. They advised they assess and identify staff training needs through support workers shift notes and discussions as well as through staff self-identification.

Individual staff performance is formally assessed annually and is constantly reviewed and monitored. Meetings are held during the probation period, and staff performance is assessed by supervising staff throughout the year, with annual learning and development discussions conducted in relation to their work. All staff have regular and individual supervision and support from the case managers.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Case managers described how they support consumers to be involved in service planning, development, and evaluation of their care to the extent they wish. Assessments are conducted in discussion with consumers to establish their needs and goals, aligning with their budget, needs and preferences.

The service has a director who retains oversight of incident, feedback and complaints information. Information about care and services is available to staff, consumers and representatives through implementation of a comprehensive care for each consumer available through the mobile telephone application.

The Assessment Team reviewed the Plan for Continuous Improvement (PCI) which highlights areas for review and improvement. It includes an analysis of staff training requirements additional to mandatory training, identified through audit, feedback and complaints, incidents, and aged care reforms to ensure all staff are trained in accordance with the Aged Care Quality Standards.

Management described the process for identifying and tracking unspent funds and communicating with consumers. The service monitors workforce compliance via its verification management process. Monitoring of subcontracted support workers and allied health, cleaning and home modification services is also undertaken through feedback from consumers and representatives.

Regulatory compliance is managed by the quality team which receive updates in relation to legislative changes. The quality and contractual compliance of subcontracted services are reviewed regularly and as needed through consumer and service feedback. Changes or updates to policies and procedures at the service are communicated to staff and to consumers when relevant.

Management described the open disclosure process and that feedback and complaints are documented on a register, reviewed, and actioned. The service has a risk management framework including policies and processes for managing high-impact and high-prevalence risks associated with the care of consumers. The service has a clinical governance framework incorporating various clinical care considerations as well as current policies and procedures relating to the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)