**Performance**

**Report**

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| Name of service: | SAI Home Care |
| Service address: | Level 3, 454 Nepean Highway FRANKSTON VIC 3199 |
| Commission ID: | 300482 |
| Home Service Provider: | Desilva Enterprises Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 9 June 2023 to 16 June 2023 |
| Performance report date: | 25 August 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 SAI Home Care (**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:**

* SIA Home Care Packages, 23007, Level 3, 454 Nepean Highway, FRANKSTON VIC 3199

# 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.

# 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 applicable |
| **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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

All consumers and representatives interviewed said they feel respected, and that staff are caring and meet their needs.

Staff demonstrated familiarity with each consumer’s individual cultural needs and described examples of how they deliver culturally safe care and support consumers.

Management advised annual cultural safety training occurs for all staff.

Consumer feedback included satisfaction with being involved in decisions about care, and that their care and services supports their relationships with others. Staff outlined in various ways how they support consumers to exercise choice and remain independence. Staff are alert to the importance of involving families to support consumers with cognitive decline to exercise choice and control.

Consumers described in various ways their satisfaction that the service supports them to live well. Staff and management demonstrated an awareness of dignity of risk principles and the consumer’s right to balance risk and quality of life.

Consumers and representatives are satisfied they are provided with clear and relevant information to assist their choices and decisions.

Management discussed the use of cue cards for consumers with language barriers and printing documentation in larger font for consumers with poor vision. Consumers receive a regular newsletter and management discussed how it contains topical information about matters that may interest consumers.

On commencement with the service, consumers and representatives are informed about the service’s commitment to maintain privacy and confidentiality, and consent to share information is requested. Staff gave examples of ways they support consumers’ privacy, including passwords for computer access and sharing personal information about the consumer only with others involved in the consumer’s 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. | 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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

The service demonstrated a comprehensive assessment and care planning process is in use. Consumers andrepresentatives said they were satisfied with the consumer assessment and care planning process.

Staff use validated assessment tools to assess the health and wellbeing of each consumer. Care directives based on the outcome of these assessments are detailed and individualised.

All consumers and representatives said in various ways staff take the time to listen to what is important to the consumer. Staff described what is important to individual consumers they care for, including their needs and preferences for how care is delivered.

Care documentation showed consumer needs, goals and preferences are accurately recorded and advanced care planning information, where provided, is recorded in consumers’ care plans.

Consumers are satisfied they, and others they want to be involved, are active participants in planning their care and services.

A copy of the care plan is provided to the consumer once it is finalised.

Care is formally reviewed at regular intervals, as circumstances change and when incidents occur. Staff receive prompts from the electronic system to ensure consumer review dates are monitored and kept up to date. Care documentation showed regular reviews occur as scheduled and when the consumer’s circumstances, health or well-being changes.

# 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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers described their satisfaction with the personal and clinical care provided and said in different ways that it is safe and effective. Staff described ways they tailor care to the consumer’s individual needs to optimise the consumer’s health and wellbeing and deliver best practice care by following organisational policies and care directives.

Staff described the management of high prevalence risks and discussed individual care strategies implemented for consumers with wounds, needing medication management support and others experiencing falls. Staff also spoke to various prevention strategies implemented to minimise risks reoccurring.

Care documentation showed risks associated with the care and services of consumers, are identified and documented. Instructions to guide support workers in managing risks were consistent and tailored.

The service demonstrated that care and support is provided to consumers who have been referred for or are receiving palliative care services. Staff described processes to support the consumer at end of life and providing support to their family. Care plans evidenced staff connecting with and supporting consumers nearing end of life.

Care documentation, including progress notes reflected that changes in a consumer’s health or condition is recognised, reported, documented and appropriately actioned.

Information is appropriately communicated to others involved in the consumer’s care including their nominated representative, support workers and providers delivering specialist service such as wound management.

Various referrals are evident, including for podiatry, physiotherapy and occupational therapy.

Management oversee the referral process to ensure timely action is undertaken. Care documentation showed referrals made in response to an identified need, with corresponding reports and recommendations actioned accordingly.

The service demonstrated infection related risks are minimised. Staff and support workers confirmed they have had training in hand hygiene, infection control and support staff are supplied with personal protective equipment. Consumers and representatives are satisfied with measures staff undertake to protect consumers from the risk of infection.

Staff demonstrated efforts to minimise the unnecessary use of antibiotics in care delivery.

Management described strategies to minimise the spread of infection including staff vaccinations COVID-19 safety plans, mandatory training and staff health screening processes.

# 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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives expressed satisfaction with services and supports for daily living. Care documentation noted each consumer’s goals and provided strategies for the achievement of the goals and supporting the consumer’s independence and quality of life.

Staff and support workers described how they recognise and support consumers when they are feeling low including, being familiar with consumers and their needs and providing emotional support.

Care documentation shows emotional, spiritual and psychological support is provided as appropriate.

Consent having been given by the consumer, the service communicates with others involved in the delivery of care internally and externally to ensure services are well coordinated.

Consumers said they do not have to repeat instructions to different care staff. Staff said they have access to relevant information through an application on their phone.

Consumers and representatives said the service assists them to link into additional services to support their wellbeing.

Consumers receiving delivered meals are satisfied with the choice, quality and quantity on offer.

Support workers said equipment they use in the consumer’s home is in good working order and described the system for reporting any faults. Replacement equipment is provided promptly.

# 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 applicable |
| 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 applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard is not applicable as services are delivered in consumers’ homes.

# 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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives said they feel confident to provide feedback or make a complaint and feel safe raising concerns with staff if needed.

Consumers said they have been provided information about advocates and language services and representatives said they are aware of avenues for external compliant resolution.

Where consumers or representatives have complained they have been satisfied with the approach taken by the service in resolving the issue. Staff gave examples of apologising to consumers when things have gone wrong.

Management discussed how the transition to online complaints, compliments and feedback processes in 2022, has resulted in an improvement to recording consumers’ and representatives’ feedback by all staff. The organisation conducts 6-monthly consumer surveys to capture complaints and feedback. Management reported an upswing in the number of compliments received by the service. All feedback, including incidents, are regularly monitored and trended by the quality team, discussed with the senior leadership and reported at monthly governance meetings. Trends that identify additional staff training needs or other actions are implemented.

A review of the complaints register and plan for continuous notes a recent improvement in the rostering approach. Consumers now have a least two familiar support workers to ensure if the first support worker is absent than a second support worker can still deliver the service and the consumer is not inconvenienced by the service being cancelled.

# 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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives said staff attend when they are scheduled and are mostly consistent. Support workers said they have time to deliver the care required in the allocated time.

Staff discussed how they prioritise their workload to ensure safe and quality care occurs across their consumer caseload.

Consumers said staff are kind, caring and respectful of them as an individual.

Management advised that all staff are required to undertake training in professional boundaries. Position descriptions outline the standards and key competencies including staff attitude and personal qualities including kindness, patience and compassion. A diversity and inclusion policy and a code of conduct are in place to support staff understand the organisation’s commitment to respectful care and services.

The service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles.

Management described how workforce competency is assessed through qualification checks, induction processes, and through internal and external feedback and complaint processes. The service will regularly contact consumers for feedback, including calls to consumers after each new care worker shift, to determine the quality care and services.

The service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required by these Standards. Staff said they are satisfied with the support the service provides to equip them to carry out their roles and discussed their induction process and participation in mandatory training. Staff said they are able to access training and can provide suggestions on topics for the training calendar.

Management described how staff training needs are identified through, performance conversations, question and answer sessions and staff satisfaction surveys.

The service ensures, through its contractual arrangements, that staff from subcontracted organisations are provided with the same training as internal staff.

Management said 6-month probationary periods apply and demonstrated performance appraisals for all staff new and ongoing have been completed or are scheduled.

# 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 report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives are engaged in the evaluation, development, and delivery of their care and services through communication touchpoints including 6-monthly consumer surveys

Management advised the organisation will have a consumer advisory body established by the end of 2023.

All Board members have completed training to understanding their roles and responsibilities as they relate to governing bodies. Management discussed how Board members will ask questions to identify what is driving incident trends and will request additional updates and reports about corrective actions taken. Management described the Board as having a ‘hand’s on’ approach and Board members lead various projects important to the strategic direction of the service.

Board members are also engaged in the management of subcontractor requirements and regulatory and compliance requirements.

Effective governances systems support the Board in its decision making and driving quality care for consumers. Management are clear on their accountabilities and responsibilities across the various business streams.

The organisation’s governance framework includes an incident management system, a risk register, policies and procedures, internal and external auditing and reporting processes to enable the identification and control of risks.

Management discussed the introduction of the digital incident management system in 2022 to improve the functionality of incident reporting processes. Support workers can report and complete incident forms remotely. Incidents completed remotely are automatically escalated to appropriate delegate to ensure they are managed and entered into the incident register.

Support workers are provided with a 15-minute time off in lieu incentive when they submit an incident report. Management reported the strategy has been effective with an increasing number of incidents being recorded by staff.

The organisation has an effective a clinical governance framework which includes policies on antimicrobial stewardship, minimising the use 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)