**Performance**

**Report**

**1800 951 822**

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| Name of service: | Semsley PTY LTD T/A KompleteCare Community and Home Care Services |
| Service address: | Suite 5, 977 North East Road MODBURY SA 5092 |
| Commission ID: | 600583 |
| Home Service Provider: | KompleteCare Community and Home Care |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 14 March 2023 |
| Performance report date: | 10 April 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 Semsley PTY LTD T/A KompleteCare Community and Home Care Services (**the service**) has been prepared by A. Grant 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:**

* Semsley Pty Ltd T/A Senior Helpers Adelaide Northern Suburbs, 26888, Suite 5, 977 North East Road, MODBURY SA 5092

# Material relied on

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

* The assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **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 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. | **Not applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that 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. Consumers and representatives when interviewed by the Assessment Team confirmed they are provided with information that is timely, accurate and easy to understand. During interviews with the Assessment Team management and staff described how they provide verbal and written information and advised how they have consulted with consumer to support their understanding. Documentation analysed by the Assessment Team confirmed that consumers are consulted to aid their understanding of changes.

Most consumers and representatives when interviewed by the Assessment Team stated they receive regular monthly statements which accurately reflect and itemise the services they receive. Monthly statements analysed by the Assessment Team were easy to understand and documented the itemised services received. All consumers when interviewed by the Assessment Team described in various ways how their case managers are in regular contact with them and described in various ways how they are available to address their concerns.

The Assessment Team noted since the Assessment Contact conducted in September 2022, management and staff described how they have consulted with all consumers to inform them of the SCHADS changes and strategies to minimise fees. The Assessment Team analysed documentation which confirmed the services consultation process with consumers. Documentation analysed by the Assessment Team demonstrated the type of information discussed with consumers such as the two-hour minimum shift, breaks and travel time. Furthermore, it recorded discussions about how these changes may impact consumers services, and the strategies implemented to minimise fees such as utilising 'runs' or combining consumer services into one shift. The Assessment Team noted consumers acknowledgement of the changes were recorded, and the majority stated that they have no issues. Six of six consumers and/or representatives described how they were provided information regarding SCHADS changes by receiving a letter in the post. Consumers when interviewed by the Assessment Team stated that the service provided consultation on the two-hour minimum engagement period in person or over the phone.

During interviews with the Assessment Team management stated that no shifts are missed or cancelled. If a staff member is unable to attend, replacement staff are allocated to the shift if agreed to by the consumer. All consumers when interviewed by the Assessment Team confirmed that shifts are not cancelled, and on the odd occasion where the regular staff cannot attend, they are informed by the service and given the option of a replacement worker.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services.

During interviews with the Assessment Team management described how they have established new and enhanced existing reporting mechanisms throughout the organisation to ensure the organisation has oversight to ensure safe and effective services are being delivered.

Evidence analysed by the Assessment Team in addition to information collected from interviews with the management team showed:

* The service has monthly management meetings regarding finances, staffing, compliance, feedback and incidents.
* Information on complaints, feedback, incidents and the non-conformance register are analysed for each department and generate a report which is then reviewed at the monthly management meetings.
* Management advised they use this information to identify training needs for staff and for continuous improvement.
* Management advised they meet fortnightly with case managers and bi-monthly with team leaders to ensure all levels of the organisation are informed of challenges and achievements for the service.

During interviews with the Assessment Team management described the implementation of the SCHADS award, and how it affected consumers. Management advised how they identified consumers who were not happy with the changes to shifts after the implementation of the SCHADS award and management contacted them directly to resolve the concerns.

During interviews with the Assessment Team five consumers and/or their representatives described their satisfaction with the services being provided and were not affected negatively with changes the service made in regard to the implementation of SCHADS award.

The Assessment Team analysed various documentation that showed effective communication and reporting to ensure the organisation is accountable for the delivery of care and services. For example:

* Six monthly team leader meeting minutes were viewed by the Assessment Team, where the SCHADS and SIRS changes and information was discussed.
* Case manager meeting minutes from November 2022 and January 2023 include information around regulatory changes, feedback, incidents, continuous improvement and training.

The service demonstrated they promote a culture of safe, inclusive and quality care and have effective accountability for the delivery of care and services through various reporting mechanisms.

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