**Performance**

**Report**

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| Name: | Sensible Home Services |
| Commission ID: | 301103 |
| Address: | Unit 3, 271 Para Road, GREENSBOROUGH, Victoria, 3088 |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2024 to 4 March 2024 |
| Performance report date: | 27 March 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9775 Sensible Care Pty Ltd  
Service: 27778 Sensible Care Pty Ltd  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9998 SENSIBLE CARE PTY LTD  
Service: 27993 SENSIBLE CARE PTY LTD - Community and Home Support

**This performance report**

This performance report for Sensible Home Services (**the service**) has been prepared by Nicola 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 acknowledging the assessment team’s report received 22 March 2024.

# 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** |

# 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 | **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 | 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

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 confirmed they are treated with respect by staff at the service. Consumers also confirmed interviews were conducted by care managers at commencement with the service to capture culture, identity, current situation, and what is important to them. Care workers explained how they establish a relationship of trust with the consumers, and how this drives their ability to tailor the support required by each consumer. Care file documentation demonstrated cultural and carer gender preferences and management explained the allocation of the appropriate care worker is identified based on consumer request.

Care documentation shows evidence of the service asking each consumer about their relationships of significance, their needs, and preferences concerning their care and indicating who they wish to be involved in the consumer's care and decisions. Management explained the service adopts a well-being and reablement approach to assessment and intervention encouraging consumers to identify their own goals based on their needs, and preferences. The Assessment Team observed the service care recipient handbook provided to each consumer includes the Charter of Aged Care Rights and supports the choices of consumers in planning their HCP and/or CHSP funding as well as links to advocacy services and advance care planning resources.

Management explained that the consumer is at all times supported to make choices about the risks to themselves; any identified strategies are discussed and implemented with their consent. Care documentation demonstrated risks are identified and mitigating strategies developed in consultation with the consumer and representative. The Assessment Team noted that the service maintains a High Risk and Vulnerability Register which is monitored monthly.

Consumers confirmed they receive clear information in a timely manner as well as regular contact with care managers. Management described the distribution of information by sending emails, monthly invoices for services, and updates to consumers. Information is also communicated during face-to-face visits and check-in phone calls.

The care worker application is password protected and consumer information is visible only to those relevant to the shift allocated and cannot be stored on personal devices. The service has a Digital Safety Policy in place and there is evidence that staff training about dignity, respect, privacy, and confidentiality is conducted.

# 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

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 the initial and ongoing assessments were comprehensive and included the identification of risk. Management explained that care planning is completed at a face-to-face consultation in consumer homes with a service-specific assessment and care planning tool. Consumers are assigned a ‘risk and vulnerability’ score through a ‘risk and vulnerability’ assessment tool and are discussed at management team monthly quality meetings. This was supported by a representative account reflecting effective falls prevention measures have been implemented.

Care workers explained consumers’ goals, needs, and preferences are identified within the electronic care plan application accessed using their mobile telephones. Management explained discussion about future planning occurs at the initial assessment and relevant information is entered into the care plan. Further discussion about advance care planning is directed by the consumer and representative and usually occurs in consultation with the treating medical officer. An advance care directive policy and deterioration recognition and response are in place and staff training is delivered on relevant topics.

Management acknowledged care plans are fluid documents and are altered and changed as the client's care needs change. Input from allied health professionals, medical officers, and other healthcare professionals is included with recommendations and changes reflected in assessments. Service agreements and care plans reflected consumer preference about the types of care provided, frequency of visits, preferred times and days as well as preference for gender of support worker.

Consumers and representatives confirmed they receive a hard copy of the care plan following initial assessment and copies as updates occur. Care workers described how they access consumer up-to-date care plans via the electronic management system on their mobile phones. Referrals for reassessment occur as circumstances change or when a need is identified, a review of care documentation demonstrated changes in condition are escalated promptly for further assessment.

# 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

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 indicated personal and clinical care meets consumer needs. Identified risks are monitored by care managers and progress notes are reviewed daily to assess emerging change. Management explained consumers in high-risk categories are placed on a high-risk register and their care carefully supervised. Where high-impact high-prevalence risks are identified multi-disciplinary approach to consumer care is undertaken for safe care delivery.

Management explained consumers are encouraged to share advance care plans with the service which is stored electronically and noted on the care plan. Consumer care is monitored by palliative care nursing staff where needed and appropriate services and referrals were in place according to consumer wishes.

Care managers described how deterioration or change in consumer’s mental and/or physical condition is identified through the risk and vulnerability tool and daily clinical care escalation process. Management explained continuous contact is maintained with consumers and representatives where education is provided on recognising changes and signs of deterioration. This was supported by a representative account confirming their confidence in carers to be able to identify any deterioration in consumer condition or psychological well-being.

Care workers described how they access consumer care plans through a mobile telephone application. Care plans are updated as required with current versions available to support workers electronically and brokered services provided relevant information electronically. There was evidence of active communication with others, internally and externally, to ensure the provision of safe and effective personal and clinical care.

Consumers and representatives confirmed they are satisfied that when needed, the service initiates appropriate referrals, involves relevant external providers, and maintains communication throughout the process. The service has established brokered service providers to ensure the provision of diverse and skilled allied health and clinical care to meet consumer needs, goals, and preferences.

Care workers explained a health check is always completed before entering consumer homes for purposes of prevention the spread of infection. Management explained that staff are encouraged to create awareness with consumers and representatives in the use of and the risk of increasing resistance to antibiotics. Staff confirmed they comply with hand hygiene, vaccinations, and infection prevention and control training modules and discussed their use of personal protective equipment (PPE) such as masks and gloves.

# 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

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 confirmed the services they receive help them to maintain independence and quality of life. Care file documentation reflected individual care plans are developed in consultation with consumers and their representatives and reflect their individual and unique needs, goals, and preferences.

Care workers provided information on how they assist consumers to do the things they like or want to do. Management explained care workers are matched on background, language spoken, gender and cultural appropriateness. Care plans reflect clear directives to support consumers in achieving their goals.

Management indicated optimising consumer independence and social engagement is a high priority for the service and a social register is maintained including consumer preferences with matching social groups recorded. This was supported by evidence of arrangements to connect regional consumers with local social resources.

Care documentation demonstrated communication with others responsible for care, including representatives, staff and other services as appropriate, occurs with consumer consent. There was evidence of referrals to local multicultural groups supporting consumers to maintain connection with originating culture.

Care workers whose roles include light meal preparation confirmed they have completed a food handlers safety course and that they encourage consumer input and shopping requests. Consumers are able to access their choice of prepared meals through a meal delivery service which is partially funded through their HCP and/or CHSP with consumers contributing the balance.

Management confirmed equipment is recommended by allied health clinicians to ensure the product is suitable to meet the HCP and CHSP consumer needs. Consumers and representatives are responsible for reporting hazards, risks, or maintenance issues with equipment. Documentation confirmed processes for appropriate and timely referrals for assessment of equipment needs.

# 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

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 confirmed the service encourages them to provide feedback and raise complaints. They also confirmed when issues were raised the service has been prompt in addressing their concerns. Management described the multiple avenues available to provide feedback including completing their ‘have a say’ form, uploading feedback through the client portal in the service’s information system, phoning and emailing staff and completing surveys.

Care workers described referring consumers to the advocacy information included in the care recipient handbook, as well as resources such as interpreter services. The care recipient handbook and home care agreement include the aged care rights, complaints procedure and advocacy resource contact information.

Care workers provided examples of performing open disclosure, lodging complaints and creating tasks for management in the information system. Management described following up on all complaints and ensuring resolution is overseen for the consumer. A review of documentation demonstrated the service was taking appropriate action in response to complaints and has an open disclosure process.

Management explained they register and review all complaints and make continuous improvements in response to feedback. Documentation reviewed reflected continuous improvements made in response to consumer feedback provided to the Assessment team.

# 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

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.

Care workers and brokered support are rostered through dedicated staff, ensuring unallocated shifts are covered ahead of time. Management explained cancelled shift numbers are reported to the quality team and categorised for identification for the service’s continuous improvement planning. Recruitment and allocation of care workers is carried out according to consumer requirements and preference. The service also has a suite of policies and procedures to support consumer diversity and inclusion.

The service has dedicated human resource staff to review staff certifications, qualifications and police checks. For subcontracted services, compliance requirements are monitored by the quality team ensuring provider has the necessary qualifications or registrations, relevant insurance, and police checks.

All staff confirmed they had completed mandatory education including infection control, Serious Incident Response Scheme (SIRS) reporting, manual handling and workplace health and safety. The service provides additional training face to face and online modules sessions according to their roles and recognised staff training needs. The Assessment team reviewed position descriptions, training calendar and mandatory training completion records.

Consumers and representatives were satisfied with the performance of staff and feedback on staff performance was addressed by the service. Management said there is a 6-week intense monitoring system when staff commences including initial and regular planned check-ins with their consumers. Staff also participate in a bi-annual performance development review as per the service processes.

# 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

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 confirmed they are supported to contribute to how the service is run. They described being asked for feedback by the service during regular phone calls and reviews with the care managers and completing feedback forms and surveys. Reports including feedback, incidents and quality improvement audit results are completed three monthly and presented to the quality advisory committee. The committee reviews and analyses the data adjusting continuous improvement actions after consideration. There was evidence of review for consumers identified at risk with addition to a vulnerability register.

Care workers confirmed information is available to them to provide effective care with care plans available through the mobile telephone application and online portal. Home Care Package budgets are explained to consumers initially to support their understanding, and monthly statements include a simple breakdown followed by more detailed information.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. The service’s continuous improvement plan demonstrated such improvement actions. Unspent funds are reviewed monthly with excessive amounts considered by senior management.

The service maintains information regarding the currency of staff and brokered provider certifications. The Assessment Team reviewed information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through subscription to service industry advisory groups and regulatory newsletters. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services Plan for Continuous Improvement (PCI).

There are effective risk management systems and practices, as demonstrated by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an incident management system and an overarching reportable incident, accident and emergency policy and procedure which dictates that SIRS guidelines to be followed.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

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)