**Performance**

**Report**

**1800 951 822**

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| Name of service: | Sequel Home Based Care |
| Service address: | 40 Burgundy Street HEIDELBERG VIC 3084 |
| Commission ID: | 300899 |
| Home Service Provider: | Denmarlyn Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 19 June 2023 |
| Performance report date: | 28 July 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 Sequel Home Based Care (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:**

* Sequel Home Based Care, 26400, 40 Burgundy Street, HEIDELBERG VIC 3084

# Material relied on

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

* the assessment team’s report for the Assessment Contact; the Assessment Contact report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 1 July 2023

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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 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)(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

Requirement 2(3)(a)

This requirement was found non-compliant following a Quality Audit conducted in June 2022. The Provider was unable to demonstrate that consumer risks are consistently captured and documented in their assessment/s and care plan. The service has implemented several actions in response to the non-compliance identified at the Quality Audit in June 2022.

The Provider’s policy and compliance officer is responsible for ensuring care advisors conduct a formal risk assessment as and when a risk is identified. Management said the service has recently employed a new internal registered nurse care advisor. Their role is to undertake case management of consumers and ensure risk assessments are conducted, where applicable and matters are transposed into the consumers care plan. Management said the service undertakes weekly consumer case management meetings with staff.

The Assessment Team reviewed the Provider’s risk related documentation and noted the consumer admission and on-going assessment include the identification of the risk to the consumer. The service utilises environment, medical and psychosocial assessments to determine the level of risk. Referrals to other service Providers are undertaken, as required. Where a risk is identified, the consumer is placed on the risk register. The Provider also operates a separate vulnerable consumer risk register. The care plans of 4 Consumers and it was noted that the care planning and progress notes had identified a number of risks with strategies being implemented to minimise those risks to ensure the health and well-being of the consumer.

Requirement 2(3)(e)

The Provider described the how services have been enhanced to review and re-assess Consumer’s needs. This includes where a change has occurred in a consumer’s care and service needs and preferences are identified. Staff will then attend the consumers home to conduct a review assessment. Where there has been an upgrade in the consumer HCP level has been identified the consumer is referred through the MAC portal. When approved, care and services, as well as documentation and rostering, are adjusted to meet the consumers newly identified needs. The Provider states and documentation confirmed the Provider conducts internal audits on a routine basis to ensure staff are adhering to processes and procedures. Monitoring and discussions regarding individual consumers occur on a weekly basis.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with the requirements 2(3)(a) and 2(3)(e)

The overall rating for the Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, two requirements that were previously non-compliant have now been assessed as compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This requirement was found non-compliant following a Quality Audit conducted in June 2022. The Provider was unable to demonstrate consumer feedback and complaints are used to improve the quality of care and services. Feedback from consumers and representatives were noted to be contained in consumer progress notes although not transposed into the complaints register. In addressing the non-compliances the Provider said and documentation confirmed staff have been reminded, at meetings and with compliments and complaints being standing agenda items. The Provider has a process to record consumer feedback and complaints including ringing the office to ensure matters are followed up by the care manager. A new electronic documentation system is expected to develop reports regarding feedback and complaint trends, as well as outcomes. The Assessment Team reviewed the service complaints and compliments register and noted complaint details, response and action taken and outcome. All matters were observed to be completed in a timely manner.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with requirement 6(3)(d)

The overall rating for the Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, one requirement that was previously identified non-compliant has now been assessed as compliant.

# Standard 7

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| Human resources | | HCP |
| 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

Requirement 7(3)(d)

This requirement was found non-compliant following a Quality Audit conducted in June 2022. As a result of the previous non-compliance the Provider has made training a standing agenda item at staff meetings. The Assessment Team review 3 examples of staff meeting minutes and noted discussions regarding training for Standard 3 with associated Personal and clinical care, occupational health and safety and compliance with policies and procedures. The Provider has confirmed the service has recommenced staff training (post COVID-19) and have established recording their participation.

Requirement 7(3)(e)

During the audit Assessment Team formed the view that the Provider was unable to demonstrate evidence of sub-contractor/brokered service review or performance. The Provider was unable to provide evidence it monitored the work of a nursing service that had been subcontracted to provide services to consumers.

Response to Assessment Team report

In its response to the Assessment Team’s report the Provider stated that Sequel management (Managing Director, General Manager and Policy and Compliance Officer) misunderstood the question posed by the assessor hence the answer was ‘no’ to the external provider monitoring. Sequel ensures that external providers meet both regulatory requirements and Code of Conduct whilst delivering care and support. On reading the report we would like to rectify our response, Sequel manages and monitors yearly contracts, insurances, police certification etc of all our external providers regularly. In addition regular auditing is undertaken of the providers for their timeliness of their service provision, quality of the assessments and reports, and the consumer satisfaction. Risk assessments are conducted by the Care Advisors and any identified risks are communicated to the providers whilst referring. Regular communication is held with the external providers for consumers on the Clinical Risk Register to gain information around the treatment and management of the clinical risks.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with requirements 7(3)(d) & 7(3)(e).

The overall rating for the Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, two requirements that were previously non-compliant have now been assessed as compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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)(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

This requirement was found non-compliant following a Quality Audit conducted in June 2022. The service was unable to demonstrate effective organisation wide governance systems. In particular policies were not always adhered to by staff. Staff were not adequately equipped, trained, monitored, or reviewed. Not all staff had a current Police certificate.

Requirement 8(3)(c)

The Assessment Team reports that although the Provider has implemented several actions since the audit in June 2022 it has not ensured that all staff have current Police certification. The Assessment Team reviewed the Provider’s Australian Police certificate register and noted one staff members (responsible for rostering support workers), police certificate is currently pending. The Assessment Team requested evidence of processes and procedures to support the identification of staff who have been a citizen or resident of a country, over the age of 16 years and their subsequent completion of a statutory declaration, where applicable. The Provider supplied 2 copies of completed statutory declarations, although one was signed on 19 June 2023 and the second was signed on 20 June 2023 and therefore not at the time of staff employment, as is the service policy. In addition, the statutory declaration used is not the most recent version and does not reflect citizenship/residency requirements. Further to this, the assessment, monitoring and review of subcontracted/brokered services is not in place.

Response to Assessment Team report

The police check that is due for the service coordinator has been pending with the Department of Home Affairs and a lawyer is involved to assist her as the department database is not an updated one and is not identifying her residency when applied for a police check last. The staff has had regular police checks for all the years she has been employed with Sequel Home Care with no difficulties, it is only now the police check has been problematic. The staff member has been residing in Australia for past 40 years and employed with Sequel Home Care for up to 20 years with no criminal record whatsoever, hence, to assure the Commission of the reliability and authenticity of the staff the Statutory Declaration was completed on the 20/06/2023.

As most of the allied health providers are AHPRA registered, it is Sequel’s knowledge that qualification and police checks for the professionals is not required. This information has been sourced from the HCP Program Assurance Community of Practice.

Requirement 8(3)(e)

As a result of the Audit conducted in September 2002 it was determined that the Provider was not able to demonstrate an effective clinical governance framework, including oversight of clinical data, restraint and open disclosure. The Assessment Team noted that the Provider has implemented a process for gathering clinical data for review by senior managers. The Provider has a risk register that is used to record and monitor consumers who have sustained wounds or infections. In addition to this, progress notes from nursing services are recorded in the register.

Analysis

It is clear from the Provider’s response that it is aware of its responsibilities in relation to regulatory compliance and the need to ensure that all of its workforce has a current Police Certification. I note that the non-compliance relates to one staff member who did not have a current Police certificate and is involved in office based administrative work and does not come into contact with consumers in their homes. I further note that the support worker in question had applied for a Police certification but due to delays in the process it had not arrived.

It is also noted that the Provider had the support worker complete a statutory declaration as required under the terms of the Home Care Packages Program Operational Manual which states ‘if the person has been, at any time after turning 16, a citizen or permanent resident of a country other than Australia—the person has made a statutory declaration stating that the person has never been convicted of murder or sexual assault or convicted or imprisoned for any other form of assault. Whilst the support worker waits for their Police certificate, unfortunately the statutory declaration was in the wrong format.

The Guidance and Resources for Providers to support Aged Care Quality Standards (the Guidance) states that the Intent of this requirement is that Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

Specifically, the Guidance states that compliance with the sub-requirement of Regulatory Compliance the Provider must have systems and process to make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. This requirement doesn’t measure how an organisation complies with other legislative frameworks but provides an understanding of whether the organisation itself undertakes this task.

For the Provider to comply with this requirement it must demonstrated that it has systems in place to ensure that it meets its regulatory compliance obligations. I am of the view that the Provider does have systems in place to ensure compliance with this sub-requirement.

Therefore, having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with requirements 8(3)(c) & 8(3)(e)

The overall rating for the Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, two requirements that were previously non-complaint have now been assessed as compliant.

1. The preparation of the performance report is in accordance with section 68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)