**Performance**

**Report**

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| Name: | SereneCare Home Services |
| Commission ID: | 301122 |
| Address: | Suite 1A BRUDI, 420 Victoria Street, BRUNSWICK, Victoria, 3056 |
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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: 9863 SereneCare Pty Ltd  
Service: 27824 SereneCare

**This performance report**

This performance report for SereneCare 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.

# 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.

Consumer documentation reflected inquiries are undertaken to determine consumer culture, identity, current situation and what is important to them. Support staff explained how they approach each consumer and provided examples of the ways they manage potentially challenging circumstances while respecting the individual.

Management explained clear communication both verbal and written can be provided in a language of choice and, where needed, the assistance of interpreters is available. Consumers are supported with the opportunity to request for a male or female care worker and/or one who speaks a language of their choice and care file documentation generally demonstrated the service is enquiring about consumer culture.

Support staff gave examples of ways they support consumers with choice and independence such as listening to consumers, providing information about options, and respecting the way they want things done. The Assessment Team noted an example of a consumer who had requested additional support through the home care package which was actioned by a review with the care manager.

Consumer file documentation demonstrated individual consumer risks and vulnerabilities were recorded. Support staff and management described how the service takes reasonable care to avoid risks without limiting the ability of consumers to make choices regarding how they wish to live their lives. This was supported by a consumer example of changes to driving capacity and alterations to care planning and monitoring of activities.

Consumers and representatives 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. Management explained that they often provide consumers with additional information, brochures, and face to face discussions, to ensure consumers clearly understand their service agreements and services they require. The Assessment Team noted a representative account which reflected their satisfaction and the encouragement to contact the care manager with any issues.

Management explained the two-factor authentication login process for staff to access the electronic health information system and advised staff and support workers do not have access to any personal information until they have completed mandatory training and uploaded onboarding documentation.

# 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.

Consumers and representatives confirmed they were satisfied the initial assessment consultation considered their health and wellbeing and care managers demonstrated an understanding of consumer health and potential risks. Management described a comprehensive assessment and care planning process with initial assessments conducted by a case manager and discussion with consumers. A registered nurse is available to preform clinical assessments and allied health input is utilised to assess the home environment in relation to safety and mobility devices. Risks are discussed with consumers and strategies for risk mitigation are implemented, supported by the service’s risk and vulnerability tool, and documented within the service’s risk register.

Care documentation reviewed evidenced that consumer care plans are reflective of current needs. The service’s care managers and diversional therapist provide support to consumers wishing to discuss advanced care preferences. The Assessment Team noted the inconsistent method of capturing or accessing advanced care directives, on feedback management added a related action to the Plan for Continuous Improvement (PCI).

Consumers and representatives confirmed they were involved in the assessment and care planning process with their choices considered. Service delivery reflected the consumer’s preference in relation to the types of service, times that suited, gender of carers, and the relationships they wish to maintain. This was confirmed by a representative account of the level of involvement in aspects of assessment, planning and review according to consumer wishes.

Consumer documentation showed all consumer care plans were signed by the consumer and a copy had been provided to them. Support workers described how they can access consumer information through the mobile telephone application that has the detailed service request clearly communicated.

A review of documentation reflected changes to care plans following hospital admissions and in response to altered care needs. There is a structured and consistent process for consumer contact timelines consisting of regular contact and discussion of care plans, care manager visiting schedules, and a minimum annual reassessment to be completed. Where changes to circumstances, goals or preferences were identified the Assessment Team observed referrals for reassessment, care manager visits and care planning scheduling changes were conducted as appropriate.

# 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 confirmed their overall satisfaction with the personal and/or clinical care. Clinical staff described a best practice approach to care delivery that is tailored to consumer needs to optimise health and well-being. A review of care documentation demonstrated file notes, allied health reports, and welfare checks reflect the service monitors personal and clinical care delivery. Where complex care requirements are identified assessment processes and referrals to nursing and specialists occur with follow up alerts set in the electronic health information system. The Assessment Team noted an example of where consumer needs had been individualised to maintain independence and referrals made to increase access to additional funding to allow for an increase in care.

Care managers explained a home and environmental risk check is performed at the initial meeting with consumers and an occupational therapist is often engaged to assist with assessments. Where a clinical risk is identified, a registered nurse is assigned to perform a risk assessment using a validated risk assessment tool. Management described how the service is utilising a risk and vulnerability tool to assist with identifying consumers most at risk in areas such as medical health, psychological and physical function, social isolation, unplanned weight loss, as well as falls and medications.

Access to palliative services is in place through a brokered arrangement and in consultation with the medical practitioner, representatives, and family members. Management and clinical staff described how they address and action any consumer change or deterioration usually reported by phone and then recorded onto the electronic health management system. This was supported by an example of identified weight loss and interventions implemented through escalation by the support worker and follow up visits to assist with increased intake.

Consumers and representatives expressed satisfaction that consumer condition, needs and preferences are communicated within the organisation and with others where care is shared. The Assessment Team reviewed the electronic health information management system and noted information provided by other providers such as occupational therapists and physiotherapists is consistent between reports and care plans. Information is available to brokered support workers which they confirmed was clearly communicated and included information relevant to consumer requirements and relevant alerts.

Care managers demonstrated an understanding of referral networks and described internal and external referral processes including to medical practitioners, nursing services, podiatry, occupational therapy, and, when indicated, palliative care providers. With the consumer’s consent, the service liaises on their behalf to advocate and prioritise care assessments for their consumers requiring home care package upgrades.

The service maintains an infection register that records consumer infections allowing care managers to monitor and discuss increasing care and support as well as using it to identify consumers who may be at risk of recurrent infections and alter care plans accordingly. Management confirmed mandatory infection control training is provided and staff described their understating of Personal Protective Equipment (PPE) use.

# 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. | Not Assessed |

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 that the services received help consumers to maintain their quality of life and independence. Support workers described the various domestic and community activities and outings that were most important to consumers. Documentation such as recommendations, exercise programs and care plans provide clear directives to consumers to support them achieve the goals that were established during the initial assessment and reviews.

Care managers and support workers described how they provide reassurance to consumers and monitor and assess their mood if known to experience low moods and/or anxiety. The Assessment Team noted a consumer example where access to allied health support following a period of bereavement had assisted with setting of personalised goals, emotional support and purchase of additional equipment.

Care planning documentation recorded personal relationships of importance and evidenced consumers are supported with access to transport options to attend scheduled appointments and activities. Consumers have access to a diversional therapist and were described as having strong ties to the community. Support workers were aware of individual consumer lifestyles and preferences which inform the basis of the care plan and focus on consumer capability and engagement.

External service provider reports, communication and recommendations are discussed with the consumer and recorded in care planning documentation. The service utilises diversional therapy resources to assist with coordinating services and activities for consumers. There is a systematic assessment which covers consumer cognition, physical function, sensory, socioeconomic, cultural, and spiritual considerations.

Consumers receive assistance from the service to source their choice of prepared meals with partial funding through the home care package. Consumer file documentation detailed food allergies, dietary requirements and preferences for light meals or snacks prepared by support workers.

# 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 does not provide 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 confirmed they have been provided with information on complaints processes and are provided with opportunities to provide feedback. The Assessment Team reviewed a consumer handbook which contained encouragement for consumers and representatives to provide feedback, along with a feedback form and the contact number for the service.

The consumer handbook provides information on the Aged Care Quality and Safety Commission, advocacy, and how to access an interpreter. Most consumers and representatives were satisfied with actions taken in response to their complaints. There was evidence of open disclosure use and resolution of concerns. Where there was dissatisfaction with an outcome there was adequate evidence of attempts to come to a mutual agreement within the parameters of the home care package provisions.

Consumers and representatives described positive changes made to their services following complaints, and management provided examples of broader improvements arising from consumer feedback. Management explained when conducting regular reviews of their brokered providers, they review complaints and may increase the frequency of review if a high number of complaints have been received. The Assessment Team noted evidence of where requests were made for staffing alterations from brokered services where negative feedback had been received.

# 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 current staffing challenges and how vacant shifts are filled. They ensure staff will be available when taking on new consumers as well as strategic planning to assist with the recruitment of their own staff. If approached by a new consumer with higher level needs, management communicate clearly that the provision of care will commence gradually. They may also talk with a brokered service with which they have a particularly strong relationship, to check if they can provide support workers. Skill mix is considered with future staff recruitment while ensuring care managers retain clinical qualifications.

The Assessment Team’s review of scheduled shifts demonstrated only 3 cancelled shifts where alternatives such as a different worker or rescheduling were not offered.

While some indicated they had had negative experiences with previous brokered support workers, these consumers said that after providing feedback to the service these issues were quickly rectified. Where relevant consumers or representatives indicated staff are respectful of consumer culture and diversity.

Management outlined recruitment processes and requirements used to ensure staff are competent and appropriately qualified. Staff competency is assessed via interview questions, referee checks, induction, and ongoing supervision and performance review. There is a new employee induction checklist which included information of incident reporting, mandatory training, continuous improvement procedures, and probationary review. The service maintains agreements with brokered providers to ensure the staff allocated to consumers have appropriate qualifications and skills.

Management and staff confirmed staff are provided with training in key areas, and targeted training is provided when needed. The agreements maintained with brokered providers were observed by the Assessment Team to require that brokered staff are trained in specific areas. Mandatory and recommended training is provided, and additional staff training needs are identified during supervision, probationary review, and via ongoing informal discussion. Each staff member is allocated a budget to support them in accessing training.

The service’s training records show mandatory training includes first aid, manual handling, infection prevention and control, elder abuse, Serious Incident Response Scheme (SIRS) reporting, incident management, and the Aged Care Code of Conduct. There is a formalised appraisal schedule in place and evidence of brokered support worker participation in an appraisal process.

# 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.

Consumers and representatives confirmed they could provide feedback regarding their care and services and influence care delivery. While consumers could not identify how they have input into broader service development matters, examples of consumer engagement were identified with review of diversional therapy brochure and newsletter contributions.

There is an established Board who take responsibility for monitoring and ensuring the quality and safety of care and services. The Board forms the service’s risk and clinical governance committee who meet fortnightly but are also actively involved in the day-to-day running of the service. Safety and quality matters such as incidents, feedback, and issues with brokered providers have been discussed at Board meetings but are not always included in minutes. The service identified that the Board’s focus has been more strategic to date, following discussion with the Assessment Team, management added to the service’s PCI standing agenda items will be added, specifically risks, incidents, complaints, and compliments.

Information systems are effective to facilitate access to consumer information permanent and brokered staff need without difficulty. Consumers are provided guides on how to read their budgets and statements and interpreters are available as required.

Continuous improvement is driven by consumer feedback, regulatory and legislative changes, and incidents. Management explained that unwitnessed falls have been identified as the most frequently occurring incident for consumers of the service, and that they plan to review policy and processes in this area.

Management demonstrated a sound awareness of consumers of the service with significant unspent Home Care Package funds and work with consumers to ensure they receive services appropriate to their needs.

The service maintains information regarding the currency of staff and brokered provider certifications, including but not limited to insurances, police checks, driver's licence checks, and service agreements. Updates regarding regulatory and legislative changes were observed to be contained within consumer newsletters, director’s reports, Board meeting minutes, and team meeting minutes.

The service has an incident management system and an overarching incident management policy which includes guidance regarding reportable serious incidents. The service also has an elder abuse prevention and response policy to guide staff. Management advised all incident reports are automatically assigned to both executive directors within the online health information management system, which prompts investigation and response.

The Assessment Team noted that the clinical governance framework is under development, however there is a clinical governance policy and a general governance policy which broadly outline the service’s commitment to providing quality care and services, roles and responsibilities. The service has policies in relation to restrictive practice and open disclosure. While management acknowledged the service does not currently have policies or processes in place in relation to antimicrobial stewardship, its directly employed staff do not provide clinical care (including medication administration), and management committed to action in this area during the Quality Audit.

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)