**Performance**

**Report**

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| Name: | Southern Metro Care Packages Project |
| Commission ID: | 300074 |
| Address: | 16 Anzed Court, MULGRAVE, Victoria, 3170 |
| Activity type: | Quality Audit |
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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: 1245 Fronditha Care  
Service: 18784 Eastern Metro Care Packages Project  
Service: 18886 Northern Metro Care Packages Project  
Service: 18954 Southern Metro Care Packages Project  
Service: 19046 Western Metro Care Packages Project  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8757 Fronditha Care  
Service: 27737 Fronditha Care - Care Relationships and Carer Support  
Service: 25964 Fronditha Care - Community and Home Support

**This performance report**

This performance report for Southern Metro Care Packages Project (**the service**) has been prepared by P. Sherin, 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 | **Compliant** |
| **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 | **Compliant** |
| **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

Consumers and representatives consistently reported they feel valued and respected by staff. Staff described how they ensure consumers feel respected and treated as individuals, and how they tailor care and services to meet each consumer’s specific background and cultural needs. Policies, procedures, and training are available to guide staff practice on consumer dignity, respect, and cultural diversity.

Consumers and representatives described how the service provides care and services that are culturally safe. The service caters to many consumers from a Greek background and engages Greek staff who understand the language and heritage to enable the delivery of care in a culturally safe way. Management advised all staff receive cultural diversity training, and a consumer’s cultural background and preferences are considered when allocating staff to provide care and services to them.

Consumers and representatives confirmed the service makes it easy for consumers to exercise choice and maintain their independence. Staff described how assessments and other documentation are used to record consumers’ choices and to gain consent where others are involved in decisions about their care. Management described methods used to communicate information regarding any changes to care or services to the consumer and those involved in decisions regarding their care.

Consumers and representatives described how consumers receive support to continue living the best life they can and to engage in activities of interest to them. Staff and management described support and assistance measures used to ensure consumer safety, including the involvement of occupational therapists for equipment recommendations to enable consumers to engage in activities of risk. Review of assessment and care planning documentation identified this occurs.

Consumers and representatives described various information materials consumers receive, said the information is easy to understand, and staff explain things to them if needed. As the service caters predominantly to Greek consumers, the service’s information pack and other materials such as menu and activities calendar are provided in both English and Greek languages. Review of various information material demonstrated information provided is easy to understand and enables consumers to exercise choice.

Consumers and representatives said they felt staff respect consumers’ privacy and keep their personal information private and confidential. Staff provided examples of how they ensure consumer privacy and confidentiality such as by using password-protected electronic systems, locking computers when not in use, and not discussing consumers’ personal information with those not involved in their care.

# 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

Consumers and representatives said staff take the time to understand how to support consumers’ health and wellbeing needs, including any risks. Staff demonstrated an understanding of assessment and care planning processes and the identification of risks. Care planning documentation evidenced the use of risk and assessment tools in relation to consumers’ individual needs.

Consumers and representatives said assessment and planning identified their current needs, goals, and preferences and recalled receiving information and being involved in discussions on end-of-life planning. Staff demonstrated an understanding of individual consumers’ needs and preferences and described how the service conducts family briefing meetings where end-of-life planning is discussed. Care documentation evidenced consumers’ current needs and goals for service delivery. Information on advanced care planning is included in information packs.

The service demonstrated assessment and planning is in partnership with the consumer and others they wish to involve. Consumers and representatives spoke of the interaction and liaison between the care advisors, support staff and others they choose to involve in their care decisions. Review of care documentation confirmed this involvement.

Consumers and representatives said they are familiar with the outcomes of assessment and planning and receive a copy of the care plan or have this available within the consumer’s home. Staff described how they access care and service information via a mobile application, and where additional information is required, they can obtain this via telephone conversations with the service, or by speaking to the consumer and their family directly. Review of documentation identified current and updated care plans are available.

Consumers and representatives expressed their satisfaction with review and reassessment processes at the service. Management advised, and documentation identified, yearly scheduled reviews for all consumers and an update of care plans when circumstances change, or an incident occurs for the consumer.

# 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

Consumers and representatives expressed their satisfaction with the personal and clinical care consumers receive. Staff demonstrated knowledge of individual consumers’ care needs and described strategies to support their health and wellbeing.

Consumers and representatives confirmed risks associated with the consumer’s care are effectively managed. Documentation identified risks to consumers are appropriately assessed and interventions implemented to manage and mitigate these risks. Staff were aware of risks to individual consumers and strategies to manage the risks. Incident registers are in place for management to monitor and respond to high impact or high prevalent risks such as falls.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed. Consumers and representatives expressed their confidence in the service meeting increased care needs if required. Policies and procedures are in place to guide staff in caring for consumers nearing the end of life and to access palliative care providers if required.

Consumers’ representatives expressed confidence in staff identifying and responding to deterioration or changes in consumers’ health and condition. Staff demonstrated knowledge of their responsibilities related to reporting, documenting, and escalating consumer deterioration or changes in wellbeing. Care documentation reflected changes in a consumer’s health or condition are recognised and actioned in a timely manner.

Consumers and representatives said the consumer’s condition, needs, and preferences are communicated within the organisation and with others where care is shared. Staff described ways they receive information related to individual consumers such as through the service’s electronic systems and confirmed information provided is adequate to undertake their duties.

Staff demonstrated an understanding of the referral networks and described referral processes to a range of service providers including allied health professionals. Care documentation showed timely referrals made in response to an identified need, with corresponding reports and recommendations.

The service demonstrated the minimisation of infection related risks through implementing infection control precautions and to reduce the risk of increasing resistance to antibiotics. Staff receive training in infection control, use of personal protective equipment, and hand hygiene protocols. Infection prevention and control policies and procedures are available to guide staff practice.

# 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

Consumers and representatives expressed satisfaction with services and supports for daily living provided by the service. Staff described how they assist consumers to do the things they want to do. Care documentation evidenced clear directives to support staff in assisting consumers as per their needs, goals, and preferences.

Staff described how they support consumers when they are feeling low such as by providing emotional support, encouraging consumers to talk, or to take a walk outdoors. Care documentation identified emotional, spiritual, and psychological support is provided by staff as appropriate.

Consumers and representatives advised that consumers are assisted to participate in the community, go out for coffee, shopping, or engage in activities that they like. Care documentation includes information on consumers’ individual interests, support needs and preferences to guide service delivery.

Staff described how current information about each consumer is shared through verbal updates, emails, telephone calls, and digital applications and how they notify the service when changes occur. Care documentation showed the service communicates with others internally and externally to ensure services are well coordinated.

Staff demonstrated knowledge of the process to make referrals for consumers to a range of services and supports for daily living. Care documentation showed examples of referrals being actioned as required such as allied health services, carer support networks, and personal safety alarm providers.

Consumers and representatives provided positive feedback about meals and said they have input into the kind of food the consumer wants to eat. Consumers reported enjoying the meals received at the social support group and said the meals met their dietary needs and preferences. Care documentation identified individual consumers’ dietary needs including allergies. Staff assisting consumers with meal preparation at their homes undertake food safety training.

The service demonstrated where equipment is provided, it is safe and suitable to meet the consumers’ needs. Consumers and representatives advised consumers are provided with required equipment after an assessment with an allied health professional. Review of care documentation confirmed the provision of necessary equipment occurs after appropriate assessments. Staff undertake responsibility for cleaning equipment and notifying the service if maintenance is required.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers and representatives said the service environments where they attend social support groups have a welcoming environment, is supportive of all consumers, and gives them a sense of belonging. Staff working in social support groups described the ways they ensure the environment encourages consumer independence, interaction, and function.

Consumers and representatives were satisfied with the safety, cleanliness, and comfort of service environments they attend, and confirmed they can move freely indoors and outdoors. Staff described how they encourage consumers to navigate safely and ways they maintain the cleanliness of the environment. Staff working with social support groups have received training in first aid and food safety and are able to respond in case of an emergency.

Consumers and representatives expressed satisfaction with the suitability, cleanliness, and maintenance of furniture, fittings, and equipment. Staff described the maintenance and cleaning processes in place to ensure furniture and fittings meet consumers’ needs. Observations of furniture, fittings, and equipment showed these were kept safe, clean, and well maintained.

# 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

Consumers and representatives said they were aware of how to provide feedback and complaints and feel comfortable to do so. Staff and management described how they encourage consumers and representatives to submit feedback, suggestions, and complaints such as via feedback forms, email, using a digital application, or verbally to staff.

Consumers and representatives confirmed they receive information on accessing advocacy, language services, and external complaints mechanisms via information packs available in both English and Greek languages. Most staff employed by the service are from a Greek speaking background which assists in catering to the service’s Greek consumers. Management described how consumers and representatives have the option to use a digital application which enables access to advocacy and complaints services.

The service demonstrated, and consumers and representatives confirmed, appropriate action is taken in response to complaints and open disclosure is used when things go wrong. An electronic complaints register is used to document all feedback and complaints. Review of documentation identified details of each complaint, actions taken to respond, and resolution in a timely manner. Staff demonstrated knowledge of complaints handling and open disclosure.

Management provided examples of improvements made in response to feedback and complaints to improve the delivery of care and services. Consumers and representatives expressed confidence in the service making improvements in response to their feedback and complaints.

# 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

Consumers and representatives were satisfied with staff availability to deliver quality care and services. Staff said they have sufficient time to complete required tasks. Management advised whilst current staff numbers are adequate, additional recruitment is undertaken to ensure staffing levels are appropriate to ensure continuous delivery of care and services. The service has workforce planning policies and procedures.

Consumers and representatives said staff are kind, caring, and respectful of consumers’ culture and diversity. Staff described how they treat each consumer as an individual and show respect and understanding of their individual needs and diversity. A code of conduct policy is available to guide staff practice and staff receive cultural awareness training.

Consumers and representatives said staff are competent and know what they are doing. Staff explained how they have the qualifications, skills, and knowledge to confidently perform their roles and said there is organisational support such as in the form of buddy shifts for new staff to learn their roles. Position descriptions are available documenting the qualifications and competencies required for each role. Management described processes in place for recruitment, oversight of subcontractors, staff induction, monitoring of staff qualifications and compliance checks.

Staff were satisfied with the training and support they receive on induction and on an ongoing basis to equip them to perform their roles. Training needs are identified through feedback and complaints, regulatory changes, and learning and development discussions. Management oversees compliance with mandatory training via regular reporting. Review of training records identified staff receive training on a range of topics.

Consumers and representatives said they were satisfied with staff performance. Staff confirmed they participate in probationary reviews and annual appraisals with their supervisor. Management advised staff performance is monitored through various ways including review of consumer feedback, complaints, incidents, and regular performance conversations. Review of documentation identified staff supervision and performance management occurs.

# 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

Consumers and representatives said they feel confident they can provide feedback and suggestions which are taken into consideration by the service. Management described various ways the service engages consumers and representatives in the development and evaluation of care and services such as via surveys, feedback and complaints mechanisms, and the introduction of a community engagement committee.

Management described how the governing body maintains oversight of service delivery and guides strategic planning to improve outcomes for consumers. The Board engages in regular meetings and reviews reporting which includes but is not limited to information on audits, feedback and complaints, clinical trends, and incidents.

The service demonstrated effective organisational wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

Continuous improvement opportunities are identified through various mechanisms and a continuous improvement register used to document and implement improvements.

The organisation has effective risk management systems and practices to manage high impact and high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life, and to manage and prevent incidents.

There are risk mitigation strategies, guidelines, and staff education to manage high impact and high prevalence risks. Staff receive training on incident reporting and management. The service maintains an incident management register and trends are analysed by the clinical governance committee and reported to the Board.

The organisation’s clinical governance framework guides best practice care delivery and establishes roles and responsibilities to manage the oversight of clinical care. Policies and procedures are available to guide staff practice in relation to infection control and antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff were aware of these policies and described their application as relevant to their roles.

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)