**Performance**

**Report**

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| Name: | SRS Home Care |
| Commission ID: | 301028 |
| Address: | 877 Fifteenth Street, MILDURA, Victoria, 3500 |
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| Performance report date: | 23 January 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: 2591 Sunraysia Residential Services Inc  
Service: 27394 SRS Creative Futures

**This performance report**

This performance report for SRS Home Care (**the service**) has been prepared by M Glenn, 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 consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 11 January 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2 requirement (3)(a)**

* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.

# 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

All consumers and representatives interviewed said consumers are treated with dignity and respect, and their identity and diversity are valued. They also said staff understand consumers and their cultural needs and deliver care and services with this in mind. Detailed consumer background information and service preferences are obtained from consumers during entry processes. This information is available to care staff, enabling them to become familiar with consumers’ identity, culture and diversity. This familiarity is further enhanced by providing the same care staff to the same consumers. Care staff are familiar with consumers’ backgrounds, needs and preferences, stating they work with the same consumers each week and get to know them well so they can deliver care and services personalised to each consumer. Staff also demonstrated an understanding of consumers' cultural background and described how they ensured care and services reflect consumers’ cultural needs and diversity.

Each consumer is supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions. Care staff said many consumers have preferences relating to the way care and services are delivered and confirm they accommodate these preferences. Consumers and representatives said they are involved in making decisions about the services consumers receive and said the service supports consumers’ choice, including provision of equipment, time and date of services, as well as package management.

Consumers and representatives said the service supports consumers to do the things they want to do safely. Where consumers are identified as undertaking activities which include an element of risk, a client risk screening tool is completed in consultation with consumers and/or representatives. The tool assists to identify risks and strategies to mitigate risks and is mutually signed and dated by the consumer/their representative and a manager. The tool is completed for all new consumers, as part of the annual review, post incident, and in the event of relocation/transition. The service communicates regularly with consumers who take risks in order to check on their safety and provide information to ensure consumers make informed choices.

Information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers described how the service communicates with them over the phone and face-to-face in relation to what is happening at the service, and said monthly statements are accurate and easy to understand. There are processes to ensure consumers’ privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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. | Not 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

The Quality Standard is assessed as non-compliant as one of the five requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(a) not met.

Requirement (3)(a)

The assessment team found assessment and planning did not include consideration of risks to each consumer’s health and well-being to inform safe delivery of care and services. For two consumers, assessment and planning have not been completed in relation to their identified needs, including continence and falls, and potential risks relating to these areas has not been considered, nor mitigating strategies developed or included in care plans. For one consumer, a continence assessment dated May 2023 undertaken by an external provider identified a risk associated skin integrity, however, no related strategies have been developed or planned for. Staff are aware of the consumer’s continence care requirements, including management of skin and the environment. Another consumer is prescribed medication which can affect balance and potential for falls. An assessment to identify the consumer’s risk of falls has not been completed nor strategies developed to address the potential falls risk.

The provider’s response acknowledged the assessment team’s recommendation. The provider recognises the need to include validated assessment tools and is currently researching tools to implement into client assessment and planning stages to provide documentation to support best practice for consumers.

I acknowledge the provider’s response. However, I find requirement (3)(a) non-compliant as not all relevant risks to the safety, health and well-being of consumers have been identified, assessed, discussed with consumers or included in consumers’ care plans to guide delivery of care and services. While an external assessment identified potential risks to a consumer’s skin integrity, this information has not been used to develop appropriate management strategies. Ensuring all risks to consumers’ health and safety are identified and management strategies documented ensures consumers receive the best possible care and that their health and well-being are not compromised.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

In relation to all other requirements in this Standard, assessment processes with consumers and/or their representatives identify what care and services are important to them, including their current needs, goals and preferences. Advance care planning and wishes are discussed with the consumer or their representative if they wish on admission, and information on advance care planning is provided in the admission pack.

Initial and ongoing assessments and reviews are undertaken in partnership with the consumer and others the consumer wishes to have involved. Care files showed consumers and/or their representatives, health professionals or external providers are involved in assessment and planning of consumers’ care and services when required. Consumers and representatives said staff discuss consumers’ care needs and services on a regular basis, they are involved in ongoing assessments and care reviews and staff call them to discuss consumers’ needs if circumstances change.

Care files showed care and services are reviewed regularly for effectiveness and when incidents impact the needs, goals and preferences of consumers. Care files showed consumers and representatives have been informed of care plans, updates, medical officer and allied health reviews. Consumers and representatives said they get adequate information about the care and services provided, are informed of outcomes of assessments and are provided a copy of the care plan. Staff said they are informed of changes to consumers’ needs.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Care files demonstrated each consumer receives safe, tailored and effective personal and clinical care. Care files also evidenced involvement of medical officers and/or allied health professionals in assessment and management of consumers’ personal and/or clinical care and services. Any issues identified are discussed directly with the clinical manager or enrolled nurses. The clinical manager has oversight of all consumer progress notes and ensures staff are delivering care in line with best practice and the consumer’s needs. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files included appropriate assessment and strategies to mitigate risks. Staff were knowledgeable about sampled consumers and the strategies and interventions in place for managing their high impact or high prevalence risks, and consumers and representatives confirmed the service and staff ensure consumers receive safe personal and clinical care.

Advance care planning and end of life wishes are a sensitive topic and are either discussed with consumers receiving a package or related information is provided to them. However, due to cultural and spiritual reasons, this is not discussed with some consumers as per their wishes. Where consumers are identified as nearing the end of life, extra support, including personal care, meal preparation and domestic assistance is provided, complementing support from the medical officer, palliative care services and spiritual care, as the consumer or representative wishes, to assist the consumer to die at home.

Care files demonstrated deterioration in a consumer’s condition is identified promptly, and where required, timely referrals to allied health professionals and My Aged Care are initiated. There are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared. Consumers and/or representatives confirmed staff know consumers, and they do not need to repeat information about their needs and preferences, and they feel confident staff will notice if consumers’ health changes and will respond appropriately.

Infection related risks are minimised through implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives said staff use personal protective equipment and hygiene techniques to minimise transmission of infection and are confident staff are aware of infection control measures, including management of COVID-19. While care staff are aware of strategies to minimise the need for antibiotics, the service has not provided consumers with information or pamphlets relating to antimicrobial stewardship nor have they discussed appropriate use and prescribing of antibiotics with medical officers.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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. | Compliant |

Findings

Consumers and representatives are satisfied consumers’ independence, well-being and quality of life is optimised through provision of the services they receive. Consumers have complete choice in the services they receive, and care files confirmed goals, needs and preferences are discussed during care plan reviews and services provided are tailored to individual consumers to optimise their independence and quality of life. Care staff and management described what is important to consumers and how they adapt services according to consumers’ needs and preferences, such as additional in-home services when required.

All consumers and representatives interviewed feel confident care workers know consumers well and would recognise if they were feeling low and would respond appropriately. Care files include information relating to consumers’ emotional well-being, changes in behaviour, mood and overall health. Care staff said where they recognise changes to consumers’ emotional and psychological well-being, they ask if there is anything they can do to help, call the consumer’s next of kin/ family member or medical officer, and contact the office to advise of the change.

Services provided to consumers encourage and enhance their independence, and consumers can choose the structure of their services to do the things of interest to them. Consumers and/or representatives confirmed the community services enable consumers to do things of interest and maintain social relationships, such as going shopping, going to church or to specialist appointments and external social groups. Where required, there are processes to ensure appropriate and timely referrals are initiated.

Consumers are satisfied meals are varied and of suitable quality and quantity. Consumers are assisted with meal preparation if required, and the service can organise and order meals for consumers when required from providers of their choice. Meal delivery services are discussed with consumers during the initial inquiry and again during admission. Consumers who already have a meal delivery service in place and want to continue using the same one are accommodated.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. The service does not supply consumers with equipment, however, organises for an allied health assessment and orders equipment for consumers as recommended. Care staff said they conduct cursory checks of equipment during provision of care and services and notify management if there are any issues identified. Vehicles are safe, clean, and well maintained. Each consumer is assessed and assigned a suitable car to ensure they can enter and exit the vehicle safety. Consumers and/or representatives confirm equipment provided is assessed by allied health professionals and are satisfied equipment, including vehicles, are clean, safe and suitable.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

While most consumers and representatives said they have not needed to make a complaint, they are aware of the methods available and feel supported to use them. Consumers are encouraged and supported to provide feedback and make complaints through a range of methods, including email, direct verbal feedback, and phone calls. Care staff said when they receive a complaint or are provided with feedback, they strive to implement correctional actions required immediately and notify their team leader.

Consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. The service has pamphlets about how to make complaints, and information relating to advocates and complaints avenues, including external processes, are included in the consumer welcome pack. Staff said they would not hesitate to contact advocacy services if requested, and said they use family members to communicate with consumers when required.

Appropriate action is taken in response to complaints and an open disclosure process used when things go wrong. A complaints register is maintained and shows complaints are received, documented, and promptly resolved, with consideration of the consumers and/or representatives’ satisfaction. Staff described how they respond to complaints and most are aware of the term open disclosure and the importance of resolving issues and apologising to consumers when things go wrong. All consumers and representatives have confidence appropriate action will be taken in response to complaints.

Feedback and complaints are reviewed and used to improve the quality of care and services. Feedback, complaints and suggestions are captured and recorded on a complaints register and incident management register and recorded on the continuous improvement plan which is regularly reviewed. Consumers and representatives said actions are implemented in response to feedback they provide.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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

Management ensures the right number and mix of staff by considering a range of factors, including the number of consumers, the type and frequency of services consumers require, any gender preferences, and the availability of staff. There are processes to manage planned and unplanned leave. All staff said they have sufficient time to deliver safe and quality care and services. Consumers and representatives are happy with the number of, and the support provided by staff delivering care and services, and said staff arrive on time for their scheduled shifts and have enough time to provide quality care and services.

All consumers and representatives said staff are kind, caring, respectful and responsive to consumers’ needs. Workforce interactions are monitored through feedback and complaints processes and direct conversations with consumers and representatives. Staff said they provide care and services to the same consumers which enables them to understand their identity, culture and diversity.

Consumers feel the workforce is competent and skilled and said staff know what they are doing. Staff competency is monitored through monitoring of staff qualifications, adherence to mandatory training modules and feedback and complaints processes. Where deficits are identified, staff are provided further training. Staff feel confident they have the knowledge to perform all aspects of their role and said they can access extra information by contacting their team leader if required. Recruitment processes, onboarding of staff, buddy shifts, training modules and access to comprehensive policies and procedures support staff to deliver safe and effective care and services to consumers. Training, including mandatory components, are provided to staff on an ongoing basis. Staff said training provided assists them to perform their roles effectively and they feel comfortable raising requests for additional training.

Regular assessment, monitoring and review of staff performance is undertaken. Management have regular meetings with team leaders where they discuss both team leader and care staff performance, and the need for any additional training or action plans to be implemented. Where substandard performance is identified, further training is provided. Care staff said they receive regular formal and informal feedback from their team leader in relation to their performance, and complete employee performance self-assessment forms prior to annual performance reviews. Consumers said they are regularly encouraged to provide feedback on staff performance.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers are engaged in the development, delivery and evaluation of care and services, including through surveys, and feedback and complaints processes. All consumers and representatives interviewed said the service is well run, and they have an opportunity to regularly engage with the service.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation is governed by a Board who is supported by a chief executive officer and executive managers. The service has a range of reporting mechanisms to ensure the governing body is aware of and accountable for the delivery of care and services. However, whilst the organisation ensures directly employed support staff have the qualifications and knowledge to effectively perform their roles, there is no oversight of subcontracted clinical staff.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. An effective clinical governance framework, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)