**Performance**

**Report**

**1800 951 822**

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| Name: | Subee Pty Ltd |
| Commission ID: | 201375 |
| Address: | Unit 2, 84-90 Industrial Drive, COFFS HARBOUR, New South Wales, 2450 |
| 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: 6870 Subee Pty Limited  
Service: 26963 Subee Pty Ltd

**This performance report**

This performance report for Subee Pty Ltd (**the service**) has been prepared by E.Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 05 February 2024.
* other information known by the Commission.

# 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 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

Consumers expressed they were treated with dignity and respect and their background was considered in the delivery of care and services. Language used in care documentation was respectful and contained individualised information pertaining to the consumer’s background and life story. Care staff knew consumers individual needs and described actions they took to ensure care was delivered respectfully.

Consumers and representatives said the service endeavoured to have the same care staff deliver their care needs to develop rapport and understanding of individuals’ cultural care needs. Staff adapted care and services for individual consumers to ensure the consumer felt valued and safe.

Consumers felt supported to exercise choice and independence and make their own decisions. Care staff sought to understand what consumers need assistance with when they delivered care and referred to care planning documentation for information on consumer’s individual goals. Care planning documentation included information on representatives involved in the care of family members.

Consumers felt supported to take personal risk to live their best life. Assessment processes and risk management policies supported staff to manage risk for consumers and supported consumers to continue to do activities they enjoy and maintain independence.

Consumers and representatives were satisfied with the quality of care and services delivered, information provided relevant to consumers’ care. Information was clear and easy to understand including for agreements, budgets/statements, consumer surveys and the Aged Care Charter of Rights.

Consumers’ felt their privacy was respected. Care staff described ways they maintained privacy when providing care. The service provided privacy information in the consumer handbook and had policies on confidentiality and privacy to guide staff. Staff receive training on privacy and confidentiality and were under confidentiality agreements.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers and representatives said they were satisfied the care and services provided meets consumers’ current needs, goals and preferences. Risk assessment tools were used to identify health and well-being risks to consumers, including falls, pain, medication, continence and skin integrity. Staff were able to identify risks for consumers and care plans included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks. Home safety assessments were completed to identify risks within the consumers’ homes. The service has policies and procedures related to assessment and planning.

Care staff were knowledgeable about individual consumers and their preferences in receiving care and services. The service had established policies, procedures, and training modules to provide guidance to staff on the assessment and care planning processes. Discussions on Advance Care Directives and end-of-life wishes were initiated with the consumer during the initial assessment on engagement with the service.

Consumers and representatives said the service prioritised the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. Assessment processes occurred in partnership with other organisations, individuals, and service providers in assessment and care planning.

Consumers and representatives said they were informed of any changes to consumers’ care plans and confirmed they had access to care plans. Care staff said they could access consumers’ care plans in the consumer’s home as well as on a digital application with any changes to care and service delivery updated on the consumer’s care planning documents.

Consumers and representatives said management regularly contacted consumers to ensure their satisfaction with the care and services they received and that their needs were being met. Care plans were scheduled for review for consumers in line with the level of Home Care Package, and additional reviews were conducted in response to requests from consumers, changes in care needs or preferences, and any identified risks, hazards, incidents, or complaints.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers and representatives said clinical and personal care provided was safe, effective and optimised the health and well-being of the consumer. Staff demonstrated knowledge of consumer’s needs, goals and preferences and described how the service ensures care is best practice and tailored to the consumer’s needs. Care plans described consumers’ personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. The service had policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care.

Risk assessments were undertaken for high prevalence or high impact risks to create strategies to minimise their occurrence. Risks identified included falls and choking. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Care staff consulted care plans or clinical staff if they required information on managing high prevalence risks. The service had a Risk Management policy and procedure to guide staff in identifying and assessing clinical risks and developing risk mitigation strategies.

Management and staff provided examples of how care and services were adjusted for consumers nearing the end of life. The service provided training and had procedures to guide staff in providing care for consumers nearing the end of life.

Consumers and representatives said staff knew the consumers and felt they would recognise a deterioration in the consumer’s health or wellbeing. Staff described the process and importance of responding to deterioration in a timely manner. The service had procedures to guide staff in the process for managing deterioration. Care documentation demonstrated actions taken by staff in the recognition of deterioration for consumers.

Consumers and representatives said staff provided consistent care and services. Information about care and services was communicated and available in the electronic care management system. Care documentation evidenced communication within the organisation and to allied health professionals where responsibility for consumer care was shared.

Consumers and representatives said the delivery of care, including referral processes, was timely and appropriate. Care documentation demonstrated input from others was sought, including from medical officers and physiotherapists and their recommendations were incorporated into care plans.

Staff maintained appropriate infection control and reviewed antibiotic prescribing to reduce the risk of resistance to antibiotics. Staff were trained in infection control practices. The service had policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

# 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 said the services and supports consumers received helped them to maintain their quality of life and independence. Staff could describe how they helped the consumer to do as much as they could for themselves if this is their preference. Care planning documentation was individualised and outlined the services and supports to be provided.

Consumers and representatives expressed satisfaction that the service considered the individual needs of consumers when suggesting or providing supports for emotional, spiritual and psychological well-being. Staff demonstrated an understanding of what was important to each consumer and provided examples of how the well-being of consumers was supported including taking the time to have a conversation with them and listen and reporting concerns about a consumer’s emotional or psychological well-being to the service coordinator. Consumers were supported to seek comfort through religious means.

Consumers and representatives said consumers were provided with opportunities for social interaction and social connection. The service’s quarterly newsletters outlined local events and social groups. The service actively encouraged consumers, especially those who live alone to utilise the social support and community access services to do things of interest to them and reduce social isolation. Staff provided various social activities to consumers based on their individual needs and preferences.

Consumers and representatives said staff had good knowledge of their needs and preferences. Staff could access consumer information through a mobile phone application. Care planning documentation had sufficient information to guide staff in delivering care and services in line with the consumer’s preferences.

Consumers and representatives said they appreciated timely and appropriate referrals. Where staff identify an additional need for a consumer, they will contact the service coordinator. External services are available to the service to ensure consumers access the broad range of supports needed including for transport, social outings, meal preparation and personal services including hairdressing.

Consumers and representatives were satisfied the equipment provided by the service for use in consumers’ homes was suitable and met their needs. Staff received training in the use of equipment. Where equipment needs were identified, processes for the purchase of equipment were effective. Care documentation included the review of equipment to ensure it was safe and to conduct needs analysis.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers and representatives are aware of how to provide feedback or make a complaint. The service provided information to consumers and representatives about complaints processes. Complaints forms were available. Satisfaction surveys were conducted.

Consumers were aware of how to raise complaints with external organisations. Information about how to access advocates, language services and external complaints processes was provided. The service had established a process to support consumers who wish to appoint an advocate. A procedure guides management and staff for feedback and complaints.

Appropriate action was taken in response to complaints and an open disclosure process was applied when resolving complaints. Those who had made a complaint said they were satisfied with the response from management and the actions taken. A register of feedback and complaints was maintained.

The service documented feedback and complaints and reviewed this information to identify improvement opportunities. A procedure guided management in the evaluation of feedback and complaints. The service used a Plan for Continuous Improvement to record improvement activities.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers and representatives were satisfied with the availability of staff and responsiveness of management. Care and services were delivered by the service’s staff with support from contracted staff. Staff said they had sufficient time to complete their assigned work. Service Coordinators were based in the Coffs Harbour and Newcastle offices to respond to queries from care staff and consumers.

The service had policies and procedures available to guide staff on workforce interactions with consumers and providing care and services that were culturally safe. Consumers and representatives were satisfied staff were respectful, kind and caring. Consumers said staff were “absolutely fantastic, go above and beyond”, and there was “great rapport” with staff. Management said they monitor workforce interactions through informal consumer feedback, regular clinical reviews and surveys.

Consumers and representatives were satisfied that staff were competent and had the appropriate knowledge to deliver individual care needs. Recruitment and training processes supported workforce members to have the appropriate qualifications and knowledge. Position descriptions and policies established the qualification and knowledge requirements for each role. I have considered further information that Inconsistencies in documentation to inform staff on their responsibilities in relation to the Serious Incident Response Scheme (SIRS) and the Code of Conduct for Aged Care has been acknowledged by the service and added to the service’s Plan for Continuous Improvement during the Quality Assessment and consider there was no impact to consumers identified.

Consumers and representatives were satisfied the service provides safe and quality care and services. The service had a training program incorporating an induction program and annual mandatory training.

Consumers and representatives were satisfied with the performance of staff. The service had systems to assess and monitor the performance of members of the workforce. The service provided documentation to confirm staff had completed a performance appraisal. Staff said they had regular performance appraisals to discuss performance and training requirements. The service monitored the performance of contractors through complaints and actively seek feedback from consumers in clinical reviews.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied with the improvement actions taken by the service as outlined within the provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumer feedback was actively sought by management and was used to develop and improve the service. Consumers and representatives were satisfied with the quality of care and services provided by the service. A consumer advisory body group was established and the service was offering to coordinate virtual meetings to encourage greater participation and arrange a support worker to assist consumers in accessing technology. Topics discussed in meetings included seeking feedback on the service developing a co-design culture to ensure service delivery remains client focused care.

A culture of safe, inclusive and quality care and services was promoted by management and was incorporated into the organisation’s procedures to guide staff and consumers. The organisation’s governance structure was designed to ensure accountability and in line with recent governance requirements. Consumers and representatives were satisfied the organisation provided quality and safe services that met the needs of individuals and felt the service was well run.

The service implemented systems to effectively manage assessment, care planning, care delivery and the provision of consumers’ budgets and statements. Consumers, representatives and staff were satisfied they were provided with timely and accurate information.

The service undertakes internal auditing and analysis of data to ensure effective systems were in place to support the delivery of quality care and services. The service used the Plan for Continuous Improvement to record improvement activities.

The service had processes in place to manage the financial packages of consumers and to provide accurate and timely budgets and statements to consumers. External contractor invoices were reviewed prior to adding to consumer statements. Equipment purchases are managed through approval processes. Fees and charges were monitored. The service demonstrated actions taken to liaise with consumers with excess funds.

The accountabilities and responsibilities of staff were set out in position descriptions including for qualifications. Staff were provided with training and induction.

The service had systems to monitor regulation requirements. Regulatory requirements were incorporated into the service’s policies, procedures and practices. Staff were informed about relevant regulatory requirements. I have noted and considered inconsistencies in documentation to guide staff on their responsibilities in Standard 7 including for the SIRS and Code of Conduct and other training.

The Feedback and Complaints Management Policy and Open Disclosure Policy guided management and staff in complaints management and open disclosure. Consumers and representatives were satisfied they had access to feedback and complaints mechanisms.

The organisation had implemented risk management systems and practices. High impact and high prevalence risks were effectively managed. The organisation had a risk management procedure that covered a range of matters including adverse clinical events, consumer safety and the dignity of risk. The organisation had an incident reporting system and incidents were discussed at management, clinical and support worker meetings.

The service reviewed clinical governance through support worker, clinical team and management meetings, as well as trends identified through complaints, feedback and incidents. The service had clinical governance policies to guide management and staff including for Antimicrobial stewardship, Restrictive Practice in Aged Care and Open disclosure.

I have considered the information brought forward by the Assessment Team and the Service Provider’s response. I am satisfied the service has demonstrated compliance with this Standard.

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)