**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Tashacare Australia |
| Commission ID: | 301027 |
| Address: | Shop GZ07, 3 Separation Street, NORTHCOTE, Victoria, 3070 |
| Activity type: | Quality Audit |
| Activity date: | 8 September 2023 to 14 September 2023 |
| Performance report date: | 30 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Tashacare Australia (**the service**) has been prepared by N 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9370 Just Healthcare Pty Ltd trading As Tashacare Australia  
Service: 27250 Just Healthcare trading as Tashacare Australia

# 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)

|  |  |
| --- | --- |
| 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 Applicable** |
| **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

|  |  |  |
| --- | --- | --- |
| 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.

The Assessment Team noted consumer and representative confirmation that consumers are treated with respect. There is a system in place to promote consumer dignity and respect which includes an organisational diversity and inclusion strategy, statement and policy specifying service delivery is sensitive to diverse consumer background. Staff described how they meet consumers cultural needs and preferences and their participation in cultural safety training. Management described that a percentage of staff are bilingual and able to communicate with consumers and representatives. Consumers and representatives confirmed consumers are supported to make choices, decisions, and connections and care staff provided examples of ways they support consumers with choice and independence.

Management and staff demonstrated how consumer rights to take risks are balanced with safety considerations. Risks are discussed with consumers and representatives and alternatives are offered as appropriate and strategies to mitigate identified risk implemented.

Consumers and representatives confirmed 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.

Support workers described the ways they protect consumer privacy and information and the mandatory training completed before being able to access consumer files.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 described the care and services provided reflects their needs and preferences. The organisation’s advanced care planning work procedure identifies staff responsibilities and steps to provide support to consumers wishing to discuss advanced care preferences, however it was noted that in not all circumstances this has occurred. Care documentation reviewed demonstrated consumer care plans reflective of current needs and a collaboration statement identifying additional people involved in care planning and noted any ongoing involvement in care. Evidence was available to support the involvement of consumer representatives, the broader health network such as medical practitioners, subcontracted clinical assessment and care planning service, allied health practitioners in the assessment and care planning process.

Consumers and representatives confirmed they have access to their care plan and were aware of care and services including which service occurred on what day and with which staff. Referrals for reassessment occur as consumer needs change when there is an incident or a requested change to services. Subcontracted staff confirmed they conduct reviews in line with the organisation’s review policy and as requested.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 they were satisfied with the personal care services they receive. Staff described how they support consumer personal care reflective of consumer care plans. A review of care planning documents demonstrated targeted and individualised supports to guide the delivery of safe and effective care. Consumers identified as receiving wound care explained they were either self-managing the wound or receiving wound care from an external provider.

The Assessment Team noted that high-impact or high-prevalence risks associated with the care of consumers were identified and documented. Clinical and allied health assessments occur where required and interventions to manage and mitigate risks to consumers were developed and evident in consumer care files. Consumer accounts demonstrated specific strategies implemented to assist with high-impact and high-prevalence risks such as falls, pressure injury prevention and medication incidents.

A review of care file documentation demonstrated engagement with palliative care providers and relevant care planning documentation updates to reflect the final wishes of consumers.

There is an assessment and work procedure which supports workers recognition and reporting of early signs of deterioration. Incidents are reviewed at a clinical governance level to identify consumer deterioration and requests for clinical review are actioned by the subcontracted clinical support staff.

Staff described the personalised detail of supports for consumers which enables them to deliver care that meets consumer needs and preferences. Subcontracted clinical support staff described the close communication they have with management and referrals received to ensure all relevant information is provided consistently. The Assessment Team reviewed the electronic management system and noted information recorded by other providers such as occupational therapists and physiotherapists is consistent between reports and care plans and with consumer accounts confirming allied health and clinical contribution.

The Assessment Team reviewed the work procedures available to support workers including hand hygiene and Personal Protective Equipment (PPE). Infection control processes and work procedures including staff completion of COVID-19 screening prior to commencing a shift are by policies and work procedures. Consumers and representatives confirmed staff take measures to protect consumers from infection, ask questions about infection and use PPE as required.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

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 are assisted to do the things they like or want to do such as continuing involvement with local community sporting involvement. Documentation such as recommendations, exercise programs and care plans provided clear information on how to support consumers to achieve their goals.

Consumer documentation showed ongoing contact with consumers who have experienced emotional challenges. Support workers described how they report any changes to representatives and case manager as well as documenting in the mobile application.

Care documentation reflects consumer participation in programs and activities to meet their needs, goals and preferences. Consumers and representatives confirmed that consumers are assisted to participate in the community, go out for coffee, shopping or do activities that they like.

Consumers and representatives confirmed support workers understand daily living requirements and how to provide individual well-coordinated support. Care documentation demonstrated referrals are made in a timely manner. Communication with others responsible for care, including representatives, staff and other services such as allied health and equipment requirements occurs to ensure ongoing coordination of services.

For consumers receiving delivered meals, consumers expressed satisfaction with choice, quality, and quantity of the meals.

A review of care documentation demonstrated consumer needs for equipment were assessed to inform suitable equipment and evaluation occurs through the services allied health professionals. Consumers confirmed their access to equipment has been supported by the organisation on request and management confirmed consumers communicate their need for new equipment or maintenance to them verbally.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Applicable |
| 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 Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

The Quality Standard for the Home care packages service was not assessed as specific requirements have been assessed as not applicable.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 generally reported they were comfortable and supported to provide feedback and make complaints. Support workers explained they assist consumers to provide feedback by encouraging the consumer to call their care manager. Management provided examples of the feedback received from consumers which was supported by a review of documentation and communication with information about the feedback and complaints process.

Consumers and representatives confirmed the service has assisted them to access an interpreter service and advocacy through the Public Advocate. The service provides staff with a work instruction to guide effective communication with consumers who have special needs including cognitive impairments, vision and hearing loss and culturally and linguistically diverse consumers.

The Assessment Team noted incident reporting includes an open disclosure checklist with apologies to the client, listening and responding, and offering support including advocacy and other external complaint options. This approach was supported by specific feedback from consumer representatives who have gone through the complaints process. Consumers and representatives confirmed the service reviews feedback and complaints to improve the quality of care and services.

The quality and clinical governance reports include the quality and safety projects in progress and reflects an incident and complaint work instruction to be installed onto the mobile application and website.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 has oversight of the workforce through the mobile application and described having no unfilled shifts. Shifts are uploaded onto the mobile application and an appropriately qualified worker is able to accept the shift. If the shift is unable to be filled alternate arrangements are made in consultation with the consumer.

The Assessment Team reviewed consumer care plans which included communication cues to assist workers in respecting consumer diversity, and consumers and representatives confirmed interactions with staff were very kind and respectful.

The organisation has a verification team who check worker qualifications, carry out reference checks and confirm recruitment information. Following verification of the worker requirements they are then able to match the qualified worker to the care plan job description promptly.

Staff described the support and training provided by the service which was sufficient to enable them to carry out their roles and were generally satisfied with the support of management. The Assessment Team reviewed a care worker’s qualifications noting they completed the service’s required mandatory training as well as holding additional supporting training certifications which include dementia specific knowledge.

There are real-time coaching conversations with support workers and updates provided regarding consumer concerns and standards of care, as well as an active disciplinary and performance review procedure.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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.

All consumers are reviewed initially and six monthly by a registered nurse through subcontracted clinical support. The assessments include feedback provided to the service and there is a quality improvement plan to record and action improvement feedback trends and ideas. Consumer satisfaction surveys are conducted, and informal methods of communication utilised such as care manager regular contact to engage further with consumers. Consumers and representatives described how the service provided them with safe, inclusive and quality care and services.

A review of documentation and of the mobile application, reflects the service has a suite of policies, procedures and work instructions to support and guide management and staff.

There is a continuous improvement plan which reflects interventions and recommendations by the clinical governance committee regarding additional allied health resources for affected consumers. Financial governance is overseen by the service’s chief executive officer and is reviewed monthly by the Board. Management described the process for identifying and tracking unspent funds and communicating with consumers.

Regulatory compliance is managed by the quality team who receive updates to legislative changes and communicate to staff by email and newsletters. The quality and contractual compliance of subcontracted services are reviewed regularly and as needed through consumer and service feedback. Management described the open disclosure process used for feedback and complaints and board papers reflected complaints and compliments data are reviewed by the quality and clinical executive governance team.

The service’s clinical governance framework includes reference to antimicrobial stewardship and open disclosure. Management discussed their clinical governance roles and responsibilities, clinical and quality meetings and the review and monitoring of obligations to maintain safe and quality care. There was antimicrobial stewardship information to guide staff, including a range of procedures available through the mobile application and a dedicated infection control lead. There was also evidence of open disclosure in practice, supported by staff knowledge and examples of its use when incidents occur.

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)