**Performance**

**Report**

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| Name: | The Carers Home Care Service |
| Commission ID: | 500251 |
| Address: | 4 Milson Place, O'CONNOR, Western Australia, 6163 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 June 2024 to 19 June 2024 |
| Performance report date: | 11 July 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: 9337 Westend Management Australia Pty Ltd  
Service: 27042 The Carers Home Care Service

**This performance report**

This performance report for The Carers Home Care Service (**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.

# Material relied on

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

* the assessment team’s report for the assessment contact (performance assessment) – site, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* the provider’s response received 8 July 2024 acknowledging the assessment team’s report; and
* a performance report dated 13 December 2023 for a quality audit undertaken from 1 November 2023 to 2 November 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not fully assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not fully assessed** |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 6** Feedback and complaints | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully assessed** |

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)(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 |

Findings

**Requirement (3)(c)** was found non-compliant following a quality audit undertaken in November 2023 as consumers’ choices relating to how care and services were delivered were not routinely respected. In response to the non-compliance, the provider implemented a range of improvement actions, including developing a client dignity and choice policy to guide staff on supporting consumers to exercise choice, with a focus on consumers being in partnership with the service; implementing a staff training program on supporting consumer choice; and seeking consent from all consumers before any photographs are taken and kept on record.

At the assessment contact in June 2024, consumers and representatives said the service respects consumers’ choices and decisions about how they want their care and services provided and which family/friends they want to be involved. Two consumers said when they have contacted the service to request new or additional services they were listened to, actions were promptly taken to re‑assess their needs and they were provided with new care and services as per their choice. A staff member said although they have worked with some consumers for a long time, they always follow their care plans and if they are asked to deviate from the care plan, they support consumers’ choice by informing the office of the request to enable it to be followed up.

Based on the assessment team’s report, I find requirement (3)(c) 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. | 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

**Requirements (3)(a) and (3)(e)** were found non-compliant following a quality audit undertaken in November 2023 as care plans did not provide sufficient information to guide management of consumers’ identified risks; and care and services were not regularly reviewed for effectiveness in response to changes in consumers’ condition. In response to the non-compliance, the provider implemented a range of improvement actions, including a client assessment form which includes validated assessment tools and risk identification; ensuring each consumer’s care plan details risk and mitigation strategies to support delivery of care and services; and reviewing and updating care plans when consumers’ circumstances change.

At the assessment contact in June 2024, assessments, including validated assessment tools, were found to consider risks relating to skin integrity, pressure injuries, falls, pain, dementia/depression, and behaviours. Information gathered through assessment processes, as well as consultation with consumers and/or representatives, is used to develop a comprehensive, individualised care plan which details consumers’ goals, risks, and mitigation strategies to guide delivery of safe and effective care. Support workers interviewed described individual consumers’ needs and preferences and demonstrated an awareness of consumers at higher risk. All consumers and representatives interviewed said the care and services available to consumers are discussed with them prior to commencement with the service, and the care and services consumers receive align with the services outlined in care plans.

Policies and procedures are available to guide staff in consumer review and reassessment, and staff said if consumers’ needs change, they update care plans or document the changes in progress notes. HCP level 1 and 2 consumers participate in a three and/or nine monthly telephone reviews and a mandatory annual review, and HCP level 3 and 4 consumers are reviewed six monthly and annually, or more frequently dependent on the consumer’s circumstance. Triggers for a reassessment of care needs include hospital discharge, incidents, a change in circumstances or a change in the consumer’s health. Consumers and representatives said care plans are reviewed and updated regularly, and coordinators keep in contact with them and conduct reviews when consumers’ care needs change.

Based on the assessment team’s report, I find requirements (3)(a) 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)(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 |

Findings

**Requirement (3)(e)** was found non-compliant following a quality audit undertaken in November 2023 as information about consumers’ condition, needs and preferences was not effectively communicated and documented. In response to the non-compliance, the provider implemented a range of improvement actions, including electronic system processes to alert and inform staff of changes to consumers’ condition, needs and preferences; and ensuring the workforce is clear about their reporting requirements and the way they are communicated.

At the assessment contact in June 2024, effective communication systems were found to be available to assist the workforce to provide and coordinate care that respects consumer choices and ensures safe, effective, and consistent care provision. Staff have access to consumer care plans at the point of care, and the service has oversight of clinical care delivery and liaises with subcontracted nurses to ensure care and assessments are completed. Reports from subcontracted clinical and allied health staff are communicated to ensure changes and recommendations are followed up and staff informed. Support workers said they are provided information about consumers, including changes to care and service needs, through emails, phone calls, and alerts through the electronic management system. Consumers and representatives confirm consumers’ needs and preferences are effectively communicated between staff.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 3 Personal care and clinical care compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

**Requirement (3)(d)** was found non-compliant following a quality audit undertaken in November 2023 as feedback and complaints were not reviewed and used to improve the quality of care and services. In response to the non-compliance, the provider implemented a range of improvement actions, including, but not limited to, a system to review feedback and complaints to improve the quality of care and services; and implementing new procedures for recording, analysing, and identifying trends in feedback and complaints.

At the assessment contact in June 2024, feedback and complaints were found to be regularly reviewed and analysed to identify improvements to the quality of care and services. Survey results and consumer feedback are entered into an electronic system and collated, reviewed and evaluated. Complaints raised and actions taken are discussed at team meetings, with any systemic issues identified for review. Management analyse trends and systemic issues and work towards finding solutions that will improve the quality of care and services. Consumers and representatives are satisfied with the service’s response to feedback and are confident feedback is used to improve the provision of services overall.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

**Requirement (3)(e)** was found non-compliant following a quality audit undertaken in November 2023 as ongoing monitoring and regular review of the performance of each member of the workforce was not demonstrated. In response to the non-compliance, the provider implemented a range of improvement actions, including creating and maintaining a yearly performance review process for all staff, including sub-contracted and brokered services; establishing and following policy, procedures and forms to guide management and the workforce through all aspects of performance management; and providing position description documents for all staff to assist them to understand their roles and expectations.

At the assessment contact in June 2024, staff performance was found to be regularly assessed, monitored and reviewed. A policy outlines staff supervision by a coordinator to validate practice in consumer homes through undertaking unannounced spot checks and announced supported visits which are commenced through different mechanisms, such as consumer feedback/complaints, onboarding supports for new staff or staff learning new skills. Documentation shows one staff member was involved in a care staff performance review resulting from information received identifying performance issues. A formal conversation was held with the staff member to discuss how the matter might be resolved, with the staff member offered training and further support. This process was clearly documented, with all parties agreeing and signing to a course of action. Staff said they have recently undertaken a performance appraisal process which included the outcomes of their own review and identified learning needs. One staff member said they found the appraisal process useful to reflect on how well they were performing their role, and the processes included direct feedback from consumers on their performance which was important to them.

Based on the assessment team’s report, I find requirement (3)(e) 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)(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

**Requirements (3)(a), (3)(c), (3)(d) and (3)(e)** were found non-compliant following a quality audit undertaken in November 2023 as:

* consumers had not been supported or provided sufficient opportunities to engage with the organisation in the development, delivery and evaluation of care and services;
* information governance systems were not effective;
* risk management systems and practices, specifically those related to managing high impact or high prevalence risks, supporting consumers to live the best life they can and managing and preventing incidents were not effective; and
* the clinical governance framework was not effective, specifically in relation to minimising use of restraint.

In response to the non-compliance, the provider implemented a range of improvement actions, including, but not limited to, creating a governance framework embedding the themes of consumer participation and client partnerships in day to day practice; developing a new governance framework; ensuring trending and analysis of feedback, incidents and risks are discussed, documented and improvement actions identified; providing a targeted program of training for all staff on restrictive practices; and implementing strengthened policies and procedures and a new care and quality governance framework.

At the assessment contact in June 2024, the organisation was found to have renewed its efforts to ensure consumers are integral to the design, delivery, and development of services. Policies, procedures and staff education and training embed the need to act in partnership with consumers and their representatives. Consumers and representatives are actively encouraged to participate in reviews of care and service delivery and to provide feedback, which is used to drive organisation wide changes and improvements. One consumer said they have been invited to be a representative on the consumer advisory body, and said they feel the service listens to feedback from consumers in relation to how services are delivered.

Effective organisation wide governance systems were demonstrated. Finalised policies and procedures covering all aspects of governance and service delivery are readily accessible to the workforce in the organisation’s electronic system. Opportunities for improvement are identified through a range of avenues and are added to the plan of continuous improvement. Financial governance systems are in place, including how unspent funds are reported, monitored, and reviewed. Workforce governance systems ensure the right number and mix of staff are deployed. Position descriptions clearly outline responsibilities and accountabilities for the delivery of safe and effective care. There are robust monitoring processes for staff qualifications, police clearances, vehicle and licencing requirements and tracking of performance assessments. There are effective systems to ensure the organisation complies with its regulatory responsibilities. Policies, procedures, and staff training have been developed to assist staff to identify and monitor consumers where restrictive practices are in place. Management review and investigate all incidents, and mandatory reporting for relevant incidents is actioned within legislated timeframes. Feedback and complaints are acted upon in a timely manner, open disclosure is used and there are processes to ensure the complainant is satisfied with the outcomes.

The organisation has an effective risk management framework that includes systems and processes that guide staff practice. A range of processes are used to identify, manage, escalate and mitigate high impact or high prevalence risks to consumers’ care. A risk register is maintained which outlines consumer risks and risk mitigation strategies, with identified consumers discussed during team and governance meetings. Staff have received education on identifying and managing suspected abuse and neglect. One consumer identified as vulnerable and potentially at risk of neglect is highlighted on the risk register and their case is regularly monitored and discussed by the management team. Policies and procedures have been specifically developed to support staff to identify when an activity a consumer wants to engage in has an element of risk, and how to identify mitigation strategies to enable the consumer to do the activities they want to do. Documentation shows incidents are reported, escalated, reviewed and investigated. Root causes of incidents are identified and improvement actions to prevent recurrence are initiated. Incident data is trended, analysed, and reported, and discussed at team and clinical governance committee meetings.

A clinical governance framework is supported by policies and procedures to guide staff in delivery of evidence based, best practice care. While the service does not provide clinical care, the organisation maintains effective clinical governance by having processes to track and monitor clinical care delivered by contracted providers and to monitor and manage the impact clinical matters have on consumers. Policies and procedures support staff to identify and monitor the use of restrictive practices, and a register is maintained which shows there are currently no consumers subject to restrictive practice. Oral antibiotic use and clinical indicators are monitored, reviewed, and discussed at clinical team meetings. The use of open disclosure is standard practice when negative events occur.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)