**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | The Village Home Care Services |
| Commission ID: | 701115 |
| Address: | 144 Arthur Street, FORTITUDE VALLEY, Queensland, 4006 |
| Activity type: | Quality Audit |
| Activity date: | 12 September 2023 to 14 September 2023 |
| Performance report date: | 13 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9720 The Village Home Care Services Pty Ltd  
Service: 27699 The Village Home Care Services

**This performance report**

This performance report for The Village Home Care Services (**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 09 October 2023.
* other information known to the Commission.

# 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 Assessed** |
| **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 find this Standard compliant.

Consumers and representatives say consumers are treated with dignity, with their identity and diversity respected. Services are arranged to suit personal circumstances and consumers say they feel supported by staff who know their preferences and needs. Staff are recruited to match the consumer’s needs and preferences and consumer feedback is sought to monitor compatibility. Assessments seek information which identifies what is important to consumers. The organisation promotes an inclusive approach and a commitment to recognising, valuing and respecting consumer diversity.

Consumers and representatives say staff understand their preferences and what is important to them. They say staff treat consumers in a way which makes them feel safe and valued. Services are provided in line with consumer’s individual wishes and cultural requirements. Staff have a range of cultural backgrounds reflecting the multicultural population demographic. Staff receive training in cultural safety and awareness. Policies and procedures guide staff practices on strategies for meeting consumer needs and preferences.

Consumers and representatives confirmed consumers are fully informed of the care and services available and are able to decide how care and services are provided. Consumers can nominate who they would like to be involved in their assessment and care planning. Consumers maintain control over the planning of their care and services, in collaboration with staff, to meet their needs and preferences. Consumers with communication difficulties and/or who are experiencing cognitive decline are supported by staff to make day-to-day choices. Policies and procedures guide staff practice on fostering choice and independence.

Consumers and representatives say staff support consumers to make decisions and maintain their independence. Dignity of risk is supported as safely as possible with assessment strategies to mitigate potential risk. Consumers have the right to self-determination, including the right to take risks and/or to refuse services. The service monitors each consumer’s overall health and wellbeing and responds to risk in various ways to optimise opportunities for consumers to live a life of their choosing.

Consumers and representatives say they are provided with information in a way which enables them to make informed choices. The service provides information to inform decision-making in line with their needs, goals and preferences. Consumers are kept informed through regular conversations with staff, correspondence and newsletters. Consumers are provided the Charter of Aged Care Rights and offered a Home Care Package agreement, along with the ‘Client handbook’ for ready reference. A package budget is prepared in partnership with consumers and representatives. Consumers receive copies of pricing schedules and their care plans and schedules. Where consumers have communication challenges or impairment, such as vision, hearing or cognition, the service involves representatives and/or assists the consumer to access supports to understand the information provided.

Consumers and representatives, say they are advised how their personal information will be used and their consent is sought prior to the sharing of information. The service has a privacy policy which informs consumers circumstances where their information may need to be disclosed, such as when there are concerns for their health and safety. Consumers are able to access their personal information should they wish to do so. Consumers’ personal privacy is respected by staff when they are delivering care and services. Staff are trained in privacy and confidentiality. Consumers’ records are securely stored electronically, password protected, and access designated. Policies and procedures guide staff practices.

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

# 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 find this Standard compliant.

Consumers and representatives are satisfied the care and services provided meet their current needs, goals and preferences. Validated risk assessment tools are used to identify health and wellbeing risks to consumers. Care planning documentation provides detailed information to guide the delivery of care and services for each consumer. Policies and procedures guide staff practice related to assessment and care planning.

Staff understand consumers’ likes, dislikes and individualised needs. Care planning documents inform care and services. Consumers are provided with information about advance care planning in their information pack and are consulted in relation to their end of life wishes.

Consumers and representatives confirm they participate in the planning and review of the services received. Staff work in partnership with others when undertaking assessment and care planning and communicate regularly regarding changing needs of consumers. Care plan information is accessible via a mobile device application, enabling staff to review the care plan for any changes in consumer circumstances prior to delivery of services. Regular case conferences are held.

The outcomes of assessment and planning are communicated to the consumer, documented in the care plan and readily available at the point of care. Consumers and representatives confirm their assessed needs are discussed with them including how care and services will be provided to meet their individual needs and preferences. Where there are any changes to their needs, goals and preferences, their care plans are updated to reflect the services. Staff have access to the consumer’s care plan at the point of care.

Care plans are reviewed regularly according to a risk matrix which schedules timing for review and care planning documentation evidenced care plan reviews occur when consumers’ circumstances change.

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

# 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 find this Standard compliant.

The service provides personal care and/or clinical care that is tailored to each consumer’s needs and optimises their health and wellbeing. Consumers and representatives say personal care is provided in a safe manner and is right for them. Staff knowledge about consumer’s current personal and clinical care needs align with consumers’ care plans and other supporting documentation. Clinical care is provided by registered staff with oversight by coordinators and management. Monitoring and review includes weekly welfare checks, monthly clinical meetings, and case conferences.

Risk management, including high impact and high prevalence risks associated with the care of individual consumers, is managed within assessed needs. A suite of validated assessment tools is used to assess and identify potential and/or real risks for each consumer and strategies are developed to address such risks. Care plans provide guidance for staff in minimising risks at the point of care, including relevant input from medical practitioners and allied health professionals.

The service recognises the needs, goals and preferences of consumers nearing the end of their life and works to support them in line with their wishes. Advance care planning is discussed with the consumer. While the service currently does not provide end of life care to consumers, they do advise and support consumers to make informed decisions so that their needs, goals and preferences are recognised and addressed, their comfort maximised, and their dignity preserved.

Consumers and representatives say the service recognises and responds to changes in a consumer’s condition. Staff demonstrated an understanding of recognising, reporting and responding to consumer deterioration or changes in their health and well-being. Policies and procedures guide staff in recognising and responding to deterioration.

Consumers and representatives say consumers are satisfied with the care and services they receive, and that staff work well together to meet their personal and clinical care needs. Care plans and other relevant information is available on the care management system, including alerts outlining risks. Staff receive information about service delivery via their mobile device application and are advised of any changes in the consumer’s condition. There are reporting and escalation processes to ensure information is communicated effectively within the organisation and with those who are involved in the consumer’s care.

Consumers and representatives say the delivery of care, including referral processes, are timely and appropriate. Consumers have access to a general practitioner and other health professionals when they need it. Input is sought from others including medical professionals, hospital discharge staff, physiotherapists and occupational therapists, and their recommendations are incorporated into care plans. Policies and procedures guide staff in relation to referral processes.

Practices to prevent the spread of infection include hand washing, the use of hand sanitiser and the use of personal protective equipment (PPE). Staff are trained in effective infection control. Policies and procedures guide is in place related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

# 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 find this Standard compliant.

Consumers and representatives say the service meets their daily living needs, goals and preferences and the services and supports optimise their independence, health, and quality of life. Care planning documentation outlines preferences in relation to how the services are delivered and what is important to consumers. Risk assessments and vulnerability checklists are completed to identify and implement strategies to mitigate risk. Services and supports are adapted to meet changing or emerging needs.

Consumers’ emotional, spiritual and psychological needs are supported. Staff demonstrated an understanding of what is important to consumers. Consumers’ carers are supported through monthly carer support group meetings for practical strategies to support the psychological wellbeing of consumers living with Dementia.

Consumers and representatives say consumers feel supported to participate in activities that they like, and they are provided with appropriate support to optimise their connection with the community and the people important to them. Care planning documentation includes information about consumers’ background, their interests and preferred activities and the relationships important to them. Consumers can access various social events and leisure facilities as they choose.

Information about consumers’ needs and preferences is shared within the service and others involved in their care. Information about consumers’ care and services is available on staff’s mobile phone application and in consumers’ homes. Care planning documents contain information to guide staff in delivering care and services in line with consumers’ preferences.

Consumers and representatives say the service promptly facilitates referrals. Where an additional need is identified for a consumer, referrals are made to draw more specialised assessment and services into the consumer’s care. Consumers are referred to other service providers, such as meals and respite services.

The service supports the nutritional needs of consumers, through assistance with grocery shopping, meal preparation or meal delivery services. Assessment and care planning processes include discussion on the consumer’s capacity to prepare appropriate meals to maintain overall health and wellbeing. Consumers can choose meal delivery options from a range of meal service providers.

Where equipment has been provided, the service ensures the equipment is suitable and meets individual consumer’s specific needs. Where relevant, an occupational therapist assessment is obtained, with a report and recommendations on the appropriate equipment. Equipment is checked prior to use each time, to ensure it is safe, in working condition and is suitable. Referral for assessment of equipment needs is made where existing equipment does not meet the consumer’s needs.

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

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

Findings

Standard 5 was not applicable to the approved provider’s Home Care Package care and services and was not assessed.

# 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 find this Standard compliant.

Consumers and representatives are aware of how to make a complaint or provide feedback. The organisation uses consumer satisfaction surveys to obtain consumer feedback. Staff are trained in the operation of the complaints process so they can support consumers to provide feedback.

The organisation provides consumers and their representatives with advice on how to access advocates and language services. Advice is provided about external complaints processes. Staff training includes advocacy and language services.

Consumers and representatives are satisfied the organisation takes appropriate action to address complaints. The organisation uses an open disclosure process when addressing complaints. The details of each complaint and actions taken to address the complaint are recorded.

The organisation has implemented systems to track and trend factors that lead to a complaint and to use this information to improve the quality of care and services it provides. Satisfaction surveys are analysed to identify improvement opportunities. Complaints received by the organisation have been used as an input into the service’s continuous improvement plan (CIP).

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

# 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 find this Standard compliant.

Consumers and representatives are satisfied the service deploys sufficient clinical, care and support staff to meet care and service needs. Key staff such as care coordinators are involved in planning the workforce. There are systems to monitor the effectiveness of staff planning. Staff are satisfied there are sufficient staff and that they are allocated sufficient time.

Consumers and representatives are satisfied with workforce interactions. The organisation ensures consumers are matched with staff who have similar interests and backgrounds. Respectful language is used by staff when speaking about consumers and when recording care and clinical records.

Consumers and representatives are satisfied with care and service delivery and with the competency staff. The organisation ensures employment of staff with the appropriate qualifications for their role. Qualified staff employed by the organisation include registered nurses and enrolled nurses. Allied health staff are contracted as required.

Consumers and representatives are satisfied staff know what they are doing and can deliver safe and quality care. The organisation uses an online training platform to deliver staff training. Training includes an initial orientation and then an annual training program. Staff are satisfied with training.

Consumers and representatives are satisfied with the performance of staff. Systems monitor, assess and review the performance of staff. Annual performance appraisals are conducted.

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

# 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 find this Standard compliant.

The approved provider has implemented systems to support consumers to engage in the development, delivery and evaluation of care and services. Consumers are engaged through assessment and planning processes, through regular reviews of care and services, through meetings and through feedback and complaint processes. Consumers and representatives are satisfied with the quality of care and services consumers receive and are satisfied they can provide feedback to management if they wish.

The approved provider has implemented management systems that are designed to monitor incidents, consumer feedback and complaints, operational effectiveness, financial compliance, and risks. Regular meetings are held by the approved provider’s management team. Incidents are reported and reviewed, consumer risks are discussed, consumer feedback is reviewed, and actions are taken to address reported issues.

The organisation has implemented effective information management systems. The organisation uses an electronic care management system (ECMS) to manage assessment and care planning and to manage consumers’ budgets and invoices. Consumers and representatives are satisfied they are provided with relevant information. Staff are satisfied they can easily access the information they need to deliver care and services.

The organisation has implemented a continuous improvement system that includes the use of a CIP. Staff contribute to the CIP. Improvement activities are prioritised and linked to the Quality Standards.

The organisation has systems to manage financial governance and the approved provider has an appointed financial manager. Financial reports are made to the Management committee. Consumers and representatives provided positive feedback about the provision of budgets and invoices.

The organisation and the workforce are guided by a work health and safety policy. The training program includes an induction and ongoing training that covers safety topics. The organisation has a work health and safety workgroup that reports to the management committee. Staff are provided with personal protective equipment. Position descriptions guide staff in undertaking their role.

The organisation has implemented a range of systems to ensure it complies with regulations. The organisation receives advice of regulatory requirements through its membership of aged care bodies, through consultant groups and contracted legal services. When new regulations are introduced the organisation’s policies and practices are reviewed and amended if required. Staff are informed about relevant regulatory requirements.

Feedback and complaints are reviewed and addressed at the service level and then referred to various management meetings.

The organisation has effective risk management systems and practices. The organisation’s risk assessment system has identified a range of high impact and high prevenance risks that have been effectively managed. The organisation has a risk management plan and register. Risk ratings are based on consequence and likelihood and identified specific risk control measures. The organisation has an incident and risk reporting system and a system to review incidents. Regular reports are provided to the Management committee. Staff complete training in relevant topics such as elder abuse, neglect and risk reporting.

The organisation provides clinical care and has developed a clinical governance framework. The framework provides guidance in antimicrobial stewardship, minimising the use of restraint and open disclosure.

I have considered the information contained within the Quality Audit report and placed weight on the positive feedback received from consumers and their representatives about the care and services delivered in coming to a decision of compliance.

1. The preparation of the performance report is in accordance with section s57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)