**Performance**

**Report**

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| Name: | Therapy Focus Ltd |
| Commission ID: | 500316 |
| Address: | Suite 5, 1140 Albany Highway, BENTLEY, Western Australia, 6102 |
| Activity type: | Quality Audit |
| Activity date: | 23 May 2024 to 24 May 2024 |
| Performance report date: | 27 June 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9759 Therapy Focus Ltd  
Service: 27672 Therapy Focus Ltd - Community and Home Support

**This performance report**

This performance report for Therapy Focus Ltd (**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 quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, management and allied health professionals; and
* the provider’s response to the assessment team’s report received 20 June 2024, which includes commentary relating to the deficits identified, as well as supporting documentation.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not assessed** |
| **Standard 5** Organisation’s service environment | **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.

# Other relevant matters:

Standard 4 was not assessed as part of the quality audit as it is not relevant to the services provided by the service.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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

Each consumer is treated with dignity and respect, care and services provided are culturally safe, and the service supports staff to value culture and diversity. There are several points in the consumer journey where information is captured to help staff understand a consumer’s identity, including ethnicity, religious and cultural backgrounds. Staff interviewed described how they treat each consumer as an individual, provide care and services in a respectful manner, and actively seek feedback from consumers regarding their service and interactions. All consumers and representatives interviewed are happy with the services provided and feel staff that come to consumers’ homes are respectful and friendly. Consumers also said staff are considerate and respectful of them as individuals and they feel they can be themselves.

Consumers are supported to take risks to enable them to live a life they choose. Staff understand dignity of risk, consumer choice and mitigating risks related to choices, and provided examples of how they apply this in practice. All consumers said they are supported to live their life as they choose, and staff support them with providing recommendations to help them to live safely at home.

Information is provided to consumers in a way that is easy to understand and enables them to exercise choice. Staff described how they use interpreters and translation services to effectively deliver information to consumers, where required, and family members and/or representatives for consumers with impaired cognition. Consumers said communication processes are effective, they can make decisions about the services they want and include people of their choice in decision making. There are processes to ensure each consumer’s privacy is respected, and personal information is kept confidential.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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

The Quality Standard is compliant as all five requirements assessed have been found compliant. The assessment team recommended requirement (3)(d) in this Standard not met.

**Requirement (3)(d)** The assessment team recommended this requirement not met as a care plan that details how the service will work with the consumer to provide the services, including the breakdown of goals, preferences and how the service will meet the consumer’s needs is not documented. Care documentation does not evidence that the service confirms the goals and preferences for each consumer are current, or that planning is documented in a care and services plan that is readily available to consumers. Continence care staff said they provide a carbon copy of the bladder and bowel management form, completed at the first home visit, to the consumer, however, do not provide a copy of the assessment report.

I have come to a different finding to that of the assessment team and find this requirement compliant. In coming to my finding, I have placed weight on the provider’s comprehensive response which includes a detailed breakdown of assessment and planning stages which are undertaken in consultation with consumers. CHSP services are short term, equating to an average of 10 hours of service. The provider states, following intake calls, where an assessment is completed, relevant therapists visit with consumers and complete assessments, at the end of which, consumers are provided with a document explaining the management plan, examples of which are included in the response. Management plans also outline consumers’ main concerns and goals. All therapists complete an assessment report, which is provided to consumers and relevant stakeholders. Examples of assessment reports, included in the response, outline reasons for referral, consumer goals, services in place, current level of function, activities of daily living, recommendations, and safety risks and recommendations.

In coming to my finding, I have also considered evidence in the assessment team’s report which shows the outcome of most allied health assessments are documented in a final report that is provided to consumers at the conclusion of their care journey. The service undertakes a comprehensive intake assessment for all new consumers over the phone to ensure that the service has up to date information for each consumer, and My Aged Care (MAC) assessments are used to identify consumers’ needs and goals relating to care and services. Staff said they have access to MAC, intake and medical assessment forms that contain relevant consumer information, along with progress notes, which once the assessment is completed, are included in the assessment report and a copy provided to the consumer upon discharge from the service.

**In relation to all other requirements**, there are effective assessment and planning processes to ensure staff can assess and recommend safe and effective services. Risks to consumers’ health, safety and well-being are identified and assessed through the intake process and during face to face assessments, and strategies to reduce risks are discussed and documented in an assessment report. The assessment process identifies risks to consumers in the home, which are documented in the final report and provided to appropriate medical officers, general practitioners, and other providers of care. Assessment reports and recommendations evidence that allied health staff assess for all risks using validated assessment tools. Staff described how they identified risks, and support consumers to mitigate risks through referrals, education, supports and aids.

Assessment and planning addresses consumers’ current care needs, and consumers confirm they are included in the process to identify what is important to them and what supports they want to receive. In addition to the intake and assessment process, staff spend time with consumers in their homes to identify care and supports. The service provides short term allied health assessment and services and, as such, does not capture consumers’ end of life care needs, goals and preferences. Staff said they would refer to the consumer’s general practitioner and representatives for any end of life care or emergency services, however, do not usually provide any services to consumers to support end of life care.

Consumers are involved in decision making for care and services to be provided, and there are processes to support consumers to include other providers of care in assessment and ongoing support. Staff ask consumers who they wish to be involved in assessments, intake, and medical assessments, and referrals identify any other individuals or organisations to be included once consent is obtained. Staff have capacity to review the services recommended at the time of the assessment. Occupational therapists and continence care specialists interviewed described how they follow up with consumers to ensure recommended support aids being trialled are working to meet the consumer’s needs prior to discharge.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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

Personal care and services are not provided as part of the CHSP; clinical care is provided through allied health assessment and short term reablement physiotherapy services. Staff described how they work with consumers to tailor services which optimise their health, well-being and safety in the home. Assessment reports show consumers’ needs are documented and recommendations for supports, aids and services for each discipline are addressed. Consumers are happy with the services provided, stating they include in depth discussion relating to what they need and what would be of the most assistance in supporting them.

There are processes to identify, assess, plan for and manage high impact or high prevalence risks associated with consumers’ care. Care files evidence discussion with consumers in relation to use of alarm pendants and devices, as well as practices for emergency management to enable consumers to feel safe and maintain their independence. Staff described the main risks for consumers and how they assist them to mitigate risks through referrals, adaptive equipment and aids, and exercise and reablement. Consumers are satisfied with how the service supports them to manage risks identified through assessment processes.

Staff described how they would respond to support consumers nearing the end of life, by ensuring referrals are undertaken for reassessment with MAC and connections to general practitioners are undertaken. Due to the nature of the service, consumers nearing end of life are generally not referred to or received by the service. However, should an assessment be completed for a consumer who is nearing the end of life stage, all care would be taken to ensure that the consumer’s end of life wishes are acknowledged and experienced staff members would ensure that dignity and comfort is maintained.

Staff understand how to identify and support consumers who show signs of deterioration in their mental or physical well-being, including referring back to MAC for reassessment and linking with other support services. While the services provided are short term, staff and practices ensure if deterioration or a change in a consumer’s condition is noted, then support to engage with the required services is provided to the consumer or included in the assessment report for follow-up by the appropriate medical officer.

The service maintains a hybrid record keeping system with consumer assessments stored on a secured shared drive and consumer correspondence and personal information stored on an electronic care management system, however, some inconsistencies in consumer care files were noted. A comprehensive intake and medial assessment is used to document the current medical status and possible needs of each consumer which is uploaded to the consumer’s file. Staff said further communication, assessments and recommendations are documented in clinical notes on the electronic care record, which all staff can access. Staff said they document interactions and outcomes using the service’s electronic care management system to ensure continuity of care, and care related information is provided to others providing care and services.

There are effective systems to minimise infection related risks. Related policies and procedures are available to guide staff practice, and staff are provided training in the correct use of personal protective equipment. Staff are aware of and understand the service’s outbreak management plan and infection prevention processes. Documentation shows consumers’ medications are identified at intake and staff said long term antibiotic use would be included in assessments for general practitioners to review if identified.

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

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers’ independence and function for reablement has been considered in the newly developed exercise and physiotherapist support room, with the area and equipment adapted to suit all consumers’ needs. Staff and management described how mobility barriers were removed and considered in the design and preparation of the space, and the area has been assessed for function by allied health professionals. The area enables consumers to move about freely, and safety protocols and incident and emergency procedures are in place for consumers using the room and services. Documentation and business records show the area is safe, clean and well maintained, with an ongoing schedule for upkeep and maintenance. The area has been assessed and is currently compliant for health and safety measures, including emergency exit egress.

There are systems and processes to monitor and maintain all equipment, fixtures and fittings in the consumer space. Equipment is adaptive and targeted towards aged care consumers, and all equipment is compliant for safety checks. Staff interviewed are aware of safety requirements and maintenance schedules for equipment and fixtures, as well as reporting obligations.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 are aware of how to provide feedback, however, are satisfied with services and do not have concerns to raise. Consumers are comfortable raising concerns with staff or management, or would seek help from the Commission or an advocacy support service if they needed. Consumers are provided information about internal and external complaints avenues, other relevant agencies, and advocacy services, and are supported to provide feedback through various avenues, including verbally, in writing and electronically. The feedback register shows the service records feedback and takes appropriate action. Staff are aware of the service’s feedback mechanisms and said they can take both verbal feedback and assist consumers to provide written feedback if they prefer.

Appropriate action is taken in response to feedback and an open disclosure process is used when things go wrong. Policies and procedures guide staff practice in complaint management and staff are aware of their roles and responsibilities in resolving any issues they can at the time, documenting and escalating complaints and using an open disclosure process. Complaints, suggestions for improvement and compliments are documented and responded to in line with service policies and procedures. Complaints and feedback are reviewed and analysed monthly for trends, with strategies implemented to improve the quality of services provided. A current plan for continuous improvement is in place, and items on the plan are discussed at various meetings and actioned in the plan. Consumers interviewed said they have not needed to make a complaint, however, feel comfortable making complaints and confident they would be responded to.

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

# Standard 7

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| Human resources | | CHSP |
| 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

The workforce is planned to enable the right number and mix to ensure the delivery and management of safe and quality care and services. There are processes to assess and triage consumers during the intake process to identify who needs particular services and whether the service has the capacity, including staff resources to provide these in a timely manner. Staff said they are scheduled enough time with consumers to undertake various processes, assessments, reporting requirements, and home visits, and consumers said staff attending home visits come on time and as scheduled.

Workforce interactions with consumers are kind, caring and respectful. The service has a code of conduct policy which outlines the conduct of staff towards consumers, and a safeguarding consumer policy which guides staff in maximising consumer capacity, choice and independence which underpins the delivery of kind, caring, respectful interactions with consumers. Staff provided examples of how they provide kind and respectful care, including by listening to consumers and understanding their needs, goals and preferences, and using respectful language in their interactions. All consumers interviewed said staff are kind, caring, respectful and supportive of them, and described staff as ‘very respectful,’ ‘so caring and brilliant,’ ‘lovely,’ and ‘good souls.’

All consumers interviewed said staff are competent and have the right skills and experience to provide quality care and services. Staff undertake competency assessments as part of their training, work within their scope of practice and are supported to improve their skills and knowledge. Position descriptions outline desired qualifications, experience, roles, and responsibilities, and there are systems to verify staff qualifications and competencies on commencement, with management working collaboratively with staff to bridge skills or knowledge gaps. Staff described working within their skills, qualifications and knowledge base and said they are supported by management with any additional training or support.

The workforce is supported to deliver the outcomes of these Standards, and consumers are confident staff are well trained and professional when visiting their homes and conducting assessments. Staff receive training on a range of topics, and are also supported through the availability of best practice, evidence based clinical resources. Staff qualifications and national police checks are verified as part of recruitment processes and monitored ongoing. Staff said they are fully supported with training needs, understand what is required of them in their role through clinical capabilities and the performance process, and have ongoing support from team leaders and senior managers.

Regular, comprehensive assessment, monitoring, and review of the workforce occurs. Responsibilities and expectations of each position are clearly outlined, and staff performance is monitored in a range of ways by senior staff. Staff are supported to improve their performance and continuously develop their skills, knowledge and expertise, including through performance and planning meetings, development of performance plans, review of standard of work, training and education, and clinical supervision, where relevant. There are also systems to monitor staff performance and address performance issues below the expected standard.

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

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said they are able to engage with staff throughout their journey with the service, and they can discuss their needs, goals and preferences which are considered when providing services. A consumer advisory body has been established and meet four to six times a year to discuss areas of care and services which interest and impact consumers. Current issues of interest include, but are not limited to, wait times to access services and the diversity of the customer reference group.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a board, who are supported by various members of management, executive, and committee members who have oversight of clinical governance, quality assurance, audit and risk, regulatory compliance, and financial governance. Meeting minutes show management, representatives of organisation committees, consumer representatives and the board meet regularly to review and respond to information about the service’s performance and the quality of care and services. The board can request additional information from the organisation and service to satisfy itself care and services are safe.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. An effective clinical governance framework, supported by policies and procedures, and inclusive of minimising use of restraint and open disclosure was demonstrated. Allied health professionals provide services in line with their scope of practice and are supported to ensure clinical excellence within their professional capacity. Monitoring of performance and professional development supports staff to provide safe and effective care and services. While the service does not have responsibility for antimicrobial stewardship, there is organisational governance relating to infection control which includes a range of policies and procedures. As noted in requirement (3)(g) in Standard 3, staff described how they support consumers through infection risks, and documentation shows consumers’ medications are captured at intake, with staff stating long term antibiotic use would be included in assessments for general practitioners to review, if identified.

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

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)