**Performance**

**Report**

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| Name of service: | TSC Home and Community Care |
| Service address: | Suite 7, 10 - 12 Prospect Street BOX HILL VIC 3128 |
| Commission ID: | 300894 |
| Home Service Provider: | Angels Health Service Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 August 2023 to 30 August 2023 |
| Performance report date: | 20 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 TSC Home and Community Care (**the service**) has been prepared by F.Nguyen, 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.

# Services included in this assessment

**Home Care:**

* TSC Home and Community Care, 26248, Suite 7, 10 - 12 Prospect Street, BOX HILL VIC 3128

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 11 September 2023

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 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)(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

Requirement 2(3)(a)

The Assessment Team was satisfied the service meets Requirement 2(3)(a), and provided the following evidence relevant to my finding:

* Discussions with consumers, staff, and a review of consumer files, identified assessments and planning are conducted including consideration of risk to the consumer’s health and wellbeing, and informs the delivery of safe and effective care and services.
* The assessment team evidenced that care documentation reflected risk, staff were aware of care delivery through the information available, and consumer feedback showed that the consumers are getting safe and effective service delivery.
* Management advised that an initial assessment is completed when a consumer accesses the service. Risk assessments such as consumer falls, incontinence and clinical assessments are conducted, this information informs the development of a care plan. Staff advised that they arrange the purchases for the consumer and help them to get the services they need. If there is a falls risk, low or high, consumers are educated on who to contact and what to ask, this helps to make sure care is safe and friendly, delivered and recorded on time, and followed accordingly.

Requirement 2(3)(d)

The Assessment Team was satisfied the service meets Requirement 2(3)(d), and provided the following evidence relevant to my finding:

* Documentation is mainly in the language spoken by the consumer and available in English. All consumers/representatives described the care and services delivered, and most recalled that they had a copy of their care plan and are aware of the services they are receiving.
* Case managers said consumers are always provided with a copy of their care plan. The consumer receives a copy and the service retains a copy electronically. Care documentation reviewed for each consumer showed that they had a care plan that informed the care and services they are to receive.
* Support workers described how they access consumer care directives or information sheets from the service provider regarding their particular consumer that they are providing care for. The information is sent to them once the allocated job has been accepted by the support worker.
* Management advised that they send consumers a hard copy of their care plan, and review and modify them regularly, so consumers are aware of what is happening. They advised that sometimes consumers do not understand why they review it, so they explain it to help them and help to ensure that they receive the best of care.   
  Information is explained to them in simple language.

Requirement 2(3)(e)

The Assessment Team was satisfied the service meets Requirement 2(3)(e), and provided the following evidence relevant to my finding:

* Representatives interviewed said that if the consumers preferences or conditions were to change, the service would review and update their care and services as needed.
* Management advised that care and services are reviewed regularly for consumers, consumers on higher level packages are reviewed every three months, or as needed. Review dates and assessments were observed and are documented in the consumers electronic case file and the consumer care plan review record spreadsheet.
* Care documentation showed that care and services are updated when a consumer’s personal condition or circumstances change, or when incidents or accidents occur to the consumer.

Based on the information summarised above, I find the service compliant with Requirements (3)(a)(d)(e) in Standard 2 - ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Requirement 3(3)(a)

The Assessment Team was satisfied the service meets Requirement 3(3)(a), and provided the following evidence relevant to my finding:

* Management discussions and consumer/representative feedback identified the service has identified and implemented safe and effective personal and clinical care. Assessments and care planning documentation reviewed by the Assessment Team identified consumers personal and clinical care needs.
* Support workers are provided with information about a consumer’s personal care needs via email and an attached document downloaded from the consumer’s electronic file and an online communication system. Consumers receiving personal care have had their care directives updated to ensure safe personal care is provided.

Requirement 3(3)(b)

The Assessment Team was satisfied the service meets Requirement 3(3)(b), and provided the following evidence relevant to my finding:

* The service demonstrated effective management of high impact or high prevalence risks associated with the delivery of care as identified in the assessment process, through feedback and following incident notification. The service has developed a consumer risk and vulnerability screening tool. The tool is reviewed and updated each time the consumer is reviewed.
* The risk and vulnerability screening tool is utilised for all consumers. The screening tool documents their high impact or high prevalence risks associated with their care and services. The screening tool and risks are reviewed during the consumers review process and the screening tool and risks are updated to reflect the consumer’s needs. Care documentation provided to support workers includes information relating to consumer risks.

Requirement 3(3)(c)

The Assessment Team was satisfied the service meets Requirement 3(3)(c), and provided the following evidence relevant to my finding:

* The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Management and staff were able to discuss the palliative care processes including a current consumer who is receiving palliative care services. Staff stated they had received training in palliative care and that they provide updates of changes in the consumers care needs to the case manager.
* Management advised staff are guided by the organisation’s palliative care policy and procedure and staff have access to internal palliative care training.

Requirement 3(3)(d)

The Assessment Team was satisfied the service meets Requirement 3(3)(d), and provided the following evidence relevant to my finding:

* The service demonstrated deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* Support workers interviewed demonstrated knowledge of their responsibilities in reporting consumer deterioration or change in the consumers care need to the case manager and/or the office. Care documentation reflected that changes in a consumer’s health or condition are reported, documented, and actioned.
* Changes and deterioration in consumers’ needs are reported by consumers, representatives, support workers and other care professionals including general practitioner’s, nursing services and allied health. Case managers document the changes and deterioration and follow up with telephone calls and/or home visits to ensure they are responded to in a timely manner as identified by the Assessment Team.

Requirement 3(3)(e)

The Assessment Team was satisfied the service meets Requirement 3(3)(e), and provided the following evidence relevant to my finding:

* The service demonstrated that information about consumers is communicated within the organisation and with others responsible for care. Consumers/representatives interviewed expressed satisfaction that the consumers’ condition, needs and preferences are communicated within the organisation and with others where care is shared.
* Support workers interviewed described how they accessed consumer information via email, an online communication system and will contact the case manager if they require further information. Care documentation shows that the service actively communicates with others, internally and externally, to ensure the provision of personal and clinical care.

Requirement 3(3)(f)

The Assessment Team was satisfied the service meets Requirement 3(3)(f), and provided the following evidence relevant to my finding:

* The service demonstrated appropriate and generally timely referrals to individuals, other organisations and providers of other care and services. Consumers/representatives interviewed said in various ways they are satisfied that when needed, the service enables appropriate individuals, other organisations and service providers to become involved in care and service delivery. Staff demonstrated an understanding of referral networks and described internal and external referral processes.
* Care documentation sampled evidenced referrals were made in response to an identified need, including to nursing services, physiotherapy, occupational therapy and massage therapy. Documentation included corresponding reports and recommendations were incorporated into care plans and actioned.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 3 - personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

Requirement 4(3)(d)

The Assessment Team was satisfied the service meets Requirement 4(3)(d), and provided the following evidence relevant to my finding:

* The service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation and with others where responsibility for care is shared. Consumers/representatives said in different ways, they are satisfied that their services and supports are coordinated, and that they get the services they need.
* Support workers interviewed said that when changes occur, this is discussed with the consumer and current consumer information is shared through weekly team meetings, phone calls, emails and text messaging. The service also utilises an ‘app’ for communications with their consumers, and staff within the organisation.
* Notes are also recorded on the services electronic case management system. Care documentation reviewed showed that the service communicates with others, internally and externally, to ensure services are coordinated.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 4 - services and supports for daily living.

# Standard 7

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| Human resources | | HCP |
| 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 |

Findings

Requirement 7(3)(c)

The Assessment Team was satisfied the service meets Requirement 7(3)(c), and provided the following evidence relevant to my finding:

* The service demonstrated the workforce is appropriately trained to support consumers and effectively perform their roles. All consumers/representatives interviewed said in various ways that staff know what they are doing and are competent in their roles.
* The service has position descriptions for all roles. Staff in the clinical role ensure they maintain and have the appropriate mandatory qualification for the role such as Master’s Degree in social work, various Bachelor’s Degrees and other certificates. Management discussed minimum industry qualifications required for staff and current aged care experience. Management and a number of staff have a clinical background, including registered nurses and general practitioner. Staff and management reflect knowledge relevant to their roles and showed understanding and implementation of strategies and relevant trainings to their roles.
* Staff competencies are monitored through human resources to assure the organisations staff and support workers hold current competencies relevant to their role, as well as notifications and reminders of upcoming renewals and related trainings. Records show staff hold current first aid certificates, police checks and qualifications.

Requirement 7(3)(d)

The Assessment Team was satisfied the service meets Requirement 7(3)(d), and provided the following evidence relevant to my finding:

* The service demonstrated the workforce is recruited and equipped to deliver the outcomes. Consumers/representatives interviewed provided positive feedback in relation to staff involved in their care and services. Staff advised they attended and completed a number of various trainings related to their roles for better understanding of the consumer’s needs, medical conditions and various tools to support them with their work with consumers.
* Management advised all staff including support workers received various trainings over the last year, and they continue to develop their skills and knowledge through the monthly trainings. After the last Quality Audit in June 2022 the service signed up with an external training provider to support staff with training opportunities, professional development and better understanding of consumers and their needs.
* Management stated they also introduced online training and information sessions, which run every Thursday, for consumers, representatives and other carers over the range of different topics. For the online information sessions, they have also invited guest speakers to talk about issues related to advocacy, aged care, infection prevention control, management of medication at home and use of webster packs, etc.

Based on the information summarised above, I find the service compliant with Requirement (3)(c)(d) in Standard 7 - human resources.

# Standard 8

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| Organisational governance | | HCP |
| 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

Requirement 8(3)(b)

The Assessment Team was satisfied the service meets Requirement 8(3)(b), and provided the following evidence relevant to my finding:

* The service demonstrated that the organisations governing body promotes a culture of safe and inclusive quality care. The services governing body includes a managing director and management/clinical team has overall responsibility for organisational governance with the support of members of the care team. The management team includes staff with leadership roles and overall responsibility for specific aspects of organisational governance. The governing body maintains oversight of service delivery and guides strategic planning to improve outcomes for consumers receiving services through monthly meetings, reports that captures risk management, incidents, complaints, financial management and workforce issues and other relevant management strategies.
* The human resource manager monitors and provides compliance reports on probity checks, trainings and staffing. All staff have access to the log system where received information on consumers and other relevant issues can be viewed, actioned and discussed at weekly meetings.
* Relevant policies, procedures and systems for the management, monitoring and review of the subcontracted services were reviewed by the Assessment Team.

Requirement 8(3)(c)

The Assessment Team was satisfied the service meets Requirement 8(3)(c), and provided the following evidence relevant to my finding:

* The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

**Information management**

* The service has information management systems in place that include client management systems, email, document management system, virtual and face-to- face meetings to share information.
* Staff are provided with individual login and password access to the electronic systems with two level identification process for access. Support workers are provided with a mobile application and information provided to them is service specific and relevant to the services they provide. Staff and support workers personal information is stored in their electronic files and hard copy documents are kept in the locking cabinets.

**Continuous improvement**

* Opportunities for continuous improvement are identified through risk assessments, incidents, industry changes, management and staff suggestions, consumer feedback and reviews and are documented in the continuous improvement register.

**Financial governance**

* Management described the financial governance in place to ensure the continuing safe delivery of care and services to consumers. The management team maintains oversight of monthly financial planning reports including revenue, budgeting and forecasting of expenditure, which are discussed at executive levels.
* Consumers receiving home care packages receive monthly statements. The service updated and improved their monthly statements by breaking down costs and itemising all care and service charges. Case managers, at the end of the month, check all overspend/underspend funds and discuss with the consumers best strategies and plans to help them control their finances.

**Workforce governance**

* Human resources assist management with workforce accountabilities including staff recruitment, selection, induction, learning and development, performance management and employee assistance. Position descriptions reviewed include clear responsibilities and accountabilities. Workforce governance systems monitor staff performance, compliance checks, training and competencies.
* Management advised the service has policies, procedures and contract agreements to monitor and manage compliance of the subcontractors and to make sure they are right for the service.

**Regulatory compliance**

* Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months, besides the quality audit conducted by the Aged Care Quality and Safety Commission in June 2022.
* Management advised that policies and procedures are updated as result of updates from Government departments and peak bodies. Management reported processes are in place to monitor changes to the aged care legislation which is over seen by the quality manager and reported to the management team and staff, through meetings and email updates.

**Feedback and complaints**

* Organisational feedback and complaints data is discussed in weekly team meetings and is reported to the management team. The service has feedback and complaints management policies and procedures and has provided mandatory training to staff on the use of open disclosure principles. A review of feedback registers shows the capture of all feedback types including compliments, trends for analysis and the timely response and resolution of complaints. While overall very few complaints are registered, documentation review and discussion with staff and management demonstrated that complaints are documented, reviewed, investigated and actioned.

Requirement 8(3)(d)

The Assessment Team was satisfied the service meets Requirement 8(3)(d), and provided the following evidence relevant to my finding:

* The organisation has processes in place for managing high impact and 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.

**Managing high impact or high prevalence risks**

* The organisation’s framework includes an incident reporting system, an organisational risk register with policies and procedures to guide reporting processes, identify risk and implement risk reduction strategies. Management have developed a risk and vulnerability screening tool to monitor high prevalence risks associated with the care of consumers and includes clear instructions for staff to mitigate any potential risk to consumers, such as falls risks, management of wounds, the recognition and support of diabetic consumers.

**Identifying and responding to abuse and neglect**

* Management advised of mandatory staff training requirements in recognising and responding to elder abuse and neglect, and they have relevant policies and procedures. Staff confirmed they have undergone training to assist in the recognition of elder abuse and neglect. Support workers are required to immediately report suspected abuse and neglect to the service. Management advised at present at this site there have been no issues reported on elder abuse and neglect.

**Supporting consumers to live the best life they can**

* Consumers/representatives reported being well supported, treated with respect, kindness and provided positive feedback on the services received that helps them to improve their quality of life and to live a life of independence.

**Managing and preventing incidents**

* An incident reporting policy, procedure and register is available for recording of incidents. Staff and support workers are guided by relevant policies and procedures (in multiple languages) when dealing with any incidents. Management advised that all incidents are discussed at weekly team meetings and at monthly quality clinical governance meetings. All staff and management completed mandatory training in serious incident response scheme (SIRS).

Requirement 8(3)(e)

The Assessment Team was satisfied the service meets Requirement 8(3)(e), and provided the following evidence relevant to my finding:

* The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Antimicrobial stewardship, abuse and neglect, behaviours of concern and restrictive practices policy and procedure were viewed by the Assessment Team.

**Clinical governance framework**

* The service has a newly documented clinical governance framework that includes key roles and responsibilities, competencies for clinical performance and collection and reporting of data. Management advised there is a clinical governance meeting that is held monthly to discuss clinical care, complex conditions, identify high risk consumers or trends. Clinical incidents are reported through an incident management system reviewed by the management and the leadership team. Clinical care for consumers is provided by internal and external nursing services, allied health services, medical practitioners and/or palliative care team.

**Antimicrobial stewardship**

* The organisational framework includes infection prevention and control practices to identify and manage infections inclusive of COVID-19 outbreaks. Management outlined procedures and processes to manage consumer and staff infection control, to guide staff approach in clinical care, including mandated staff vaccination, mandatory training requirements and use of personal protective equipment when required.
* The organisation does not prescribe or manage medications but has a process and a system providing overview of the medications/antibiotics currently used by their consumers. The spreadsheet is regularly updated and contains information about consumers’ name, medication prescribed, dosage and usage, type of infection, start and end date for the medication, review, follow up and other related notes.

**Minimising the use of restraint**

* Management and staff advised they do not have any consumers who have been identified as subject to the use of restraint. Staff have access to an online training module on restrictive practices that is mandatory for all staff and support workers. There is a policy on restrictive practices to guide staff. The service has a dignity of risk process to ensure safety and consent by the consumer and/or their representative.

**Open disclosure**

* An open disclosure approach is demonstrated in related policy and practice. Consumers/representatives interviewed were overall satisfied that appropriate action and open disclosure occurs. All staff have been trained in open disclosure processes. Management and staff interviews and documentation reviews shows related training has occurred and open disclosure is used.

Based on the information summarised above, I find the service compliant with Requirements (3)(b)(c)(d)(e) in Standard 8 - organisational governance.

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