**Performance**

**Report**

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| Name of service: | Uniting AgeWell Southern Metro Home Care |
| Service address: | 68-72 Atherton Road OAKLEIGH VIC 3166 |
| Commission ID: | 300148 |
| Home Service Provider: | Uniting AgeWell Limited |
| Activity type: | Quality Audit |
| Activity date: | 6 September 2023 to 8 September 2023 |
| Performance report date: | 15 November 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 Uniting AgeWell Southern Metro Home Care (**the service**) has been prepared by T Wilson 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:**

* Uniting Aged Care - Northern Tasmania CACPs, 17196, 68-72 Atherton Road, OAKLEIGH VIC 3166
* Uniting AgeWell Southern Metro, 18987, 68-72 Atherton Road, OAKLEIGH VIC 3166
* Uniting AgeWell Andrew Kerr Home Care, 28056, 68-72 Atherton Road, OAKLEIGH VIC 3166
* Uniting Aged Care - Strathdevon CACPs, 17198, 68-72 Atherton Road, OAKLEIGH VIC 3166
* Uniting Aged Care - Southern Tasmania CACPs, 17197, 68-72 Atherton Road, OAKLEIGH VIC 3166

**CHSP:**

* Community and Home Support, 27598, 68-72 Atherton Road, OAKLEIGH VIC 3166
* Care Relationships and Carer Support, 27597, 68-72 Atherton Road, OAKLEIGH VIC 3166

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 2 Requirement (3)(a) – ensure assessment and planning is undertaken with all consumers including consideration of risks to the consumer’s health and well-being to informs the delivery of safe and effective care and services.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP/STRC | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

Consumers confirmed that they are treated with dignity and respect, and they receive culturally safe care and service. They are able to make decisions about the care and services and who they like to be involved in their care. Consumers are supported to take risks, receive information that is current, timely and easy to understand, and their privacy is respected by the service. Consumers receive information about the services they received and confirmed they understand them.

Staff said they are encouraged to treat consumers with dignity and respect and are trained to provide culturally safe care. Choice is supported by staff, and they understand consumers may want to do activities which they modify to suit them. Staff advised each consumer is provided with a current care plan, and HCP consumers receive statements on a monthly basis outlining the services being billed to their packages.

Training is provided to ensure staff understand how to treat consumers with dignity and respect and provide them with culturally safe care and services. The service has policies on choice and decision making, code of conduct, diversity, education and professional development, protecting the privacy of personal and health information and diversity inclusiveness strategy. Information is provided to consumers in various ways to ensure they understand the information and can make their own choices with the care and services they receive.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/STRC | 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 | Non-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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard is non-compliant as Requirement (3)(a) for CHSP has been assessed as non-compliant.

The assessment team recommended Requirement (3)(a) for CHSP as not met, as the service has not assessed all consumers who transferred in a bulk transfer of 1400 consumers from another provider in September 2022 for CHSP services. Whilst assessment of the consumers commenced in February 2023 there are still several hundred consumers with outstanding reviews. The report detailed two consumers where they have had changing needs but have not been assessed with a total of six being reviewed. In Standard 8 Requirement (3)(d) it outlines how the service has a clinical governance CHSP action plan to complete the reviews by the 18 November 2023.

I agree with the assessment team that Requirement (3)(a) for CHSP is non-compliant. Whilst the provider does have a plan of action to rectify this, the assessment team were able to demonstrate that consumersmay not be receiving services they require due to not being assessed. Whilst I acknowledge this is being completed by the service it had not yet been completed and time will be needed to ensure the process was successful.

It is for these reasons I find Requirement (3)(a) for CHSP non-compliant.

I am satisfied the remaining Requirements, including Requirement (3)(a) for HCP are compliant.

Consumers and representatives confirmed they are satisfied with the assessment process and their care plans are discussed and agreed upon. Consumers indicated care planning identified their current needs, goals, and preferences and were able to recall discussions and receiving information on advance care planning or end of life planning. Consumers felt supported through this process and the outcomes are clearly articulated to them. Consumers confirmed they are reviewed regularly and when things change.

Staff could describe the care planning process and support staff understood consumers’ needs and risks to enable delivery of quality care and services. Staff discussed how they include the involvement of others in care planning and assessment such as, involving family members and performing group assessments with nurses, care advisors and other health practitioners or general practitioners that the consumers wish to involve. Staff with responsibilities for assessment and planning described how care is formally reviewed at regular intervals, as circumstances change and when incidents occur.

Care planning documentation identified goals relating to mobility and independence within the home and evidenced where necessary, completed falls risk assessments and safe home risk assessments. Care documentation showed discussions around advanced care planning and information packs are provided during the assessment process. Care plans showed consumers goals and how they would achieve those goals. Care documentation showed regular reviews occur for HCP and CHSP, allied health and social support consumers and overall evidenced revised care and services for consumers with changed circumstances as appropriate. There are policies and assessment templates to guide assessment and care planning.

# Standard 3

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| Personal care and clinical care | | HCP/STRC | 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

Consumers andrepresentatives interviewed confirmed the care provided is safe and right for them and risks are discussed and managed by the service. Consumers and representatives said that staff know them well and would recognise if their health deteriorated of changed. They are also satisfied that information is shared with those who assist with their care, and they receive referrals to other services where required. Consumers and representatives are satisfied with measures staff undertake to protect the consumers from infection.

Staff could describe how they deliver safe and effective care that is tailored to individual consumer needs. Staff advised how they manage high impact, high prevalence risks included falls risk, wound management and risks associated with cognitive deficits. Staff expressed satisfaction with the information provided at point of care and felt confident that if they required more information, they would be able to refer to the consumer’s care advisor or manager. Staff confirmed they have had training in hand hygiene, infection control and are supplied with personal protective equipment (PPE) to use when necessary.

Documentation showed that consumers are receiving care as required and risks associated with the care and services of consumers is documented. Instructions to guide staff in managing risks is detailed and consistently recorded. Care plans evidenced staff connecting with and supporting consumers nearing end of life. Consumer documentation reviewed shows regular review and reassessment is occurring, including clinical reassessment, to identify deterioration or change in consumer care needs and cognitive and physical capacity and function. The service has electronic systems for the transfer of consumer information within the service and to support staff. There is evidence in care documentation, including alerts, referrals and reports regarding consumers care needs. There are policies and procedures to guide staff in all aspects of consumer care including to minimise infection related risks.

# Standard 4

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| Services and supports for daily living | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

Consumers and representatives interviewed confirmed consumers are supported to undertake activities that optimise their independence health and wellbeing. Consumers said they are assisted to attend social outings that they enjoy, and they are provided with meals at the outing they enjoy. Consumers expressed satisfaction with the equipment they are provides and feel safe using it.

Staff confirmed they assist consumers to maintain their independence, assist them to do things they want to do and how they support them when they are feeling low. Staff described how current information about each consumer is shared through alerts on their mobile application, emails, telephone calls and how they notify the services when changes occur. The referral process was known by staff to connect consumers to additional supports and the process to ensure each consumer is provided with food that meets their preferences and dietary requirements.

Care documentation contained information for staff to assist consumers to achieve their goals and that services delivered align with what is important to consumers. It also contains relevant information on consumer interests, hobbies and preferences and how the service communicates with others, internally and externally, to ensure services are coordinated. There are processes documented to assist staff to make referrals and how to report if equipment required maintenance or replacement.

# Standard 5

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

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

Consumers from the social support group confirmed they feel welcome at the service, and they enjoy spending time there. They are satisfied the service is safe and clean and they are able to move freely indoors and outdoors. Consumers confirmed their satisfaction with the suitability, safety and cleanliness of the furniture, fittings, and equipment at the service.

Staff described how consumers are welcome and supported to the service and how they can choose the activities they wish to do. They also described how they ensure the service environment is safe, clean, comfortable and accessible when consumers have meals there. Staff confirmed they know how to submit maintenance requests and a health and safety representative conducts inspections every two months.

It was observed the service has adequate seating arrangements in place, space, lighting, signage and appropriate accessibility for wheelchair access and consumers were welcomed when they arrived. The service was observed to be clean and well maintained.

# Standard 6

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| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

Consumers confirmed they are supported to provide feedback about the services they receive, and they have been provided with information about advocacy services and external complaint mechanisms. They are satisfied complaints are resolved to their satisfaction and changes are made to care and services as a result of feedback and complaints.

Staff described how they encourage feedback from consumers and how they provide them with information about advocacy information and other services. Staff knew how the complaint system worked and they logged complaints to ensure they could be tracked and resolved. Staff described their understanding of open disclosure as acting transparently, honestly and communicating updated related to resolutions to consumers.

The service has complaints log to track complaints and ensure they are resolved as per the complaint and feedback management policy. Where appropriate items are added to the continuous improvement plan to improve care and services for all consumers.

# Standard 7

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| Human resources | | HCP/STRC | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

Consumers confirmed they receive care from regular staff, they don’t feel rushed, and staff are kind, gentle and caring when delivering care and services. The said they effectively perform their roles, and they are requested to provide feedback on staff who provide their care and services.

Staff confirmed they are generally able to complete their work in the allocate time. Management could describe the system to ensure there is sufficient staff to provide quality care and services. Staff said they are assessed for competency regularly and mandatory training and workshops are provided to maintain their skills and knowledge. Staff described how the service has provided buddy shifts to introduce them to service delivery along with online training, workshops, regular appraisals, team meetings and supervision to ensure they are supported and trained to deliver effective outcomes.

All staff are provided with a position description, and they are subject to official checks to ensure they are registered with official agencies where appropriate, with police checks conducted for all staff. Management described the system to manage performance and how they identify any additional training needs for staff. Documentation showed that training and performance records are managed and monitored.

# Standard 8

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| Organisational governance | | HCP/STRC | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard is compliant as all Requirements have been assessed as compliant.

The assessment team recommended Requirement (3)(d) for CHSP as not met due to the service not assessing 252 CHSP consumers that transferred from another service more than 12 months ago. This leaves them vulnerable to experiencing unmanaged high impact high prevalence risks. The assessment team acknowledged that the service has a clinical governance improvement item to ensure all consumers have been assessed by 18 November 2023.

I disagree with the assessment team, and I think the service does meet this Requirement. The governance system has proven itself to be effective as the service is aware of the consumers not being assessed and it has a plan in place to ensure that they are all completed. Whilst it may not be ideal that the consumer don’t have current assessments, the plan will ensure this is completed within a reasonable timeframe.

It is for these reasons I find Requirement (3)(d) for CHSP compliant.

I am satisfied the remaining Requirements, including Requirement (3)(d) for HCP are compliant.

Consumers and representatives confirmed they provide input into the development and provision of their care and services through surveys, feedback forms and speaking to staff or management.

Management explained the system to ensure the governing body is informed to ensure they promote a culture of safe, inclusive and quality care. The service has a strategic plan which includes goals related to providing high quality and safe services with a commitment to continuous improvement. The diversity and inclusiveness strategy highlights the service’s aim to achieve diversity and inclusiveness.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure.

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)