**Performance**

**Report**

**1800 951 822**

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| Name: | Uniting AgeWell Southern Metro Home Care |
| Commission ID: | 300148 |
| Address: | 68-72 Atherton Road, OAKLEIGH, Victoria, 3166 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 23 January 2024 |
| Performance report date: | 9 February 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9609 Uniting Agewell Limited  
Service: 28056 Uniting AgeWell Andrew Kerr Home Care  
Service: 17198 Uniting AgeWell North Western Tasmania Home Care  
Service: 17196 Uniting AgeWell Northern Tasmania Home Care  
Service: 18987 Uniting AgeWell Southern Metro Home Care  
Service: 17197 Uniting AgeWell Southern Tasmania Home Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9727 Uniting AgeWell Limited  
Service: 27597 Uniting AgeWell Limited - Care Relationships and Carer Support  
Service: 27598 Uniting AgeWell Limited - Community and Home Support

**This performance report**

This performance report for Uniting AgeWell Southern Metro Home Care (**the service**) has been prepared by P.Frangiosa, 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 Assessment contact (performance assessment) – non-site report was informed by a non-site site assessment, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Assessment contact (performance assessment) – non-site report.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all Requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Assessed** |
| **Standard 4** Services and supports for daily living | **Not Assessed** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Not Assessed** |
| **Standard 7** Human resources | **Not Assessed** |
| **Standard 8** Organisational governance | **Not Assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all Requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Assessed** |
| **Standard 4** Services and supports for daily living | **Not Assessed** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Not Assessed** |
| **Standard 7** Human resources | **Not Assessed** |
| **Standard 8** Organisational governance | **Not 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

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a Quality audit undertaken from 6 September to 8 September 2023, as the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. It was identified a significant number of consumers who transferred from a previous CHSP service provider had not been assessed to identify risks to their health and wellbeing.

The Assessment Team’s report for the Assessment Contact undertaken on 23 January 2024 included evidence of actions taken to address the non-compliance, including but not limited to:

* The services allocation of additional staff to undertake assessments of identified consumers previously not assessed, including the appointment of specialist staff and experienced Program manager to support clinical reviews.
* In addition to the 300 consumers which were assessed, the total cohort of 1100 transitioned consumers were reassessed within a 6-week timeframe.
* The development of a Vulnerable Persons Register and Dashboard to monitor and respond more expediently.

Consumers and/or representatives said in various ways care and services needs were discussed and planned. Management and Coordinators described how they assess consumers’ needs and risks and respond accordingly. For example:

* Describing ongoing continuous development activities to ensure effective assessment and planning is undertaken in a timely manner including ongoing monitoring of completions of assessments and care planning to ensure risks are identified and mitigated at point of care and services for consumers.
* Program Managers will implement the monthly monitoring of the quality of intake and review information for consumers to ensure they receive the care and services they require, and referrals are actioned either internally to the clinical team or externally to MAC.

While the Assessment Team identified deficiencies in some aspects of capture and response regarding care and service delivery, the service was able to respond expediently.

The Assessment Team found these improvements were effective and recommended Requirement (3)(a) met.

Based on the information summarised above, I find the service compliant with Requirement (3)(a).

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)