**Performance**

**Report**

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| Name: | Vivir Healthcare Pty Ltd |
| Commission ID: | 301092 |
| Address: | Level 16, 570 Bourke Street, Melbourne, Victoria, 3000 |
| Activity type: | Quality Audit |
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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: 9973 Vivir Healthcare Pty Ltd  
Service: 27966 Vivir Healthcare Pty Ltd - Community and Home Support

**This performance report**

This performance report for Vivir Healthcare Pty Ltd (**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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 26 April 2024.

# 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 | **Not assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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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

Consumers and representatives said consumers are treated with dignity and respect, and they feel valued by those who provide care. Staff were observed to respect consumers dignity and engaged with them in a friendly manner. Processes include discussions with each consumer about their identity, culture and diversity needs.

Consumers said staff make them feel safe and they are free to express their cultural identity. Staff were able to identify consumers with specific cultural preferences and described how they tailor care and services to support their needs. Care planning documentation included information to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers can make decisions about how and when they would like care provided, who is involved in decision making about their care and are supported to maintain relationships of choice. Staff provided examples of how they assist consumers in making day-to-day decisions. Care planning documentation included consumer choice and preferences.

The service supports consumer choice which includes consideration of risk so each consumer is able to live the best life they can. For sampled consumers who choose to undertake a risky activity, risk assessments were undertaken, the associated risk was explained to the consumer and/or representative, mitigation strategies were implemented, informed consent was obtained, and regular review was undertaken.

Consumers and representatives said consumers are provided information via various mechanisms, which enables them to exercise choice. All consumers and representatives interviewed stated that their monthly statements are clear, itemised, and easy to understand.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback, and by educating staff on the importance of privacy and confidentiality on engagement. Access to consumer’s personal information is protected including staff access the electronic care record system via password protected logins.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Consumers and representatives confirmed assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. The service uses validated tools to assess risks to guide the delivery of safe and effective care and services. Staff confirmed they have access to care planning documentation to guide them on the care and services provided.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care. Staff and management described how 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. Management explained care planning documentation is updated regularly based on ongoing assessment and planning processes. Documentation showed clear directives for staff to support the consumer based on the consumer’s assessed needs and goals.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Consumers and representatives confirmed they receive assessment and care planning information and documentation, and staff know what they are doing. Staff confirmed they have access to care planning documentation to guide the care and services they provide for consumers.

Staff confirmed they receive access to updated care plans when services change with clear directives included. Management described how care is formally reviewed at regular intervals and when circumstances change or when incidents occur. Documentation showed regular reviews are conducted. Management advised they will ensure it is clearly documented new and updated care plans are provided to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# 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. | Not assessed |
| 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

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction that the consumer’s condition, needs and preferences are communicated within the service and with others where care is shared. Management discussed how information and recommendations to other health practitioners are received, reviewed and implemented and documented. Documentation showed the service communicates with others to ensure the provision of personal and clinical care for consumers.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

Based on the information summarised above, I find the provider, in relation to 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 | | 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. | Not assessed |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not assessed |
| 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. | Not assessed |
| 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. | Not assessed |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not assessed |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not assessed |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not assessed |

Findings

Standard 4 was not assessed as the service does not deliver services and supports for daily living.

# 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. | Not assessed |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not assessed |

Findings

Standard 5 was not assessed as the service does not provide services in the Organisation’s service environment.

# 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

Requirement 6(3)(d)

The Assessment Team was not satisfied feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team provided the following evidence to support their assessment:

* The services complaints register does not record any feedback from CHSP consumers.
* The service’s plan for continuous improvement shows feedback and complaints are reviewed on the clinical governance meetings, however viewed clinical governance and quality committee meeting minutes did not capture complaints or feedback being discussed at meetings.
* Management was unable to provide examples of CHSP program improvements as a result from consideration of consumer’s feedback and complaints

The provider provided the following information and actions in response:

* An explanation that the service is working towards the updated continuous improvement plan (CIP), in conjunction with evidence including an updated consumer outcome and organisational statement relating to feedback and complaints.
* An explanation that an updated consumer welcome pack will commence being distributed from 29 April 2024. Evidence within the welcome pack included updated feedback, complaints and translation information.
* The development and implementation of annual surveys to the consumers, as per the service’s continuous improvement plan. Proposed completion in May and the surveys issued to all consumers from 1 July 2024 is included within the CIP.
* The development of a consumer exit survey to be issued to all consumers being discharged from Vivir Healthcare, in order to capture their experience throughout the service. This survey will be delivered via email or call to meet consumer needs and is expected to be enacted from mid-July 2024.
* Explanation regarding reviewing feedback and complaints in the clinical governance and quality committee meetings, inferring they are reviewed; however, it wasn’t documented appropriately as no actions arose in the last few meetings. The expectation is that it will be added as a standing item to be actioned. Supporting evidence included the most recent meeting agenda and minutes (18 April) Clinical Governance & Quality Committee, including review complaints and feedback and incidents.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service was able to respond to the deficiencies identified and provide examples of reviewing feedback and complaints, and their use to improve the quality of care and services. Remaining deficiencies acknowledged by the service are to be addressed with additional implementation of mechanisms with timeframes proposed within their CIP. I have considered the provider’s response which demonstrates the commencement of strategies to rectify the deficiencies identified, in conjunction with existing strategies.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 6(3)(d) in Standard 6, Feedback and complaints.

Requirement 6(3)(a), 6(3)(b), and 6(3)(c)

Consumers said they are supported to make complaints, or raise suggestions, and feel comfortable to speak with staff. Staff described how they support consumers to raise concerns. Feedback and complaints are obtained through various mechanisms, including feedback forms, surveys, family conferences, and resident and relative meetings.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. Consumers were aware of these services; however, they would try to resolve complaints with staff and management first. Staff were aware of their responsibilities if a consumer was to raise a concern and described how they would support them.

Most consumers and representatives said when they have raised concerns in the past, staff and management have responded appropriately and in a timely manner. Staff were knowledgeable of open disclosure principals and the organisation’s open disclosure policy. The service has mechanisms for logging and tracking complaints and feedback.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6, Feedback and complaints.

# 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 service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. Overall, consumers and representatives were satisfied with the number of staff and said consumers’ needs were met. Staff said they generally have enough time to conduct their duties and there are enough staff rostered each day.

Consumers and representatives said staff were kind, caring and respectful. Staff were able to describe how they tailor the delivery of care for consumers to ensure kindness and respect is a part of their daily routine.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

Training is provided to staff on commencement and continually throughout the year, covering topics such as pain identification and monitoring, incident reporting, wound care, infection prevention and control, dignity and respect, and dementia. Position descriptions for allied health clinicians establish minimum qualifications and registrations, with allied health clinicians formally inducted to the service and supported in their professional practice with ‘shadow shifts’ and ongoing clinical supervision. Staff felt they were provided with enough training to perform their role competently. The service identifies training needs through a variety of mechanisms such as feedback, audits, clinical indicators, incidents and observations of staff practice.

Staff are required to undertake performance appraisals at three months after commencement and annually thereafter. Performance management processes are in place when staff do not perform to the expected standard; those processes may be initiated by consumer feedback or incidents. Further support is provided to staff when there is a need for improvement.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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

The service seeks feedback from consumers through feedback and complaints mechanisms, including the introduction of an annual survey. Staff stated the service supports consumers to be engaged in service delivery and development.

Management explained the organisation has a defined structure which enables allied health clinicians to raise concerns about quality and safety to supervisors, coordinators and managers. Management has access to the board through the service’s managing director and reports concerns and incidents through this pathway. Feedback, complaints, incidents and deterioration reporting are part of monitoring, with reporting via a Clinical Governance & Quality Committee.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Management could describe risk management processes from individual to organisational level. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system. Risk is an ongoing agenda item at committee and board level within the service and its parent organisation. The organisation addresses incident-based risks with business continuity planning.

The service has a clinical governance policy and a ‘Clinical governance and quality’ committee responsible for its implementation. Staff at coordinator, team and manager level meet regularly to discuss broad and case-by-case clinical issues. The service has and infection prevention and control policy and a complaints policy that upholds open disclosure principles. Allied health clinicians referred to restrictive practices policy during interview.

The organisation has an infectious diseases policy and all staff have received infection control training and refresher training. Open disclosure is used when things go wrong.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

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