**Performance**

**Report**

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| Name: | Wali Home Services |
| Commission ID: | 301126 |
| Address: | 508 Waverley Road, EAST MALVERN, Victoria, 3145 |
| Activity type: | Quality Audit |
| Activity date: | 15 September 2023 to 19 September 2023 |
| Performance report date: | 30 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 Wali Home Services (**the service**) has been prepared by N Eastwood, 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9040 Wali Partners Pty Ltd  
Service: 26833 Chris Barnard Home Care

# 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 24 October 2023.

# 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 | **Not Applicable** |
| **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 | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported that staff make them feel respected and valued as an individual, with all consumers noting that staff make an effort to ensure they never feel unimportant. Staff described what treating consumers with dignity and respect looks like in their practice, explaining how they interact respectfully by ensuring time to communicate with each consumer, and being kind and considerate. Consumer and representative accounts confirmed that staff know about their culture, values, diversity, and what’s important to them.

Staff and management described how the service takes reasonable care to avoid risks without limiting the ability of consumers to make choices of how they wish to live their best life. The service has current policies that address support for consumer decision making, including their rights to take risks.

A review of documentation included the monthly budget and consumer statements which provided clear and accurate information, with the budget provided to consumers at commencement and statements provided monthly. Staff described ways they communicate information to consumers in simple and clear way.

The Assessment Team observed the services electronic system required a login to access consumer information and will automatically log off when not in use after a period of time. Documentation reviewed included the services privacy and confidentiality policy, reflecting their commitment to adhering to Australian Privacy Principles.

# 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)(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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management and staff described a comprehensive assessment and care planning process. Initial assessments are conducted by a case manager and discussions with consumers were documented in initial consultation notes, risks were discussed with consumers and strategies for risk mitigation implemented. Where required further allied health and nursing assessments are also completed.

Consumers and representatives confirmed they are supported by the service to achieve their goals and can prioritise and direct care to maximise their need for continuity of care, family involvement and end of life wishes. A review of files demonstrated consumer preferences documented in advanced care directives. Service delivery reflected the consumers preference in relation to the types of service, times that suited, gender specific carers, and the relationships they wish to maintain. Consumers and representatives described they were asked for their likes and dislikes as well as their preferred method of communication.

Staff responsible for assessment and care planning described how they utilise existing care relationships with external health providers such as medical practitioners, geriatricians, public health providers, and specialist services. Most consumers and representatives informed the Assessment Team they have a folder which the service provided information, resources, copies of agreements, and the care and services plan. A review of consumer care documentation demonstrated all consumer care plans were signed by the consumer with a copy provided to them.

Consumers and representatives confirmed reviews are occurring on request and following changes or incidents. The service has a ‘Consumer communication cycle’ which informs timelines to regularly call and discuss care plans, a case manager visiting schedule as well as an annual reassessment case conference to be completed. Where changes to circumstances, goals or preferences were identified such as following discharge from hospital, the Assessment Team saw referrals for reassessment, case manager visits and care planning scheduling changes were conducted.

# 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 |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described overall satisfaction with personal and/or clinical care. Case managers described maintaining contact with consumers to ensure they receive safe and effective care. A review of care documentation including file notes, nursing notes, allied health reports and wound documentation showed the service monitors personal and clinical care delivery. Management described how subcontracted services provide emailed information about care delivery and where complex care requirements are identified.

Management described how the service is utilising a risk and vulnerability tool to assist with identifying consumers most at risk in areas such as aspiration, skin integrity, social isolation as well as falls and medications. The Assessment Team reviewed care file documentation and the risk and vulnerability tool and found the service is using this consistently to identify consumer risk.

Case managers and staff detailed referrals to and links with palliative care services and processes to support the consumer and their representatives when the consumer is nearing end of life. Care documentation demonstrated the needs, goals and preferences of consumers nearing the end of life are known by the service. Care is provided to address individual comfort needs and preferences in consultation with the medical practitioner, representatives, and family members. The service has a palliative care policy that addresses the completion of advanced care directives and the need for a program of pain management.

Consumers and representatives were confident staff would identify and respond to consumer deterioration or change. Direct care workers demonstrated knowledge of their responsibilities in reporting consumer deterioration or change to a case manager, calling emergency services if required, and documenting deterioration in shift notes. Care documentation reflected changes in a consumer health or condition were reported, documented, and actioned. The service has a documented procedure in place to be followed for clinical deterioration and all clinical incidents and consumer deterioration are discussed during the weekly staff and clinical meetings.

Consumer consent enables information to be shared internally and externally where responsibility for care is shared. The Assessment Team noted examples of collaboration with external health practitioners, allied health services, aged care assessments and advocacy with consent of the consumer.

Staff demonstrated an understanding of referral networks and described internal and external referral processes. The service has established brokerage service providers in place to ensure the provision of diverse and skilled care is available to meet consumer needs, goals, and preferences. Care documentation demonstrated referrals were made and recommendations incorporated into care plans in response to an identified need, including to medical practitioners, nursing services, podiatry, occupational therapy and palliative care providers.

Staff confirmed the use of personal protective equipment completion of health screening questions, compliance with required vaccinations, and appropriate disposal of infectious waste. There is planned infection control training, supporting infection control policy and a brochure provided to consumers related to minimising the use of antimicrobials.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported that the services they receive help them to maintain independence and quality of life. The service provides an activity schedule to allow consumers choice of attending the services when they decide. Consumer care planning documentation generally included considerations of emotional, spiritual and psychological well-being of consumers. This included information related to consumer loss and grief, and psychological considerations for a number of consumers living with mental health conditions.

Staff explained they plan service delivery to support consumers to remain connected and participate in the community. The Assessment Team noted evidence of individualised support for consumers to maintain contact with family, local religious groups and additional access to social supports. Staff described the condition, needs and preferences for each consumer. Management reported the service ensures information about consumers services is shared between those responsible for their care through a service request.

Staff explained that they help consumers access alternative services through support with information or referral if required. A review of care files also demonstrated referrals for allied health treatments such as podiatry and physiotherapy and consumers confirmed staff would be able to assist them with referrals as needed.

Consumers receiving meal delivery through contracted services confirmed they are of suitable quality, sufficient and alternatives are available upon request.

Consumers and representatives confirmed when they request equipment through the service, an assessment is carried out and equipment is provided. Funding for equipment is paid for through their home care packages and staff advised carers must check all equipment prior to use with any issues to be notified to the service.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 Applicable |
| 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 Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

The Quality Standard for the Home care packages service was not assessed as specific requirements have been assessed as not applicable.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are supported to provide feedback regarding their care and services. A review of documentation demonstrated the service has a Feedback and Complaints process policy and Feedback Forms and Notes policy. The Assessment Team reviewed the feedback and complaints register which is populated through progress notes documented in the electronic client management system.

Staff described how they record, escalate complaints and provide information related to advocacy and the Aged Care Quality and Safety Commission complaints resolution brochures to consumers. Management confirmed the service provides information to consumers and their representatives about how to make a complaint or access advocacy in the information pack.

Consumers and representatives confirmed feeling confident that the service would effectively follow up their complaints and feedback. Staff described how they report and escalate all consumer complaints, noting the complaint would be followed up with management. While direct care staff did not consistently describe open disclosure principles, case managers and management described their understanding of open disclosure to include apologising, acting transparently and providing updates during the complaint’s resolution process.

Management described that although the service has not received a significant number of complaints or feedback, they do have a process in place for analysing and trending complaints data, noting the electronic client management system can populate a report for review for trends that are to be discussed in the quality meetings. Documentation reviewed including the Quality Meeting Minutes and Continuous Improvement Plan demonstrated the service has a standing agenda item for reviewing complaints data.

# Standard 7

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| Human resources | | HCP |
| 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 Assessment Team recommended this standard as non-compliant as a result of identified deficits with Requirement 7(3)(d). However, with consideration to the available information including the Approved Provider response, supporting documentation and Plan for Continuous Improvement I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(d)

Both internal and subcontracted staff confirmed the service has not provided any formal training and there is no formal training schedule or mandatory training in place. Management explained they rely on previous training completed with employers prior to commencement with the service. Management acknowledged this as inadequate and committed to commencing with an online training platform to cover mandatory training for all internal and subcontracted staff.

The Approved Provider submitted a response to the deficits identified with Requirement 7(3)(d) well as supporting records and a copy of the Plan for Continuous Improvement (PCI). In its response the provider accepted the Assessment Teams observations and has commenced a formal training matrix with arrangements for staff to access mandatory training modules through an online provider. Related human resources policies have been updated to reflect the inclusion of mandatory training expectations and creation of an orientation checklist including training to be completed on commencement. The PCI clearly identifies the actions required to address the concerns identified by the Assessment Team as well as reasonable time frames to ensure completion and evaluation of the implemented actions.

Compliance with the remaining requirements:

Management described how the service undertakes workforce planning to understand the number and mix of staff they require through forecast planning of staff requirements, strict hiring requirements aimed at quality workforce growth and the use of subcontractor providers.

Consumer documentation demonstrated consumers preferences and values are identified, with strategies to support consumer information available to internal staff through the mobile phone application or subcontracted staff through service requests. Staff described how they treat consumers with respect, through tailoring service requests to meet consumer needs and preferences, actively listening, and considering their cultural values.

Management confirmed they determine if internal care staff are competent and capable in their role through reviewing experience and obtaining certifications of qualifications and up to date police checks. Subcontractor agreements include information related to qualifications and competency to provide work and requirements to operate in line with the services policies. The Assessment Team noted limited records related to competency and qualifications for subcontracted staff from their primary brokered in-home care service provider.

Case management staff reported participating in informal weekly reviews with management. Management explained there has not been adequate feedback to inform staff training to date and formal appraisal processes are scheduled to commence in the future.

# Standard 8

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| Organisational governance | | HCP |
| 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 Assessment Team recommended this standard as non-compliant as a result of identified deficits with Requirement 8(3)(c). However, with consideration to the available information including the Approved Provider response, supporting documentation and Plan for Continuous Improvement I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 8(3)(c):

The Assessment Team found that workforce governance was not adequately managed at the time of the quality audit. The service did not maintain adequate records or undertake appropriate checks of competency and qualifications for subcontracted or internally employed staff. Management could not easily locate or access compliance and qualification documentation for their primary brokered in-home care service provider. The organisation had not provided staff with mandatory training, including elder abuse and neglect, restrictive practices, cultural safety, code of conduct, dementia awareness, identifying deterioration.

The Approved Provider submitted a response to the deficits identified with Requirement 8(3)(c) as well as supporting records and a copy of the Plan for Continuous Improvement (PCI). In its response the provider indicated improvements have been made to the human resources process and policy as well as board oversight. There is evidence of the implementation of a training matrix to support mandatory training requirements and introduction of a Subcontractor Annual Compliance Checklist. The addition of actions to the existing PCI as well as improvements to processes is adequate to address the identified deficits, providing supporting documentation and records of staff qualifications and competency are maintained.

With regard to the remainder of Requirement 8(3)(c), staff confirmed they have access to detailed information through either the electronic client management system or detailed service requests to help staff understand their roles and key responsibilities. The organisation has a continuous improvement plan that is informed through incidents and complaints data, consumer and staff feedback and clinical reports to identify

The management board described maintaining oversight of income and expenditure through unspent fund review and review of budget estimates, including consumer expenditure and workforce budgets. The organisation receives legislative updates, reviews changes in management board meetings and develop continuous improvement items to meet regulatory changes.

The service practices an open disclosure process informed through their Open Disclosure Policy and complaints and feedback data is analysed to inform the continuous improvement plan and improve outcomes for consumers.

Compliance with the remaining requirements:

Consumers and representatives confirmed they can provide feedback and input into the development and provision of their care and services. Management described how the service seeks feedback from consumers and representatives to feed into broader service improvements with feedback during telephone calls and in person visits, the provision of hard copy forms with picture satisfaction scale, and a home care satisfaction survey on the electronic feedback management system.

Management explained the organisation ensures a culture of safe and inclusive quality care through the support of a clinical and quality consultant who participates in the management board. The quality committee consistently reviews the clinical management monthly report to enable the service to monitor that care and services are being delivered safely, effectively and in line with best practice. Management explained the organisation is accountable for its delivery through the management board analysing and reviewing the clinical indicators and reports from the quality committee to inform developing strategies for improved quality care.

Management described the organisation’s process for identifying risks associated with the care of consumers and putting strategies in place to manage is informed through their risk and vulnerability assessment, which is completed at intake and determines the time frame for review based on consumer risk. The Assessment team noted examples where review of incidents and trending has resulted in changes to policies and procedures as well as implementation of a falls screening assessment tool.

The service maintains a Clinical Governance Policies and Procedures document which includes use of restraints, open disclosure and incident management policies. Management confirmed the service ensures clarity of clinical roles and responsibilities through the clinical governance framework which identifies responsibilities from executive management to direct care staff. Antimicrobial stewardship is supported by the issuing of a brochure related to minimising the use of antimicrobials.

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