**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Yellow Door Care Pty Ltd |
| Commission ID: | 600477 |
| Address: | 139 Gilles Street, ADELAIDE, South Australia, 5000 |
| Activity type: | Quality Audit |
| Activity date: | 8 February 2024 to 9 February 2024 |
| Performance report date: | 3 April 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: 9103 Yellow Door Care Pty Ltd  
Service: 26887 Yellow Door Care Pty Ltd

**This performance report**

This performance report for Yellow Door Care Pty Ltd (**the service**) has been prepared by   
R Falco, 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.

# 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, and representatives.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 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

|  |  |  |
| --- | --- | --- |
| 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

Staff respect what is important to clients and ensure the services provided are in line with their preferences. Documentation showed the service is respectful of clients’ identity by recording their needs, goals, and preferences to inform the delivery of care and services. Clients felt staff treat them with respect and maintain their dignity, culture, and identity.

Staff support clients to exercise choice and make decisions regarding the delivery of care and services. Documentation showed care planning is undertaken in partnership with clients and representatives. Clients said staff understand their cultural needs and involves them in making decisions about the services they receive.

Clients are supported to take risks and risk assessments are undertaken with consultation between the service, client, and representative to ensure identified risks are understood, and mitigating strategies are in place. Clients and representatives described how clients were supported by the service to make decisions about their day-to-day life, including activities which involve risk.

Clients receive information through various mechanisms with documentation showing their preferred method of communication. Staff described how they enable clients with communication difficulties to be involved in decision-making by using verbal gestures or assistive technology. Clients and representatives said they are provided information which is timely, accurate, and easy to understand.

Management described the systems and processes in place to ensure clients’ information remains private and confidential. The electronic care systems are password protected with access levels dependent on staff members roles. Clients felt the service respects their privacy and confidentiality.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Initial assessments are completed with clients when receiving home care services and risks and mitigating strategies discussed to inform the delivery of care and services. Clients and representatives felt client care and services were planned to meet their health and well-being needs.

Assessments identify the care and services important to clients and advance care planning preferences are discussed with the client or representative if they wish. Clients and representatives felt assessment and planning processes identified clients current care and service needs and preferences.

Documentation showed clients and representatives, health professionals, and external providers participate in the assessment and planning of clients’ care and services. Staff discussed clients’ care needs and services on a regular basis and involve clients and representatives in ongoing care reviews. Clients and representatives confirmed they participate in making decisions about clients’ care and services.

Staff are informed of changes to clients’ needs and a copy of the care plan is provided to clients and representatives if requested. Clients and representatives are informed of the outcomes of assessments and receive information about the care and services provided.

Clients are reassessed and care plans updated when circumstances change. Documentation showed care and services are reviewed regularly for effectiveness and when incidents impact the needs, goals, and preferences of clients. Management and clinical staff were knowledgeable about the care plan review process and are guided by policies and procedures.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Care is provided in line with care plans and management oversees all client progress notes to ensure staff deliver care that is best practice and tailored to the clients’ needs. Staff are familiar with clients’ preferences and how they like their care to be provided. Clients and representatives felt that clients receive care and services as per clients’ preferences.

Risks are identified and effectively managed with mitigating strategies developed and generally documented in care plans. Management described the processes to identify high impact or high prevalence risks of individual clients and staff were knowledgeable of the strategies and interventions in place. Clients and representatives felt staff ensure clients receive safe personal and/or clinical care.

Information is provided to clients and representatives on end of life planning however some clients do not wish to discuss this topic due to their cultural and spiritual beliefs. Clients nearing end of life are supported to maximise their comfort and preserve their dignity and extra support is provided to clients who wish to remain at home during their end of life care.

Processes are in place to report and respond to changes related to general deterioration, changes in mobility, mental health, and level of independence. Documentation showed the actions taken when clients’ health changed or deteriorated, such as referrals to health professionals and adjusted care and services. Clients and representatives felt confident that staff would notice a change in clients’ health and would respond appropriately.

Information regarding clients care and services is communicated verbally, through the mobile telephone application and documented in care plans which are available in clients’ homes. Staff have access to relevant information to enable them to provide effective care and services and clients felt staff know their needs and preferences.

Documentation showed referrals to other health services are made when required. Staff described the referral process and how clients are assisted to access other service providers. Clients and representatives said clients are referred to health professionals as needed.

Infection related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infections. Staff use personal protective equipment and hygiene techniques to minimise the transmission of infection and clients are confident staff are aware of infection control measures.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Staff know what is important to clients and how to adapt services according to their needs and preferences. Clients have choice in the services they receive and care is tailored to optimise clients’ independence and quality of life. Clients and representatives felt clients’ independence, well-being and quality of life were optimised through the provision of services such as domestic assistance, social support, transport, and meal delivery.

Documentation showed strategies to support clients’ emotional, spiritual, and psychological well-being. Staff recognise changes to clients’ emotional and psychological well-being and offer support when a change occurs. Clients and representatives said staff know them well and enhance their emotional and psychological well-being.

Clients are encouraged to participate in the community and do things of interest to them. Staff support clients’ social and personal relationships by spending quality time with them or providing transport so they can go shopping or to day centres. Clients and representatives feel community services enable clients to do things of interest and maintain social relationships.

Clients can choose the structure of their services to do the things of interest to them and services provided enhance their independence. Staff are notified of changes to a client’s schedule via a phone application and documentation showed the services and supports clients receive are recorded and communicated to staff.

Processes are in place to refer clients to internal and external allied health professionals for additional services. Clients and representatives confirmed clients were referred to other services in a timely manner and as required.

Clients are assisted with meal preparation or organising and ordering meals from providers of their choice. Meal delivery services are discussed with clients and clients who already have a meal delivery service in place and want to continue using the service are accommodated. and Food preferences are recorded, and clients are happy with the meals provided.

The service does not supply clients with equipment however they organise allied health assessments and order equipment for clients as recommended. Clients and representative said the equipment provided was safe and suitable.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Clients are encouraged to provide feedback and surveys are undertaken annually to obtain feedback from clients who would not ordinarily provide feedback. Clients and representatives are aware of the methods available to make complaints and provide feedback.

Clients have access to and are made aware of advocacy and language services, and other methods for raising and resolving complaints. Staff are aware of the services available to clients, and various mechanisms are in place to support clients who do not speak English or are non-verbal.

Staff understand the concept of open disclosure and use it when responding to complaints. Policies and procedures are in place to guide staff practice in open disclosure and responding to feedback. Clients and representatives spoke positively about actions taken in response to concerns raised and said they were offered an apology when things went wrong.

Feedback and complaints are reviewed and used to improve the quality of care and services. A feedback log is maintained to record complaints and the actions taken in response, including the status of the complaint and the outcome. Feedback and complaints are analysed and trended, and the information is used to identify areas of improvement.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 electronic care system identifies staff requirements for each client to ensure rostered staff have the required skills and qualifications to provide the appropriate care and services. Processes are in place to ensure services continue when there is unplanned leave and clients said they receive quality services from regular staff.

Documentation showed how the service ensures staff employed meet the organisation’s mission, values, and expectations and staff were knowledgeable of what was important to individual clients. Clients said staff are caring and respectful in their interactions and know how they like their care delivered.

Systems and processes are in place to ensure staff have the appropriate skills to undertake their roles and staff qualifications are monitored through the electronic care system. Clients and representatives said staff know clients well and are competent in the care they provide.

Policies and procedures are in place to guide management in the recruitment and induction of staff and staff training is undertaken based on the needs of the service. Clients and representatives said they were confident in the ability of staff to deliver care and services.

Staff performance reviews are conducted on a regular basis and staff have the option of further training to support their developmental needs. Staff performance is monitored through appraisals and other mechanisms such as surveys, client feedback and complaints data. Clients and representatives are encouraged to provide feedback on staff performance through surveys or as required.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Systems are in place to capture client feedback and the organisation recently implemented a Client Advisory Committee to engage clients. Feedback on suggested improvements is encouraged and clients said they were actively involved in the development of their care and services.

The organisation promotes a culture of respectful, high-quality care and services and reporting mechanisms ensure the governing committee is aware and accountable for the care and services provided. Policies and procedures support safe and inclusive care and staff have a clear understanding of the organisations responsibilities, accountabilities, and expectations.

Established organisational wide governance systems are in place. Client information is stored securely and privacy policies guide staff to maintain client confidentiality. Opportunities for continuous improvement are identified through a range of mechanisms such as feedback, legislative or regulatory changes, incidents, and audits. Financial governance guides the monitoring and review of financial performance, and the capability of the workforce is monitored to ensure staff have the appropriate checks, qualifications, and training to undertake their roles. Regulatory and legislative changes are monitored and communicated to staff and feedback and complaints are discussed at governing committee meetings.

Policies and procedures are in place to support the management of high impact or high prevalence risks and the risk management system supports staff in the delivery of safe and effective quality care by providing information on risks and care outcomes. The service collects, trends, and analyses data on the number and prevalence of high impact or high prevalence risks and reports the information to the committee.

The service demonstrated an effective clinical governance framework including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. Documentation showed how the governing body maintains oversight of clinical care and restrictive practices. The organisation is committed to the use of open disclosure when things go wrong and incident reporting and review processes ensure appropriate investigation is undertaken to identify strategies for the prevention of reoccurrence.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)