



Australian Government
Australian Aged Care Quality Agency

Final Quality Review Report

Provider name:	Perth Home Care Services Inc
Service name:	Regional Home Care Services
Location:	149 Fitzgerald Street, NORTHAM WA 6401
Quality Agency ID:	500099

Report approved:	10 August 2015
Approved by:	 Ursula Harbin Assessment Manager

Final Quality Review Report

About this report

This is the Final quality review report for the quality review conducted at Regional Home Care Services. The report includes assessment against the Home Care Standards. A copy of the report has been sent to the Department of Social Services.

The quality review included the following services:

Home Care:

- Regional Home Care Services CACP, 19187, 149 Fitzgerald Street, NORTHAM WA 6401
- Regional Home Care Services EACH, 19188, 149 Fitzgerald Street, NORTHAM WA 6401

CHSP:

- PHCS - Wheatbelt Respite Service, 3-NOJ1M5, 149 Fitzgerald Street, NORTHAM WA 6401

Summary of findings

The service meets 18 out of 18 expected outcomes of the Home Care Standards.

The quality review for your service is complete.

Next activity arrangements:

We plan to conduct your next quality review in 2018.

Process undertaken and information considered:

This report took the following into account:

- a. Interim Quality Review Report dated 22 July 2015.
- b. Service recent history of performance against the Standards.

Introduction

This report documents the performance of the service against each of the expected outcomes of the Home Care Standards as set out in the Quality of Care Principles 2014 based on the assessment conducted during the quality review.

Each service is required to undergo a quality review at least once every three years.

A quality review team appointed by the Quality Agency conducted the quality review on 21 July 2015.

The quality review was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014.

Team leader: Marcia Bell

Team member: Jenny Pike

Audit trail

Interviews	Number	Interviews	Number
Manager quality outcomes	1	Support worker	3
Area manager	1	Carers (NRCP)	1
Advisor	1	Care recipients/representative	5
Sampled documents	Number	Sampled documents	Number
Home care packages care recipient files	4	Staff files	3
CHSP carer/care recipient files	4		

Other documents reviewed

- Annual report, business and strategic plans and financial reports
- Care recipient information pack
- Constitution
- Continuous improvement plan and quality evaluation findings
- Customer journey information including brochures, handouts and training information
- Job descriptions
- Meeting minutes
- Newsletters, emails, meeting minutes, memos and the staff intranet
- Organisational chart and delegations of authority
- Policies, procedures and work instructions
- Referral register
- Reportable and notifiable incidents policy, procedure and associated documents
- Risk management plan
- Training records
- Wheat-belt team briefing memoranda.

Observations

- Evacuation information and exit lighting
- Secure storage of current and archived care recipient, staff and organisational records.

The **Statement of reasons** below details the findings of the quality review and may reference information provided to demonstrate the service's performance against each expected outcome within the Standards. Performance against the expected outcomes within each Standard are rated as either:

- Met, or
- Not met.

If you have received 'Not met' findings, the Statement of reasons will identify why the expected outcome was Not Met. Use this information to revise your Plan for Continuous Improvement to show how you will make improvements to meet all of the Standards.

Statement of reasons

Standard 1: Effective management

Principle:

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected outcome 1.1 – Corporate governance	Met
<p>The expected outcome requires that “the service provider has implemented corporate governance processes that are accountable to stakeholders”.</p>	
<p>Reasons for findings for all program types: The provider has a recently reviewed the organisational structure which includes defined roles, responsibilities and accountabilities for all staff. Clearly defined reporting lines, including delegated authorities are documented and available to all staff via the organisation's intranet. Financial delegations outlining the level of financial decision making for each role are clearly identified. The organisation's vision, values and strategic plan are provided to all staff. Monthly management information reports assist managers to monitor performance ensuring contractual obligations and funding agreements are met. Management described the process for escalation of issues and monitoring of key results that impact on care and service delivery to the chief executive officer and board of management. Information is provided to staff and care recipients through reports, newsletters, meetings and information sessions. Management and staff stated they receive appropriate support in their roles.</p>	

Expected outcome 1.2 – Regulatory compliance	Met
<p>The expected outcome requires that “the service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards”.</p>	
<p>Reasons for findings for all program types: The service provider has a system for identifying relevant legislation, regulations, contractual agreements and program guidelines. The policy and procedure outlines the monitoring of legislation, professional registrations, police certificates and driver's licence requirements for all staff, volunteers and board members. An electronic system assists in the monitoring the professional registrations, and police certificates and driver's licence currency. Reminders are sent to staff prior to expiry, and staff are removed from the roster if current information is not provided. Information about legislative requirements is available to staff through meetings, provision of policies and procedures, newsletters and training sessions. Care recipients and staff advised they have been kept well informed about</p>	

Expected outcome 1.2 – Regulatory compliance	Met
recently implemented legislative changes such as those relating to consumer directed care.	

Expected outcome 1.3 – Information management systems	Met
The expected outcome requires that “the service provider has effective information management systems in place”.	
<p>Reasons for findings for all program types:</p> <p>The service provider has an effective information management system to support all aspects of care and service delivery. There are procedures to ensure the collection, use, storage, archiving and destruction of information of paper records. Policies and work instructions guide staff in the archiving and destroying of information and documents and ensure computerised information is secure and backed-up. Information is readily available to enable staff to perform their roles and guide their practices through the intranet. Staff described the processes for ensuring client records are stored appropriately including during transit and are referred to during care delivery. A variety of communication methods are used such as memoranda, meeting minutes, newsletters, notice boards, and information technology. Staff stated they have access to the administrative, care and operational information they require to carry out their duties. The information management system is regularly reviewed and evaluated including monitoring staff practices, reviewing the content and use of hard copy and electronic documents and assessing equipment needs. Care recipients and representatives stated they are satisfied with the information provided to them.</p> <p>Additional information</p> <p>There is a system to monitor care recipient records to ensure they are current and support workers have access to up-to-date information. It was noted information provided in the care recipients’ hard copy office files did not always reflect the current care provision or electronic information. Discussion with the area manager and the manager quality and outcomes indicated this would be reviewed to identify gaps in the monitoring process to ensure hard copy records are accurate and consistent.</p>	

Expected outcome 1.4 – Community understanding and engagement	Met
The expected outcome requires that “the service provider understands and engages with the community in which it operates and reflects this in service planning and development”.	
<p>Reasons for findings for all program types:</p> <p>The service provider has processes for monitoring the needs of the community and applies this information to respond to changing needs. Management advised they regularly attend industry and network meetings and exchange information with other managers providing services across the organisation’s various portfolios. The service accesses the demographic profile of their region to assist in understanding the changing needs of the community. Management advised they developed and published information sheets about their home care package program. This information has been distributed to hospitals, libraries, community centres, and is published on the organisation’s website. Staff stated information about community activities that care recipients may benefit from are discussed at the cluster meetings, or information shared via email notifications. Care recipients and representatives reported they are kept informed of local area activities and are encouraged to participate.</p>	

Expected outcome 1.5 – Continuous improvement	Met
The expected outcome requires that “the service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery”.	
<p>Reasons for findings for all program types:</p> <p>The service provider actively pursues and demonstrates continuous improvement across the Standards with systems monitored and feedback from staff and care recipients encouraged. Improvement opportunities are identified through the internal auditing program, accident, incident and hazard reporting, surveys and feedback from care recipients and staff. The management team provided examples across the Standards of short and long term continuous improvement activities to demonstrate improvements are identified and actioned. Staff are aware of how to provide feedback when opportunities for improvement are identified, and stated management acts on improvements identified and provides feedback regarding progression. Care recipients said staff and management are responsive to their feedback.</p>	

Expected outcome 1.6 – Risk management	Met
The expected outcome requires that “the service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation”.	
<p>Reasons for findings for all program types:</p> <p>The service provider has a system to identify and manage risk, or potential risk to ensure the safety of care recipients, staff and the organisation. An organisational risk management plan ensures identified areas of risk are managed and actioned. Strategies to mitigate risk include reporting of accidents, incidents and hazards, regular workplace checks, provision of personal protective equipment to staff, audits and relevant policies and procedures. Care recipients’ risks are identified through the completion of home safety assessments and accident/incident reporting processes. Interviews with support workers verified they know how to report hazards, incidents and accidents and have received training relating to risk management such as fire and emergency training. Staff were able to describe the procedure that provides guidance when a care recipient does not respond to a scheduled visit.</p>	

Expected outcome 1.7 – Human resource management	Met
The expected outcome requires that “the service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users”.	
<p>Reasons for findings for all program types:</p> <p>The service provider demonstrated it has systems and processes to recruit, train, develop and retain appropriately skilled and qualified staff. All staff have position descriptions that outline key responsibilities, performance indicators and requirements of the position such as the need to maintain a current police certificate. Ongoing training is provided to staff and includes manual handling, first aid and infection control. Staff performance is monitored with the completion of an annual performance appraisal. Staff reported they are supported by management and had access to a range of education opportunities through on-line learning, attendance at workshops and seminars and through cluster meetings. They stated they are encouraged to seek ongoing educational opportunities in areas of interest to them, or to gain formal qualifications relevant to their role. Care recipients stated they are satisfied with the staff members' abilities and skills to meet their care needs and they commented staff are always on time.</p>	

Expected outcome 1.8 – Physical resources	Met
<p>The expected outcome requires that “the service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel”.</p>	
<p>Reasons for findings for all program types: Systems ensure the supply and maintenance of suitable goods, equipment and resources appropriate for the safe delivery of services, and staff are trained in the use of new and existing equipment as needed. An asset register is maintained through the corporate office. A range of equipment is available through the organisation with a brokerage arrangements in place for equipment not available. Preventative and corrective maintenance programs ensure equipment is maintained and replaced as needed. Staff reported they are provided with training in relation to goods and equipment to ensure safe usage and are satisfied with the level of goods and equipment available to them. Care recipients stated they are satisfied with the level of goods and equipment available to them with punctual delivery of regular supplies included as part of their package.</p>	

Standard 2: Appropriate access and service delivery

Principle:

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected outcome 2.1 – Service access	Met
<p>The expected outcome requires that “service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility”.</p>	
<p>Reasons for findings for all program types: The service has a system to ensure there is appropriate consultation and support for care recipients accessing care and services appropriate to their needs, choices and preferences. Staff interviews showed they understand eligibility requirements and utilise waiting list processes and prioritise those in greatest need. Management explained the process employed to assist care recipients to access other services when the service is not able to meet the care recipients’ needs. The referrals register is used to monitor referrals. Care recipients and/or representatives interviewed stated they are satisfied with care recipients’ access to services of their choice and preferences.</p>	

Expected outcome 2.2 – Assessment	Met
<p>The expected outcome requires that “each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity”.</p>	
<p>Reasons for findings for all program types: Systems ensure each care recipient participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity. Documentation reviewed showed the service’s assessment processes cover all care domains including medical diagnoses, clinical needs and information about behaviours. The carer is assessed when services are provided under the Commonwealth Home Support Program. The assessment and care planning tools ensure the identification of the care recipient’s current abilities, supports, preferences, goals and outcomes. These tools are part of the recently implemented ‘Customer Journey’. This informs care recipients and/or their representatives what to expect on each stage of their journey with the service and assists staff with the assessment, reassessment and care planning processes. A registered nurse assesses care recipients with complex care needs. Documentation</p>	

Expected outcome 2.2 – Assessment	Met
reviewed showed staff communicate changes in care needs to the coordinators. Care recipients and representatives interviewed stated they participate in assessments and are consulted about care recipients' preferences and goals of care.	

Expected outcome 2.3 – Care plan development and delivery	Met
The expected outcome requires that “each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan”.	
Reasons for findings for all program types: Care recipients and/or their representatives participate in the development of a care plan that is based on assessed needs, preferences and goals and are provided with the care and/or services described in their plan. Documentation reviewed showed the support plan is developed in partnership with care recipients or their representatives, reflects individual preferences and goals in line with consumer directed care requirements and care and services are consistent with the care plans. Staff practices are monitored by regular feedback sought from care recipients, accident/incident reporting and staff appraisals. Care recipients and representatives stated they are satisfied with the level of involvement they have in managing care recipients' package.	

Expected outcome 2.4 – Service user reassessment	Met
The expected outcome requires that “each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service users’ care/service plans are reviewed in consultation with them”.	
Reasons for findings for all program types: Systems ensure each care recipient’s needs are monitored and regularly reassessed in accordance with program guidelines and the complexity of needs. Documentation reviewed showed regular reassessments of care needs and choices are conducted in partnership with care recipients. Reassessments are also triggered by changing care needs and choices, incidents and returning home after hospitalisation. Review of electronic care recipient notes showed support workers communicate information about changes in care needs to the coordinators and the actions taken. Staff interviews verified they understand and adhere to the organisation’s reassessment process. Care recipients and representatives stated they are in regular contact with staff, and changes in care and services are made as often as required and reflect care recipients’ choices.	

Expected outcome 2.5 – Service user referral	Met
The expected outcome requires that “the service provider refers service users (and/or their representatives) to other providers as appropriate”.	
Reasons for findings for all program types: The service provider refers service users (and/or their representatives) to other providers as appropriate. The organisation has established procedures to inform staff and others of referral processes and available services within the community such as allied health, specialist health services and other care providers. Documentation reviewed showed staff facilitate referrals when the needs are identified and as requested by care recipients, and are familiar with available services within the community. Care recipients and representatives are satisfied with how the service responds to care recipients’ needs and requests for referrals.	

Standard 3: Service user rights and responsibilities

Principle:

Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected outcome 3.1 – Information provision

Met

The expected outcome requires that “each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities”.

Reasons for findings for all program types:

Each care recipient, or prospective care recipient is provided with appropriate information about the services available to them and their rights and responsibilities. The home care agreement and supporting information brochures include all required information about services, fees, rights and responsibilities, privacy and confidentiality, access to advocacy services and how to make a complaint. A checklist verifies the care recipient’s receipt and understanding of this information. Documentation reviewed showed care recipients and/or their representatives are provided with a budget and monthly statement. Staff interviews verified they understand the care recipients’ rights and responsibilities. Care recipients and representatives interviewed stated they are satisfied with the way information is presented and understand their rights and responsibilities.

Expected outcome 3.2 – Privacy and confidentiality

Met

The expected outcome requires that “each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information”.

Reasons for findings for all program types:

Each care recipient’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information. The right to privacy is reflected in the home care agreement and the organisation’s privacy policy. Documentation reviewed showed care recipients give signed consent to release personal information in specific circumstances. All staff sign confidentiality agreements. Observation showed records are stored securely and electronic information is password protected. Staff interviews verified they understand where and when care recipients’ information can be discussed. Care recipients and representatives reported they are confident private information is managed appropriately and care recipients’ dignity and preferences are respected.

Expected outcome 3.3 – Complaints and service user feedback

Met

The expected outcome requires that “complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution”.

Reasons for findings for all program types:

Systems ensure complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution. Information provided to care recipients includes both internal and external complaints mechanisms. A review of completed feedback forms showed complaints and feedback are monitored for appropriate and timely action and there is a link with the organisation’s continuous improvement system. Staff interviews

Expected outcome 3.3 – Complaints and service user feedback	Met
verified they follow the organisation’s processes when a care recipient/representative approaches them with a complaint, and are satisfied issues raised are addressed and the results communicated to the complainant and other relevant stakeholders. Care recipients/representatives are aware of how to make a complaint and reported their complaints and feedback are addressed to their satisfaction.	

Expected outcome 3.4 – Advocacy	Met
The expected outcome requires that “each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate”.	
Reasons for findings for all program types: Systems ensure each care recipient’s and/or their representative’s choice of advocate is respected by the service provider and the service provider will, if required, assist the care recipient and/or their representative to access an advocate. Information is provided about external advocacy services and the care recipient’s right to choose an advocate. Documentation reviewed showed care recipients and/or their representatives are provided with assistance to access these services and the care recipient’s right for a choice of advocate is respected. Staff interviewed know how to access advocacy services and understand the care recipient’s right for advocacy. Care recipients and representatives verified their understanding of their right for advocacy and how to access services.	

Expected outcome 3.5 – Independence	Met
The expected outcome requires that “the independence of service users is supported, fostered and encouraged”.	
Reasons for findings for all program types: Service users’ independence is supported and encouraged. Assessment and care planning processes ensure care recipients’ goals and desired outcomes are identified and their independence, choice and decision making is promoted. Goals and outcomes are based on care recipients’ current capabilities and desired levels of independence and social interaction. Documentation reviewed showed by regularly seeking feedback the service monitors the care recipients’ satisfaction with the support provided in sustaining or improving their capacity to live independently. Staff are aware of the importance of supporting the care recipients’ desired level of independence. Care recipients and representatives are satisfied with the support they receive to maintain care recipients’ desired level of independence.	