Australian Government

Australian Aged Care Quality Agency

Interim Quality Review Report

Provider details	
Provider name:	Avivo
Contact name:	Ms Rosie Lawn
Position title:	Chief Executive Officer
Service details	
Service name:	Avivo - Metro South West
Quality Agency ID:	500006
Location:	Unit 1, 234 Berrigan, JANDAKOT WA 6064
Phone number:	08 9412 3400	**Facsimile:**	
Email address:	

Services included in this review:

Home Care:
- Perth Home Care Services (Metro South East), 19178, Unit 1, 234 Berrigan, JANDAKOT WA 6064
- Perth Home Care Services (Metro South West), 19179, Unit 1, 234 Berrigan, JANDAKOT WA 6064
- Perth Home Care Services EACH Metro South East, 19182, Unit 1, 234 Berrigan, JANDAKOT WA 6064
- Perth Home Care Services EACH Metro South West, 19183, Unit 1, 234 Berrigan, JANDAKOT WA 6064

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 from 9 March 2016 to 10 March 2016.

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

Team leader: Jenny Pike

Team member: Cristian Moraru

Name of service: Perth Home Care Services (Metro South West)   RPT-ACC-0077 v14.4
Date of quality review: 9 March 2016 to 10 March 2016   SENSITIVE
                                                                                                                          Page **2** of **11**

Audit trail

Interviews	Number	Interviews	Number
Manager quality and outcomes	1	Care recipients	4
Area managers	3	Representatives	7
Team facilitator	1	Support workers	5
Service coordinators	3	Registered nurse consultant	1
Sampled documents	**Number**	**Sampled documents**	**Number**
Home care packages care recipient files	11	CHSP care recipient/carer files	2
Staff files	10		

Other documents reviewed

- Annual report
- Audits and surveys
- Board member visit roster
- Care assessment policies and procedures
- Client satisfaction survey and analysis
- Complaints report
- Constitution
- Continuous improvement plan
- Customer journey document
- Email correspondence regarding care recipient's use/choice of advocate
- Employee journey document and welcome booklet
- Meeting minutes
- Monthly statements
- Newsletters, emails, brochures
- Police certificates register
- Policies, procedures and work instructions
- Position descriptions
- Risk management plan
- Service user handbook
- Strategic plan
- Support plan reviews tracker and referral reviews list
- Training program
- Training resource pack for medication administration and infection control
- Wound assessment and treatment plan template.

Observations

- Office environment, including evacuation information and exit lighting
- Secure storage of care recipient, staff and organisational records
- Staff handling telephone enquiries.

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
The expected outcome requires that "the service provider has implemented corporate governance processes that are accountable to stakeholders".	
Reasons for findings for all program types:	
The service provider has an effective corporate governance framework. The organisational structure ensures there are defined lines of reporting and accountability to the board, chief executive officer (CEO), management, staff, care recipients and representatives, and other interested stakeholders. The board operates within the organisation's constitution and board policy documents and is responsible for monitoring the organisation's operational and financial position and performance, and oversees the strategic plan. The roles of the board and position descriptions for the members are available. Management meetings are held regularly according to the meeting schedule, and there is a reporting process which includes escalation of issues to the senior managers, the CEO or board as appropriate. Managers of the strategic leadership groups regularly provide the CEO with operational reports ensuring the board and CEO are kept informed of relevant operational issues. Senior managers ensure staff and care recipients are informed through newsletters, meetings, information sessions, emails and letters. The organisation's annual report outlining the operational strategies, vision, values, key achievements and business performance during the year is available to management, staff and all stakeholders via the organisation's website.	

Expected outcome 1.2 – Regulatory compliance	Met
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".	
Reasons for findings for all program types:	
The service provider has systems and processes to identify and ensure compliance with relevant legislation, regulations, contractual agreements and program guidelines. The executive team members monitor information received via emails and alerts for real or potential impact on service and business delivery and disseminate the information as appropriate. Processes ensure all policies, procedures and work instructions are regularly	

Expected outcome 1.2 – Regulatory compliance	Met

reviewed and updated in response to legislative, regulatory or guideline changes. Staff have access to current organisational policies and procedures through the organisation's intranet. Changes to legislation and regulations are discussed and minuted at regular staff meetings. There are processes for monitoring and maintaining staff currency of professional registrations, police certificates, staff drivers' licences and organisational vehicles. Staff described their roles and responsibilities in relation to maintaining a current police certificate.

Expected outcome 1.3 – Information management systems	Met

The expected outcome requires that "the service provider has effective information management systems in place".

Reasons for findings for all program types:

The service provider has effective systems to ensure staff and other stakeholders have access to accurate and appropriate information. Management and staff have access to a range of information including forms, charts, policies and procedures relevant to their job roles and responsibilities and shared via electronic and paper based systems. Electronic information is password protected and backed up externally. There are procedures to guide staff in the collection, use, storage, archiving and destruction of information of paper records in accordance with policies and procedures, and confidential information is destroyed appropriately. Care recipients and staff reported they are satisfied with the way in which the organisation provides them with appropriate information to help them perform their roles as well as general activities and events.

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".

Reasons for findings for all program types:

The service provider understands and engages with the community in which it operates and reflects this in service planning and development. This includes attending local and regional meetings, engaging with industry bodies, other service providers and health professionals. Staff advised engagement is an essential component of their work and by attending local meetings and forums they share and gain local knowledge relevant to aged care and specific to the regions they work in. Engagement with care recipients occurs formally and informally via feedback/surveys, assessment and care planning processes, and through the delivery of care and services. Care recipients are included in education sessions both as co-facilitators and as participants. Care recipients are involved in the organisation's values based recruitment process providing assistance to staff. Care recipients advised they are consulted on the care and services, and provide feedback directly to staff via surveys and the complaints/compliments process.

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".

Reasons for findings for all program types:

The service provider has a quality framework to assist them to actively pursue and demonstrate continuous improvement in all aspects of service management and delivery, and seeks feedback from management, staff, care recipients, representatives and other

Name of service: Perth Home Care Services (Metro South West)
Date of quality review: 9 March 2016 to 10 March 2016
RPT-ACC-0077 v14.4
SENSITIVE
Page **5** of 11

Expected outcome 1.5 – Continuous improvement	Met

stakeholders. Opportunities for improvement are captured from a range of formal and informal sources including feedback forms, meetings, incident/accident reporting processes and auditing activities. The service provider maintains a plan for continuous improvement and, where appropriate, monitoring of progress is recorded until completion of the activity. Staff, care recipients and representatives are aware of the ways they can provide the service provider with feedback and are satisfied their feedback is received and acted on.

Examples of improvement initiatives implemented by the service provider in relation to the Home Care Standards are described below.

- The organisation implemented a process known as the 'Customer journey' that encompasses their vision and values into the journey a person takes as they become a customer of Avivo. This includes meeting the client, understanding their goals and clarifying who will be responsible for the planning and budgeting of services, choosing the support to meet those goals, monitoring and adjusting the support provided and to monitor the funding. Following the implementation of this program and review (which included a review of all collated information such as complaints, compliments, file checks, meeting of program targets and surveys of staff and customers), it was identified refinements were required that reflect the area and the team managing to be identified. 'Getting it right' became a program that directs all team leaders to get together to identify improvement opportunities within their specific region and team.

- With the implementation of consumer directed care, the organisation identified an opportunity to work in partnership with care recipients to recruit and employ staff that will meet their individual needs. With the success of the program, the organisation identified an opportunity to involve care recipients in the general recruitment processes. The role of talent spotter has been developed. This involves customers being paid to attend a recruitment workshop and to provide their perspective on what is required when employing staff members.

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".

Reasons for findings for all program types:

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. Staff are aware of the process for reporting incidents, which includes the process to escalate incidents to a higher level as required through the electronic feedback and incident management system and the critical incident management system. Staff receive training relating to risks such as fire and emergency training, and are able to describe the procedure that provides guidance when a care recipient does not respond to a scheduled visit.

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".

Expected outcome 1.7 – Human resource management	Met

Reasons for findings for all program types:

There is an effective human resource management system to ensure adequate numbers of appropriately skilled and trained staff for all aspects of care and service delivery across the Standards, including recruitment and selection processes. The organisation monitors human resource key indicators including absences, compensation claims and grievances to identify opportunities for improvement in staff retention, knowledge and satisfaction. 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. Staff participate in an organisational orientation program with a role specific orientation and 'buddying' program in place for support workers. Ongoing training is provided to staff and includes mandatory education sessions such as manual handling, infection control, fire and emergencies and the customer journey. Staff performance is monitored with formal appraisal completed annually. Staff reported they feel supported by management and are encouraged to seek ongoing educational opportunities in areas of interest to them. Care recipients stated they are satisfied with the staff members' abilities and skills to meet their care needs and reported staff are responsive to their individual needs.

Expected outcome 1.8 – Physical resources	Met

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".

Reasons for findings for all program types:

The service provider demonstrated it manages physical resources to ensure the safe delivery of care and services to care recipients and organisation personnel. An asset register is maintained through the corporate office. Preventative and corrective maintenance programs ensure equipment owned by the organisation is maintained and replaced as needed. The organisation, through its procurement processes, supports care recipients to purchase and maintain equipment as part of the care recipients' package funding. 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 delivery of regular supplies included as part of their package.

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

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".

Reasons for findings for all program types:

The service provider ensures care recipients' access to services is based on consultation with the care recipient and/or their representative, equity, consideration of available resources and program eligibility. The service provider has policies and procedures in place regarding service access, and a customer journey framework promotes person-

Name of service: Perth Home Care Services (Metro South West)
Date of quality review: 9 March 2016 to 10 March 2016
RPT-ACC-0077 v14.4
SENSITIVE
Page **7** of **11**

Expected outcome 2.1 – Service access	Met

centred practice, self-determination and community inclusion. Referrals are received from general practitioners, local hospitals or self-referring care recipients, and access to services is based on eligibility and availability of resources. Care recipients and/or their representatives are consulted about the conditions and eligibility of the program, and informed about fees and individual quoted funding plans. Staff demonstrated their understanding of the eligibility requirements and how care recipients identified with the greatest needs are prioritised. Care recipients and representatives reported they understand their eligibility for the services and programs and are satisfied with their access to services of their choice and preference.

Expected outcome 2.2 – Assessment	Met

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".

Reasons for findings for all program types:

The service provider has systems and processes to ensure each care recipient participates in an assessment appropriate to the complexity of their needs and goals and with consideration of their cultural and linguistic needs. Initial assessment registration form includes participation from the care recipient and/or their representative. Assessments and support planning tools include identification of the care recipient's current abilities, supports, preferences, goals and desired outcomes. For respite services, there is consideration of assessment of the carer and care recipient. Service coordinators and team facilitators conduct the assessment and refer the care recipients to health professionals for further assessment if risk of poor clinical health is identified. Care recipients and representatives reported satisfaction with the way they can participate in assessments and are consulted about their 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 representative participate in the development of their support plan that is based on assessed needs, preferences and goals, and these are provided with the care and services described in the support plan. Support plans are goal orientated and/or outcome based, and includes the services offered, agreed procedures and times when regular services are expected to be provided. Where required, the plans specify specialised equipment and resources in use. Staff practices are monitored by the coordinators and via feedback from care recipients/representatives, incidents, accidents and staff appraisals. Care recipients and representatives reported they are satisfied with the level of involvement they have in managing their care services.

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:

Expected outcome 2.4 – Service user reassessment	Met

Systems ensure care recipients' needs are monitored on a regular basis and the reassessment/review process is undertaken at least annually, or when the care recipient's goals and preferences of care needs change. The reassessment/review process occurs in consultation with the care recipient and in accordance with the care recipient's needs, preferences and goals of care. Where applicable, clinical assessments are undertaken by the registered nurse or/and allied health professionals. Reviews are undertaken following feedback from staff or care recipients and support plans are updated accordingly. Care recipients and representatives confirmed they communicate regularly with the staff with regard to any concerns and are satisfied with the changes made to their program.

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:

Systems ensure care recipients' needs are monitored on a regular basis and reassessment is undertaken when the care recipient's goals, choices and preferences of care needs change. Referral process occurs in consultation with the care recipient and health professionals in accordance with the care recipient's needs, choices, preferences and goals of care. Reviews are undertaken following feedback from staff or care recipients, and support plans are reviewed and/or updated with documented referral outcome. Care recipients and representatives confirmed they communicate regularly with the staff with regards to any concerns and are satisfied with the changes made to their program.

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:

Systems ensure each care recipient, or prospective care recipient, is provided with appropriate information about the services available to them and their rights and responsibilities. The agreement and information brochures include all required information about services, fees and consumer directed care considerations, rights and responsibilities, privacy and confidentiality, access to advocacy services and how to make a complaint. This information is explained at the time of the initial assessment and reiterated at the time of the review. Care recipients and representatives reported satisfaction with the way information is presented and explained, and are able to exercise choice and control appropriate to their needs.

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:

Systems ensure each care recipient's right to privacy, dignity and confidentiality is respected, including the collection of, use and disclosure of personal information. Information about privacy rights is included in the agreement and information brochures. Care recipients and/or representatives give signed consent to release personal information in specific circumstances. All staff sign confidentiality agreements. Staff know where and when care recipient information can be discussed and shared, and reported sufficient time is allowed for daily activities to avoid rushing care recipients. Care recipients and representatives are confident care recipients' 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 and representatives includes both internal and external complaints mechanisms. Complaints and feedback are monitored for appropriate and timely action and the results communicated to the complainants. This feedback is linked to the organisation's continuous improvement system. Staff are knowledgeable about the organisation's processes when a care recipient or representative approaches them with a complaint, and are satisfied issues are addressed and the results communicated to the complainant and other relevant stakeholders. Care recipients and 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 service user's (and/or their representative's) choice of advocate is respected and the service provider will, if required, assist the service user (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. Care recipients and representatives are provided with assistance to access these services as required, and the care recipient's right for a choice of advocate is respected including via shared management care packages. Staff know how to access advocacy services and understand the care recipient's right for advocacy through the delivery of complaints training and complaints policy. Care recipients and representatives confirmed they have access to other options of support to assist in decision-making and choices.

Expected outcome 3.5 – Independence	Met

The expected outcome requires that "the independence of service users is supported,

Expected outcome 3.5 – Independence	Met
fostered and encouraged".	

Reasons for findings for all program types:

Systems ensure the service users' independence is supported and encouraged. Goals and outcomes are based on care recipients' current capabilities and desired levels of independence and social interaction. Support plans are documented with respect to the care recipients' preferences and any particular support options that need to be used, including consideration of the sensory, mobility and communication needs. By regularly seeking feedback, the service monitors care recipient satisfaction with the support provided in sustaining or improving their capacity to live independently. Staff are made aware of the importance of supporting the care recipients' desired levels of independence and work in partnership with care recipients/representatives to promote, encourage and facilitate care recipient independence. Care recipients and representatives are satisfied with the support they receive to maintain care recipients' desired levels of independence and social interaction.