




Australian Government

Australian Aged Care Quality Agency

Final Quality Review Report

Provider name:	Yaandina Family Centre Limited
Service name:	Yaandina Home Care
Location:	51 Hampton Street, ROEBOURNE WA 6716
Quality Agency ID:	500135

Report approved:	19 July 2017
Approved by:	 Ursula Harbin Assistant Director

Final Quality Review Report

About this report

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

The quality review included the following services:

Home Care:

- Yaandina Home Care, 26001, 51 Hampton Street, ROEBOURNE WA 6716

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 2020.

Process undertaken and information considered:

This report took the following into account:

- a. Interim Quality Review Report dated 28 June 2017;
- b. The provider's response to the interim report received on 17 July 2017; and
- c. Service history of performance against the Standard.

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.

An assessment team appointed by the Quality Agency conducted the quality review from 27 June 2017 to 28 June 2017.

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

Team leader: Alison James

Audit trail

Interviews	Number	Interviews	Number
Coordinator	1	Human resource manager	1
Support workers	4	Assets, procurement and securities manager	1
Chief financial officer	1	Maintenance officer	1
Business development and governance coordinator	1	Care recipients	3
Sampled documents	Number	Sampled documents	Number
Home care packages care recipient files	7	Personnel files	4
Care recipient agreements	7		

Other documents reviewed

- Audits file
- Business and strategic plan
- Comments and complaints file
- Continuous improvement plan
- Emergency procedures
- Food safety process – meal delivery services
- Incident reports
- Infection control processes and hand washing
- Job descriptions and duty statements
- Meeting minutes
- New employee checklist
- Organisational chart
- Police certificate and driver's license matrix
- Policies and procedures
- Reportable and notifiable incidents and associated documents
- Safety data sheets
- Staff rosters and allocations
- Staff training records
- Welcome pack and service user handbook including User rights and responsibilities and complaints information.

Observations

- Evacuation procedure on display
- Fire safety equipment
- Hand washing information on display

- Interactions between care workers and care recipients at day centre
- Secure storage of 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
The expected outcome requires that “the service provider has implemented corporate governance processes that are accountable to stakeholders”.	
<p>Reasons for findings for home care services:</p> <p>The service provider has implemented corporate governance processes that are accountable to stakeholders. The provider has an organisational structure which includes defined roles, responsibilities and accountabilities for all personnel. An elected board is guided and governed by the organisation’s constitution. The constitution restricts the term of board members and incorporates processes to address non-compliance. Board members and executive staff work towards business and program objectives documented in business and strategic plans. The management team provide support and advice to the Chief executive officer (CEO) on operational matters across the organisation. The CEO is responsible to the board for the implementation of the strategic plan as approved by the board. The board receives program performance and financial reports from the CEO at the scheduled board meetings. Clearly defined reporting lines are documented. Information is provided to staff and care recipients through the annual report, meetings and information sessions. Staff advised they are encouraged to contribute to the planning and development of care and service delivery by attending meetings and providing feedback.</p>	

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”.	
<p>Reasons for findings for home care services:</p> <p>The service provider has systems to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards. The service provider advised they are alerted to changes in regulations, legislation and program guidelines by receiving alerts from the Department of Health and via membership to industry organisations and peak bodies. The CEO is responsible for monitoring changes to legislation and to ensure the information is identified and incorporated into the organisation’s policies and procedures as appropriate. Electronic systems are used to</p>	

Expected outcome 1.2 – Regulatory compliance	Met
<p>monitor the currency of drivers' licences and police certificates. Agreements with brokered services require the maintenance of police certificates and relevant qualifications. Staff reported they receive information pertinent to legislative changes including changes to policy and procedure. Care recipients were advised of the quality review audit.</p> <p>Additional information</p> <p>The home did not provide a self-assessment prior to, or on entry to the service. However, the service was able to provide a self-assessment on 28 June 2017.</p>	

Expected outcome 1.3 – Information management systems	Met
<p>The expected outcome requires that “the service provider has effective information management systems in place”.</p> <p>Reasons for findings for home care services:</p> <p>The service provider has effective systems to ensure staff and other stakeholders have access to accurate and appropriate information. There are procedures to ensure the collection, use, storage, archiving and destruction of information. Electronic records are backed up to an external site, with secure passwords restricted access to relevant staff. The service has a system to ensure policies and procedures are current. Care staff are provided with information relevant to their role through daily handovers/toolbox meetings and are alerted to written information in the care recipient's support plan. Community support workers advised they are aware of changes to the care recipient's agreed plan of care following a review of their care needs. Staff described the processes for ensuring client records are stored appropriately and are referred to during service delivery. Care recipients are informed via their home care agreement, updated assessment and care plan, as well as information mailed out or published on the organisation's website. Staff, care recipients and representatives stated they are satisfied with the information provided to them.</p>	

Expected outcome 1.4 – Community understanding and engagement	Met
<p>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> <p>Reasons for findings for home care services:</p> <p>The service provider understands and engages with the community in which it operates and reflects this in service planning and development. Services are planned according to community needs with input from staff, care recipients and other stakeholders. Gaps in support are identified through a review of the profile of the community against the client group. The service provides services to culturally and linguistic diverse language specific needs groups with staff employed to ensure the specific cultural and language needs of individual care recipients are met. The management staff participate in network meetings to discuss the needs of the community and the services required by care recipients. Staff reported they share local knowledge relevant to the provision of services to their client group. Engagement with care recipients occurs formally and informally via direct feedback, assessment and care planning processes, and through the delivery of care and services.</p>	

Expected outcome 1.5 – Continuous improvement	Met
<p>The expected outcome requires that “the service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery”.</p>	

Expected outcome 1.5 – Continuous improvement	Met
<p>Reasons for findings for home care services:</p> <p>The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery with feedback from staff and care recipients encouraged. Improvement opportunities are identified through the collection and analysis of feedback. Staff are aware of how to provide feedback when opportunities for improvement are identified. Care recipients reported staff and management are responsive to their feedback. The management team provided examples of continuous improvement activities including:</p> <ul style="list-style-type: none"> • The organisation identified the home's data system was not appropriate for home care services. In response, senior management liaised with a peak body and trialled a new electronic system that includes budgeting and care planning services. The electronic tool also updates care recipient agreements when changes to legislation occur. Training was provided to staff and initial feedback has been positive. However, as this is a new initiative, the management team reported a formal evaluation will be carried out at a later date. • Due to the cessation of services previously provided by Community West, the home liaised with the co-located residential aged care facility to provide training and support to staff when managing medications. Staff are supported to complete a theory based and practical session prior to achieving their medication competency and this is overseen by the registered nurse. Staff reported they feel more confident when managing care recipients' medications. Management reported, and documentation reviewed showed no medication errors since this practice was commenced • When the organisation commenced home care services in October 2016, it was identified there was no welcome pack for care recipients. In response, the coordinator developed a welcome pack which contains information on MyAgedCare website, internal and external complaints processes, culturally appropriate information on how to make a complaint, advocacy mechanisms and what services can be provided. The coordinator reported this is explained to the care recipient and/or representative prior to services commencing via a translator when required. A formal evaluation will be completed at a later date. <p>Additional information</p> <p>The service is new and services for care recipients commenced October 2016. The plan for continuous improvement showed opportunities for improvement across all Standards have been identified and actions to address these improvements have commenced. However, as the improvements are still relatively new in their implementation, formal evaluations have not taken place.</p>	

Expected outcome 1.6 – Risk management	Met
<p>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> <p>Reasons for findings for home care services:</p> <p>The service provider actively works to identify and address potential risk to ensure the safety of care recipients, staff and the organisation. The organisation has policies and procedures to address risk management across its operations including direct service delivery, financial management, insurance, physical infrastructure including maintenance and security, work place health and safety and project risk management. The identification, monitoring and management of risks are embedded in the organisation's activities and business processes. The risk management plan ensures the management of identified risks and incidents are disseminated to appropriate staff, and there is a process to</p>	

Expected outcome 1.6 – Risk management	Met
<p>prioritise and/or escalate reported incidents. Care recipients' risks are identified through the completion of home safety assessments and accident/incident reporting processes. Meetings provide staff with the opportunity to have input into and discuss occupational health and safety issues. Support workers complete hazards, incident and accident reports, and attend appropriate training such as occupational health and safety and manual handling on an ongoing basis. Staff described procedures they follow when care recipients do not respond to a scheduled visit. Care recipients and representatives expressed satisfaction the services are delivered in a safe manner in accordance with their rights, needs and preferences.</p> <p>Additional information</p> <p>I identified the safety data sheet file contains old information sheets and the service does not have SDS information for all chemicals used on site or in care recipients homes. I discussed this with the management team who reported they will follow this information up to ensure all chemicals used by the service have an up-to-date SDS, and information will be provided to staff who provide domestic services at care recipient homes.</p> <p>I identified the service did not have their emergency procedures accessible to all staff. I discussed this with the coordinator who ensured these were made available to staff prior to my leaving the service.</p>	

Expected outcome 1.7 – Human resource management	Met
<p>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>	
<p>Reasons for findings for home care services:</p> <p>The service provider manages human resources to ensure adequate numbers of appropriately skilled and trained staff are available for the safe delivery of care and services to care recipients. Recruitment is managed locally with assistance from the organisation’s human resource department. Recruitment processes include application for employment, interviews, reference checks, offer of a contract, site induction and organisational orientation. All staff have position descriptions that outline key responsibilities. Mandatory training is provided according to the organisation’s policies, and other training is conducted when needs are identified through performance appraisals, incident reports, staff feedback and the needs of care recipients. 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 abilities and skills to meet their care needs.</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 home care services:</p> <p>The service provider demonstrated it manages physical resources to ensure the safe delivery of care and services to care recipients and organisational personnel. An asset register is maintained at the organisational level. Preventative and corrective maintenance programs ensure equipment owned by the organisation is maintained and replaced as needed. The organisation supports care recipients to purchase and maintain equipment as part of their package funding. Staff reported they are satisfied with the level of goods and equipment available to them. Care recipients stated they are satisfied with the level of equipment available to them, and the level of skill and knowledge of the staff in assisting</p>	

Expected outcome 1.8 – Physical resources	Met
them to use appropriate equipment and maintain their desired level of independence.	

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 home care services: The service provider ensures service users’ access to services is based on consultation with the service user and/or their representative, equity, consideration of available resources and program eligibility. The service provider has policies and procedures in place regarding service access. Referrals have been from the local hospitals, general practitioners and the ACAT team (aged care assessment team) through My Aged Care. Access to services is based on eligibility and availability of resources and includes regular consultation with care recipients and/or their representatives. Staff reported they understand the eligibility requirements and care recipients identified with having the greatest need are prioritised. Care recipients interviewed 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 home care services: The service has systems in place to ensure each care recipient participates in an assessment appropriate to the complexity of their needs and goals and with consideration of any cultural and linguistic needs. Documentation confirmed initial assessments include participation from the care recipient and/or their representative. Assessments and planning tools include identification of the care recipient’s current abilities, supports, preferences, goals and desired outcomes. Changes to care recipients’ needs are documented in their progress notes and support plans are updated accordingly. Staff reported they are advised of changes to care recipients’ needs by the coordinator and updated support plan. Care recipients interviewed reported they 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 home care services: Care recipients and/or their representative participate in the development of a support plan	

Expected outcome 2.3 – Care plan development and delivery	Met
that is based on assessed needs and is provided with the care and/or services described in their plan. Documentation confirmed the support plan is developed in partnership with the care recipient and/or their representative and reflects their individual goals and preferences. Staff practices are monitored by the coordinator and via feedback from care recipients/representatives, incidents, accidents and staff appraisals. Care recipients 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 home care services: Systems ensure care recipients’ needs are monitored on a regular basis and reassessment is undertaken when the care recipient’s goals, preferences or care needs change. Documentation reviewed showed reassessment occurs in consultation with the care recipient in accordance with their goals of care, needs, and if preferences change. Reviews are undertaken following staff, care recipient and representative feedback, and support plans are updated accordingly. Care recipients reported they communicate regularly with the coordinator and staff with regards 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 home care services: The service provider refers service users (and/or their representatives) to other providers as appropriate. Documentation showed staff refer care recipients to other health professionals as their care needs change, on request, or if the care recipient’s goals change. Care recipients’ files contain information on the collection, care and disclosure of information and included information regarding referrals to other services as issues are identified. Care recipients confirmed they are referred to appropriate health professionals as needed and preferred.	

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 home care services:

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. The agreement and welcome pack include all relevant information about services, fees, rights and responsibilities, privacy and confidentiality, access to advocacy services and how to make a complaint. This information is explained at the initial assessment and the coordinator reported this will also be discussed when reviews occur. Care recipients reported they are satisfied with the way information is presented and explained.

Expected outcome 3.2 – Privacy and confidentiality	Met
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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 home care services:

Systems ensure each care recipient’s right to privacy, dignity and confidentiality is respected including the collection of, use and disclosure of information. Information about privacy rights is included in the agreement and welcome pack. Care recipients give signed consent to release personal information in specific circumstances. All staff sign a contract which includes a statement of confidentiality on commencement of employment. Staff know where and when care recipients’ information can be discussed and shared. Care recipients reported they are confident their private information is managed appropriately and their dignity and preferences are respected.

Expected outcome 3.3 – Complaints and service user feedback	Met
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The expected outcome requires that “complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution”.

Reasons for findings for home care services:

Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution. Information regarding internal and external complaints mechanisms is provided to care recipients via the welcome pack, the home care agreement and information is available at the centre. Complaint processes include feedback forms, correspondence, phone calls and meetings. Feedback is logged through the organisation’s feedback system and actioned by the appropriate staff member. Staff reported they contact the coordinator regarding complaints by care recipients or their representative, and complaints are actioned fairly and confidentially. Care recipients reported they feel confident to make a complaint without fear of retribution.

Expected outcome 3.4 – Advocacy	Met
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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 home care services:

Systems ensure 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. 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

Expected outcome 3.4 – Advocacy	Met
when required, and the care recipient's right for a choice of advocate is respected. Staff know how to access advocacy services and understand the care recipient's right to seek advocacy. Care recipients have an understanding of their right for advocacy and how to access advocacy 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 home care services: Systems ensure the care recipients' independence is supported and encouraged. Goals and outcomes are based on care recipient's current capabilities and desired levels of independence and social interactions. The service provider seeks feedback from care recipients regarding their 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 levels of independence. Care recipients are satisfied with the support they receive to maintain their desired levels of independence and social interaction.	