Absolute Home Care Pty Ltd

Performance Report

2/15 Hall Street   
LYNEHAM ACT 2602  
Phone number: 02 6112 8886

**Commission ID:** 201396

**Provider name:** Absolute Home Care Pty Ltd

**Quality Audit date:** 12 January 2022 to 14 January 2022

**Date of Performance Report:** 09 March 2022

# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2038.

# Services included in this assessment

**HCP(HCP):**

* Absolute Home Care, 26966, 2/15 Hall Street, LYNEHAM ACT 2602

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Not Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
| Requirement 1(3)(b) | | HCP | | | Not Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Not Compliant |
| Requirement 1(3)(f) | | HCP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Not Compliant | | |
| Requirement 2(3)(a) | HCP | | Not Compliant | |
| Requirement 2(3)(b) | HCP | | Not Compliant | |
| Requirement 2(3)(c) | HCP | | Compliant | |
| Requirement 2(3)(d) | HCP | | Not Compliant | |
| Requirement 2(3)(e) | HCP | | Compliant | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 3 Personal care and clinical care | | HCP | Not Compliant | |
| Requirement 3(3)(a) | HCP | | Not Compliant |
| Requirement 3(3)(b) | HCP | | Not Compliant |
| Requirement 3(3)(c) | HCP | | Compliant |
| Requirement 3(3)(d) | HCP | | Compliant |
| Requirement 3(3)(e) | HCP | | Not Compliant |
| Requirement 3(3)(f) | HCP | | Compliant |
| Requirement 3(3)(g) | HCP | | Compliant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | HCP | | Compliant |
| Requirement 4(3)(a) | HCP | | Compliant |
| Requirement 4(3)(b) | HCP | | Compliant |
| Requirement 4(3)(c) | HCP | | Compliant |
| Requirement 4(3)(d) | HCP | | Compliant |
| Requirement 4(3)(e) | HCP | | Compliant |
| Requirement 4(3)(f) | HCP | | Not Applicable |
| Requirement 4(3)(g) | HCP | | Compliant |
| Standard 5 Organisations service environment | | | | |
|  | HCP | | Not Applicable |
| Requirement 5(3)(a) | HCP | | Not Applicable |
| Requirement 5(3)(b) | HCP | | Not Applicable |
| Requirement 5(3)(c) | HCP | | Not Applicable |
| Standard 6 Feedback and complaints | | HCP | Not Compliant | |
| Requirement 6(3)(a) | HCP | | Not Compliant |
| Requirement 6(3)(b) | HCP | | Not Compliant |
| Requirement 6(3)(c) | HCP | | Not Compliant |
| Requirement 6(3)(d) | HCP | | Not Compliant |
| Standard 7 Human resources | | HCP | Not Compliant | |
| Requirement 7(3)(a) | HCP | | Compliant |
| Requirement 7(3)(b) | HCP | | Not Compliant |
| Requirement 7(3)(c) | HCP | | Compliant |
| Requirement 7(3)(d) | HCP | | Compliant |
| Requirement 7(3)(e) | HCP | | Compliant |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Compliant |
| Requirement 8(3)(b) | HCP | | Compliant |
| Requirement 8(3)(c) | HCP | | Not Compliant |
| Requirement 8(3)(d) | HCP | | Not Compliant |
| Requirement 8(3)(e) | HCP | | Not Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the quality audit informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the quality audit report received 10 February 2022

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and their representatives explained in various ways they feel they are treated with dignity and respect by service staff. The consumers interviewed by the assessment team said they are supported to exercise their own choices and are encouraged to remain active, independent and live their best life.

The service was able to demonstrate that each consumer’s privacy is respected, and personal information is secured confidentially.

The service did not evidence that consumer preferences are captured and considered, specifically in relation to individual cultural needs. During interview, service staff demonstrated having knowledge of individual consumers, but could not explain or identify the cultural needs of individuals.

A review of service documentation did not demonstrate that consumer information is contemporary, accurate and updated regularly. The assessment team found the information recorded was generic and not individualised.

The Quality Standard for the HCP service is assessed as not compliant as two of the six specific requirements have been assessed as not compliant.

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | HCP | Compliant |
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*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| Requirement 1(3)(b) | HCP | Not Compliant |
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### *Care and services are culturally safe.*

Findings

The service was not able to demonstrate consideration and support of consumer cultural needs when planning and providing care, in consultation with consumers and their representatives. The assessment team reviewed consumer care plan documentation and found that information relating to cultural needs was not recorded.

Sampled consumers indicated that service staff do understand their needs and preferences, however, when interviewed by the assessment team, service staff were unable to identify consumers with cultural needs or explain what it meant for consumers to receive care and services that support cultural needs.

The service’s response to the assessment teams report explained that changes would be implemented to include further consumer information, including the recording and assessment of religious and cultural values for new and existing consumers. Additionally, the service advised it has implemented system upgrades to capture and assess preferred consumer languages, with intent to roster service staff with these languages wherever possible.

The service was able to demonstrate prompt action was taken to address the non-compliance identified by the assessment team, however, the evidence reviewed at the time of assessment demonstrated non-compliance with this standard. Validation of service improvements, in the form of supporting information gleaned from interviews with staff and consumers is required to evidence effectiveness of any changes made after the period of this quality assessment and the services compliance with this standard.

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| Requirement 1(3)(c) | HCP | Compliant |
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*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.*

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| Requirement 1(3)(d) | HCP | Compliant |
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### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| Requirement 1(3)(e) | HCP | Not Compliant |
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*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.*

Findings

The service was not able to demonstrate that the information provided to each consumer is current, accurate, timely and communicated clearly. For example:

* One consumer interviewed by the assessment team explained that they did not understand their HCP budget, or the statements issued by the service. This consumer raised the issue with a service staff member, however did not receive a response from the service.
* One consumer representative explained they do not receive a service staff support schedule, and service staff attend without prior notice.

Care planning documentation made available to consumers was reviewed by the assessment team. This documentation did not consistently detail services being provided to consumers, guidance to support service delivery for staff, or include details of consumers individualised goals and strategies. Additionally, the information was communicated in English only, without mention of interpreter service referrals.

The service’s response to the assessment teams report explained that since the quality audit occurred, improvements had been made to support consumer access to timely information. This includes development and dissemination of a handbook to all consumers, detailing information on consumer budgets and statements.

The service was able to demonstrate prompt action was taken to partially address the non-compliance identified by the assessment team, however, the evidence reviewed at the time of assessment demonstrated non-compliance with this standard. Validation of service improvements, in the form of supporting information gleaned from interviews with staff and consumers is required to evidence effectiveness of any changes made after the period of this quality assessment and the services compliance with this standard.

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| Requirement 1(3)(f) | HCP | Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant

# 

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

During interviews, consumers and their representatives described in various ways how they are involved in planning and reviewing their services. Advanced care is discussed with the service as part of this planning.

The assessment team reviewed a sample of consumer care plans and found:

* Goals of care are not individualised and do not align with consumers services. Goals were assessed as generic in nature from a sample of reviewed consumer documents.
* Care plans did not record all care and services being provided to consumers. This includes one consumer receiving wound management without supporting information being recorded in service documentation.

Documentation informing assessment and care planning could not be located in a centralised location at the service. The assessment team found that information detailed in progress notes took several days to be entered into the services electronic system.

The service advised it has commenced improvements including a review of all consumer care plans to reflect individualised goals. Consumers will also be provided with an in-home file to complement their care plan. Service management advised that upgrades to the electronic system will consolidate all documentation under consumer records.

The Quality Standard for the HCP service is assessed as not compliant as three of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | HCP | Not Compliant |
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*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.*

Findings

The service demonstrated assessment and planning processes are place and are typically completed by clinical service staff. The assessment team found that while service staff understood consumer’s care needs, the documentation and retrieval of information identifying risks to consumers wellbeing is not consolidated and centralised. Additionally, some records were assessed as being incomplete. For example:

* One consumer receiving wound management support had no record of this intervention in their HCP documentation. At the time of assessment, inadequate information was evidenced to identify the funding origins of this support.
* One consumer was recorded to have been recently discharged from hospital. The service did not evidence clinical notes linked to the discharge, assess changes in consumer needs, or note identification of any associated risks.

In its response to the assessment teams report, the service advised an improvement had been implemented to its electronic system to widely enable the upload and update consumer information by all staff.

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| Requirement 2(3)(b) | HCP | Not Compliant |
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*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.*

Findings

The service demonstrated assessment and planning occurs to identify consumer’s current and future needs. Advance care and end of life planning is discussed during admission processes. Consumers and representatives explained during interview this aided in maintaining consumer independence.

The assessment team reviewed a sample of consumers care planning documentation and evidenced generic goals were recorded rather than individualised goals. Service management recognised during interview that most of their consumers wished to remain at home, however this goal was not reflected and documented in consumer care plans. The assessment team did not find evidence that supports and services align with individual goals. For example:

* One consumer interviewed by the assessment team identified that they wanted to remain independent and continue to drive a vehicle. Information detailing this consumers goal was not documented in their care plan.
* One consumer is approaching end of life and explained a preference to remain comfortable in bed. This was not evidenced as a goal in their care plan.

In the services response, it was noted that a priority review to improve and individualise all consumer care plans is underway, however at the time of the assessment, the service was unable to demonstrate individualised goals are recorded and considered, to identify and address consumers needs.

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| Requirement 2(3)(c) | HCP | Compliant |
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*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.*

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| Requirement 2(3)(d) | HCP | Not Compliant |
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*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.*

Findings

Consumers and their representatives advised that service staff communicated with them, and regularly explain the care and services being delivered, however, when the assessment team reviewed consumer care plans, outcomes were not consistently documented. For example:

* One consumer receiving wound management services did not have this support referenced in their care planning documentation.
* One consumer care plan referred only to supports being provided by the service, where regular third-party providers are engaged in supporting the consumer with their needs, as assessed by the service.

At the time of the assessment, management acknowledged not all consumers have ready access to their care plan. It was explained to the assessment team that an improvement process is underway to issue files inclusive of care plans for reference in each consumers home. The service demonstrated a willingness to implement prompt improvements at the time of assessment, however the assessment team was unable to evidence compliance outcomes from these improvements, as sufficient time had not been allowed since the implementation of service change.

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| Requirement 2(3)(e) | HCP | Compliant |
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*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.*

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

It was evidenced through documentation and interviews with staff and consumers that the service has processes in place to minimise infection related risks to consumers. The service provides personal protective equipment and ensures staff training is completed.

Assessments for personal and clinical care are conducted internally by the service. A review of consumer files identified some at risk of falls. The assessment team found that where these risks are identified, the consumer care plan did not contain documented strategies or guidance for care staff to mitigate the consumer risk.

Deterioration in consumer condition is documented, monitored, and reviewed by service staff, however, service staff update consumer records both electronically and in writing, resulting in records not being complete, comprehensive, and accessible by all staff throughout the service.

Where concerns are identified by service staff, consumer incident reports are completed and recorded electronically. When changes occur in consumers care needs, relevant referrals are made to a variety of services.

The Quality Standard for the HCP service is assessed as not compliant as three of the seven specific requirements have been assessed as not compliant.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | HCP | Not Compliant |
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*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.*

Findings

Consumers spoke with the assessment team about the service tailoring clinical and personal supports to their needs. Service staff demonstrated an understanding of consumer care needs and referenced accessing written progress notes at consumer’s homes.

The Assessment team reviewed consumer care processes associated with wound management, and found that for some consumers receiving this care, the processes followed by the service did not meet best practice principles, specifically in relation to documentation management. For example:

* One consumer experienced a fall in October 2021, resulting in a laceration to their arm. A service clinician attended to administer wound treatment on two occasions. The assessment team evidenced while photographs of the wound where recorded, measurements of the laceration and surrounding bruising were not.
* One consumer receiving support with chronic wound management receives support from the service. The assessment team found inconsistent practises relating to the documentation of this consumers condition. Photographs of wounds are documented from September 2021 on one occasion without supporting progress notes. On one occasion in January 2021, extensive progress notes are referenced with no supporting photograph.

Several consumers reported that they receive supplementary support from the service, in addition to what they receive from other providers. Consumers described in various ways how the service tailors support to their needs. For example:

* One consumer representative described how the service supports the consumer with tailored personal care, and how the service worked closely with family to ensure daily needs are met and distress is minimised wherever possible when triggering supports are delivered.

Service staff spoke with the assessment team and discussed the provision of care to consumers. Information sharing, specific to consumer requirements is shared amongst service staff through various mediums, including recording hand written notes at consumers homes. Staff where able to describe various service policies related to clinical and personal care.

The Assessment Team reviewed the services wound management and escalation policy and noted the following process:

* Photographs of wounds are to be taken every two weeks or when there is a deterioration of the wound; a paper rule should be positioned next to the wound, and an image should be emailed to the office where it will be printed, labelled, dated and placed into a consumers file.
* All wound measurements and tracing is attended at the initial assessment, and at regular interval to access the healing process.

The Assessment Team did not find evidence of this policy being following when reviewing consumer documentation.

In their response to the assessment team report, the service explained some consumers receive funding from a range of government sources, and clinical staff record information differently depending on this funding source in line with differing requirements. It was acknowledged that implements for measuring wounds are not carried by clinical staff, and regardless of funding source, improvements to centralised record keeping practises will consolidate consumer information in future.

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| Requirement 3(3)(b) | HCP | Not Compliant |
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*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The assessment team reviewed a variety of consumer documentation and found that where high impact or high prevalence risks were associated with care, strategies for service staff to follow and mitigate risks was absent from care directives. Additionally, when interviewed, service staff were unable to explain consumer risks in depth and described the greatest risk to consumers as service rostering.

The assessment team reviewed service documentation outlining consumer clinical risks, but found no evidence of specific documentation relating to high prevalence or high impact risk in aged care. Some consumers were identified by the service as a being a high falls risk, this was not documented in associated consumer care plans.

In reviewing service records and documentation, the assessment team found a variety of specialised, recognised, and clinically endorsed risk assessment tools. The assessment team found no evidence of these tools being implemented in consumer care files. For example:

* One consumer has a history of falls and is considered to be at ongoing risk of falls. The assessment team did not find evidence of risk mitigation strategies in this consumers care documentation.
* One consumer living alone in home has a condition that heightens risks of falls. The assessment team did not find evidence of risk assessments or mitigation strategies in this consumers care documentation.

The assessment team spoke with staff about consumer falls risks, and were advised that staff are notified of consumer falls risks with service rostering alerts. Service management explained consumers have been referred to hospital clinics to discuss falls reduction, and the service has provided transport support for them to attend. The service at times, refers consumers to clinical specialists for falls risk assessments including the identification of aides to support consumers.

The assessment team reviewed a service policy specific to falls assessment, management and prevention. This policy refers to an elderly falls screening test. The assessment team did not evidence the results of this test in consumer care plan documentation.

In their response to the assessment teams report, the service explained some consumers receive funding from a range of government sources, and this requires adherence to the standards required by differing regulatory bodies. Where consumers receive funding from more than one government source, improvements to the services centrally stored and assessible documentation systems will enable improve effective management of high impact or high prevalence risks associated with the care of each consumer in future.

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| Requirement 3(3)(c) | HCP | Compliant |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP | Compliant |
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*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.*

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| Requirement 3(3)(e) | HCP | Not Compliant |
|  |  |  |

*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.*

Findings

The assessment team found that the service employs various methods to document and communicate consumer conditions, needs and preferences internally and externally.

When interviewed, service staff could describe how information was shared between staff attending a consumer’s home. For example:

* Service staff receive emails at commencement of consumer services. Background information, care needs, and basic guidance is provided. Information is also stored consumer care plans and consumer alerts are displayed on the electronic rostering system.
* Service staff explained that when providing services to a new consumer, they read and note the consumer’s goals.

The assessment team evidenced by reviewing consumer documentation that consumer goals were recorded generically and identically by the service. Additionally, in reviewing documentation the assessment team evidenced that information is recorded and sharing inconsistently in the service. For example:

* Consumer wound care plans are kept at consumers homes. No copies of wound care plans were found in electronic consumer records.
* Consumer progress notes are hand written and stored at consumers homes. Service staff duplicate information in email form, for administrative support staff to enter into the services electronic system. The assessment team evidenced that time delays of up to five days were noted between service provision dates and information uploads in some instances. Additionally, the assessment team were not able to not compare hand written progress notes stored at consumer’s homes with those retrieved from the services electronic management system and could not evidence record keeping accuracy and consistency.

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| Requirement 3(3)(f) | HCP | Compliant |
|  |  |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Several consumers explained to the assessment team that they were happy with services provided to them and indicated services such as domestic assistance was delivered by people that knew how they liked things done. The service evidenced that internal communication is transmitted through a range of mediums, relating to changes in a consumer’s condition, needs and preferences.

Service staff described how they receive information and handover information from within the service, relevant to consumers condition, needs and preferences. General information is shared through the electronic rostering system used by the service.

Staff explained that they refer to consumer handwritten documents located in each person’s house, and they record issues or concerns here, including incidents. This information is sent to the office for further processing, however the assessment team found this did increase in processing times, impacted contemporary record keeping, and subsequently the services ability to manage potential high-level risk.

While communication is noted to be internally disseminated, at the time of assessment, it was not evidence that a centralised record keeping system for storing and managing consumer information was in place, particularly for consumers receiving personal care, clinical care and for the service to manage consumer risk (Standard 3). This standard applies to consumer daily living, and on balance I consider that the sharing of information does occur within the service, while at times not thoroughly documented to mitigate high risk, it does demonstrate that consumers conditions, needs and preferences are known to service staff at a level to enable the provision of daily living supports.

The Quality Standard for the HCP service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | Compliant |
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*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  |  |  |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  |  |  |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  |  |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not applicable |
|  |  |  |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
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*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service does not have a location where consumers attend. This Standard does not apply and has not been assessed as part of the quality audit.

## Assessment of Standard 5 Requirements

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| Requirement 5(3)(a) | HCP | Not Applicable |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Applicable |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

During interview, numerous consumers and representatives explained to the assessment team that they felt comfortable raising complaints and providing feedback to service management, however; they were not aware of any formal service processes or external complaint mechanisms available to them.

The service was unable to demonstrate that consumers are made aware of, and have access to; advocates, language services and other methods for raising and resolving complaints.

Open disclosure was not well understood by service staff and was not evidenced when the assessment team reviewed previously processed complaints and feedback. Additionally, the service did not evidence investigations or follow up had been initiated when consumer complaints had been raised. The service was unable to demonstrate that complaints, feedback and compliments are used to improve the quality of consumer care and services.

The service was unable to demonstrate that information is provided to consumers and representatives describing how to provide feedback and make complaints. However, service management was able to provide the assessment team with evidence of improvements under some of the requirements in this standard, which involves the development of a consumer handbook to be disseminated in early 2022.

The Quality Standard for the HCP service is assessed as not compliant as four of the four specific requirements have been assessed as not compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Not Compliant |
|  |  |  |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Findings

When interviewed by the assessment team, consumers and their representatives said they would speak with service staff or service management if they wished to make a complaint or provide feedback. They were however, unaware of any formal processes to provide feedback or make a complaint to the service.

Service staff spoke with the assessment team and were unable to describe a process to support consumers in providing feedback or complaints to the service. Staff commented that they would refer the consumer to service management.

The assessment team found that consumer HCP agreements and related documentation does not include information guiding consumers in internally or externally lodging and resolving complaints or feedback.

The assessment team evidenced that the service does have policies and procedures in place relating to feedback and complaints, however; in assessing these guides the assessment team found they do not identify how consumers can formally make external complaints, internal complaints or provide feedback.

In the service’s response, it was explained that this standard is expected to become compliant with requirements after the implementation of an in-home file and consumer handbook due for release in early 2022. This documentation includes information on providing formal feedback and making complaints internally and externally. The service indicated staff will be educated on the new material and information.

Whilst the service demonstrated imminent improvements are scheduled for implementation to achieve compliance with this standard, at the time of the quality assessment, the assessment team found the service evidenced and demonstrated non-compliance.

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| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Not Compliant |
|  |  |  |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Findings

When asked by the assessment team, various consumers and their representatives explained they would speak directly with service staff if they had a concern, and were unaware of ways to make complaints external to the service, or contact appropriate advocacy services.

During interview, service staff demonstrated a lack of knowledge in relation to consumer advocacy and were not able to describe how to support a consumer to seek information in this regard. Additionally, consumer admission documentation was reviewed by the assessment team and was found not to include information relating to consumer advocacy, making complaints, or accessing interpreter or language services.

In the service’s response, it was explained that this standard is expected to become compliant with requirements after the implementation of an in-home file and consumer handbook due for release in early 2022. This documentation includes information on external avenues for raising complaints, accessing consumer advocacy, and language interpretation services. The service indicated staff will be educated on the new material and information.

The service has implemented improvements to ensure consumers and representatives are provided with relevant information relating to feedback, raising complaints and how to access external services for assistance. However, at the time of the assessment visit this information was not available to consumers and representatives, additionally staff were unable to demonstrate awareness of this information to support consumers and representatives.

Whilst the service demonstrated imminent improvements are scheduled for implementation to achieve compliance with this standard, at the time of the quality assessment, the assessment team found the service evidenced and demonstrated non-compliance. The planned consumer documentation was not yet available to consumers and their representatives.

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| Requirement 6(3)(c) | HCP | Not Compliant |
|  |  |  |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Findings

During interview with the assessment team, consumers and their representatives explained they felt comfortable raising concerns and making a complaints, but were unable to describe or confirm any processes they could follow to stay informed after a complaint was made.

* One consumer told the assessment team they had previously made a complaint to the service. The assessment team reviewed the services complaints register and were unable to find records of this matter, additionally the consumer was provided with no supporting documentation or reference.
* When the assessment interviewed service staff, three staff members could not describe what open disclosure means in relation to complaints management.

The assessment team found that the service has a complaint register, however it did not evidence that the service had initiated investigations or completed follow up once complaints had been recorded.

From a review of consumer care documentation, the assessment team found that the information available for consumers to make complaints did not include updated processes, descriptions of the open disclosure approach, and what it means for a service to follow this approach.

Whilst the service has demonstrated intention of compliance in relation to this requirement, at the time of the assessment, the service was not able to demonstrate there is action taken in response to consumer complaints, nor the application of open disclosure processes.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Not Compliant |
|  |  |  |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Findings

At the time of quality audit, the service did not demonstrate that complaints and consumer feedback is utilised in improving the quality of care and consumer services.

The assessment team evidenced that while complaints are registered by the service, there was no record of subsequent service investigations, followed up, and outcomes; nor was there information linked to continuous improvement for consumer services.

Service management explained that regular feedback is sought; however, the assessment team found the only documented evidence held by the provider was an annual consumer survey.

While the service is working to ensure consumers and representatives have awareness on feedback and complaints processes at the service at the time of the assessment visit there was no documented evidence the service was reviewing feedback and complaints and using the outcomes to improve the quality of care and services.

Whilst the service has demonstrated intention of compliance in relation to this requirement, at the time of the assessment, the service was not able to demonstrate consumer feedback was investigated, followed up, and outcomes had been reached, nor had they been linked to improve the future quality of consumer care and services.

# STANDARD 7 Human resources

# HCP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The assessment team interviewed several consumers and their representatives and found most considered they receive quality care and services from people who are kind, capable and caring.

The service demonstrated its staff have the qualifications and knowledge to perform their roles with competence, additionally it was demonstrated that recruitment, training, and equipment was suitable to support the delivery of the outcomes under this standard.

The assessment team found that the service provided consumer documentation in English only, and did not provide opportunities for consumers to identify their cultural or diversity requirements.

The Quality Standard for the HCP service is assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Not Compliant |
|  |  |  |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

Findings

The assessment team found the service did not demonstrate workforce interactions with consumers are kind, caring and respectful of individuals identity, culture, and diversity. Consumer care planning documentation and progress notes did not reflected information regarding an individual’s identity, culture or diversity.

Several consumers described in various ways that service staff are kind and caring towards them. They felt treated with respect, however; consumers and their representatives explained they had not had a discussion with the service around their culture or religion. For example:

* One consumer explained they felt happy with the way the service treats them, however; they require language services and they have not had assistance with this. The consumer was additionally unaware of any advocacy groups that could assist and had not had any discussions around culture or religion with the service.

Service management advised that information provided to consumers is only available in English and relayed verbally in the consumers language if required. In its response to the assessment teams report, the service cited impending improvements to documentation due for implementation in March 2022, and reinforced consumer comments relating to feeling respected and cared for by the service.

In considering the evidence of the quality review, and additionally referencing Requirement 1(3)(b), relating to care and services being culturally safe, I find that on balance, at the time of assessment the service was not compliant with this standard.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  |  |  |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  |  |  |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  |  |  |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

**STANDARD 8 Organisational governance**

# HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The assessment team interviewed a variety of consumers who expressed in different ways that they considered the service to be well run and felt they can partner with the service in improving the delivery of their own care and services.

The assessment team reviewed documentation, interviewed service staff, and identified areas were the service could not demonstrate compliance with all requirements under this standard, noting that other standards found to be non-compliant in this assessment are relevant and related to the overall governance of the service.

The findings detailed below refer details under each requirement of this standard, including evidence considered.

The Quality Standard for the HCP service is assessed as not compliant as three of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 8 Requirements

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| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  |  |  |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  |  |  |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  |  |  |

*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.*

Findings

At the time of assessment, the service was not able to demonstrate and evidence effective organisation wide governance systems are embedded throughout all areas noted under this requirement.

#### Information management

#### Whilst the service was able to demonstrate effective policies, procedures and resources are available for staff to access, care planning and consumer documentation had minimal information that reflected the involvement of consumers, their representatives or other organisations.

#### The assessment team found no evidence of care or progress notes from outside the service, even for those providing care to consumers including but not limited to allied health clinical professionals, wound care services, or district nursing services.

#### Continuous improvement

Service management discussed their continuous improvement processes that includes staff suggestions, consumer and representatives’ feedback, comments and complaints, incidents, and survey results. For example:

* One consumer requested new in-home documentation from the service, which was subsequently provided. This documentation included an in-home agreement, and subsequently the service scheduled and implemented this improvement in other homes.

1. Financial governance

#### Service management explained the role of an accountant and human resource manager as being responsible for monitoring the services finances, providing reports to the services committee.

The assessment team spoke with consumer representatives, who explained they are informed of package budgets at service commencement, and confirmed they receive monthly statements showing income, expenditure, and balance.

The assessment team reviewed monthly statement and noted detailed itemisation, including subsidy, supplements, care management fees, equipment, and package balance.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

The service did not evidence workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Service documentation excluded specific detail as under required 7(3)(b). Service management was able to describe induction and orientation processes, and service staff advised they did receive induction and orientation on commencement of employment.

#### Regulatory compliance

#### The assessment team found that consumers are issued with written agreements, initial budgets, copies of care plans, and monthly statements; confirmed through interviews with consumers.

#### The assessment team noted that the service agreement policy and procedure do not reference provision of new consumer agreements when consumers change levels of care.

Service management discussed compliance reviews and provided evidence to the assessment team including police clearances, driver licences, and professional registrations. Some records had expired and required renewal, detected by the assessment team and not the service management responsible for monitoring compliance of this.

1. Feedback and complaints

During interviews with consumers and their representatives, the assessment team established that consumers are not made aware of formal process available to them to provide feedback or complaints to the service. Some consumers described making complaints and stated that no updates or resolutions had been communicated to them.

When interviewed, service staff could not identify or describe what open disclosure means, or describe a formal process for to consumers to make complaints.

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| Requirement 8(3)(d) | HCP | Not Compliant |
|  |  |  |

*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.*

Findings

The service was unable to demonstrate the presence of effective risk management frameworks to identify and respond to high impact and high prevalence risks.

1. managing high impact or high prevalence risks associated with the care of consumers

The assessment team found inconsistencies in the management of consumer risks. Requirement 3(3)(b) can be referenced for further information in relation to this sub requirement.

The assessment team reviewed a variety of consumer documentation and found that where high impact or high prevalence risks were associated with care, strategies for service staff to follow and mitigate risks was absent from care directives. Additionally, when interviewed, service staff were unable to explain consumer risks in depth and described the greatest risk to consumers as service rostering.

The assessment team reviewed service documentation outlining consumer clinical risks, but found no evidence of specific documentation relating to high prevalence or high impact risk in aged care. Some consumers were identified by the service as a being a high falls risk, this was not documented in associated consumer care plans.

In reviewing service records and documentation, the assessment team found a variety of specialised, recognised, and clinically endorsed risk assessment tools. The assessment team found no evidence of these tools being implemented in consumer care files.

1. identifying and responding to abuse and neglect of consumers

The service requires its staff to complete mandatory training in elder abuse, assault, and neglect. Completion of these training modules is certified, and records are held by service management.

1. supporting consumers to live the best life they can

The assessment team reviewed several care plans and although they did not demonstrate systems are in place to identify and document all risks, feedback was positive, and it was described that consumers felt supported to take risks to enable them to live the best life they can.

Service staff could describe how they support consumers to live their best lives and provided examples to the assessment team.

1. managing and preventing incidents, including the use of an incident management system.

The service demonstrated a procedure was in place for managing and reporting consumer incidents.

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| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
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*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.*

Findings

The assessment team found that the service did not demonstrate effective clinical governance framework in all areas required under this standard, including but not limited to anti-microbial stewardship, minimising the use of restraint, and open disclosure.

The service’s report of self-assessment against the Quality Standards did not include reference to a clinical governance framework document. In their response to the assessment teams report, the service acknowledged their clinical governance framework existed across multiple policies, rendering it difficult to follow. The service promptly addressed this by combining and improving their governance documentation, however this was not operational at the time of the quality review.

1. Antimicrobial stewardship

The assessment team found an organisational policy regarding antimicrobial stewardship and minimising the use of restraint. There was also an organisational feedback policy, including information about open disclosure relevant to complaints.

When interviewed, service staff could not identify or describe what antimicrobial stewardship is, and how to implement this whilst providing care and services to consumers.

In their response to the assessment teams report, the service advised that clinical staff are aware of this requirement, however they were not spoken to by the assessment team as they were not available at the time of quality review. This requirement does not identify clinical staff as being the only service staff requiring knowledge of these principles.

1. Minimising the use of restraint

The assessment team found that physical and chemical restraint is not widely understood by service staff. This requirement does not identify clinical staff as being the only service staff requiring knowledge of these principles, noting that clinical staff were not available at the time of quality review.

1. Open disclosure

Through interviews with service staff, the assessment team found that the principles of open disclosure are not understood thoroughly.

* One consumer told the assessment team they had previously made a complaint to the service. The assessment team reviewed the services complaints register and were unable to find records of this matter, additionally the consumer was provided with no supporting documentation or reference.
* When the assessment interviewed service staff, three staff members could not describe what open disclosure means in relation to complaints management.

From a review of consumer care documentation, the assessment team found that the information available for consumers to make complaints did not include updated process, description of the open disclosure approach, and what it means for a service to follow this approach.

Standard 6, Requirement (3)(c) refers to these findings in more detail.

In its response to the assessment teams report, the service explained that all staff are required to complete training in open disclosure, however many service staff do not speak English as a primary language and do not refer open disclosure using specific terminology, rather they employ the principles of open disclosure in their daily efforts. The service advised that staff education around open disclosure would be delivered.

On balance, I consider that the evidence presented by the assessment team including service documentation relevant to consumer complaints, results in service non-compliance with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 1(3)(b) | HCP | Not Compliant |
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### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Not Compliant |
|  |  |  |

*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.*

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| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |
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*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.*

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| Requirement 2(3)(b) | HCP | Not Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Not Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  |  |  |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Not Compliant |
|  |  |  |

*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.*

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| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Not Compliant |
|  |  |  |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Not Compliant |
|  |  |  |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Not Compliant |
|  |  |  |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Not Compliant |
|  |  |  |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Not Compliant |
|  |  |  |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  |  |  |

*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.*