Advanced Care Australia

Performance Report

1 Heidi Street   
KULUIN QLD 4558  
Phone number: 1300 628 485

**Commission ID:** 700922

**Provider name:** Advanced Care Australia Pty Ltd

**Quality Audit date:** 15 December 2021 to 16 December 2021

**Date of Performance Report:** 11 February 2022

# Performance report prepared by

M Murray, 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

**Home Care:**

* Advanced Care Australia, 26214, 1 Heidi Street, KULUIN QLD 4558

# Overall assessment of Service/s

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

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

# 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; the Quality Audit report was 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 2 February 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant CHSP Not Assessed

### 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

The service did not demonstrate that 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. Consumers and representatives said that the information in the monthly statements is not easy to understand, including the services provided during that month and the funds available so they know how much money they can spend on care and services.

Overall consumers and representatives interviewed considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives said that consumers are encouraged to do things for themselves, and that staff know what is important to them. Consumers and representatives said that they feel the consumer’s personal privacy is respected and their personal information is kept confidential.

The service demonstrated that care and services are culturally safe and that each consumer is supported to exercise choice and decisions about their care, including when others should be involved, and maintain relationships. Each consumer is supported to take risks to enable them to live the best life they can, and staff could describe the process and showed familiarity with choices consumers had made.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Not Assessed |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Not Assessed |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Not Assessed |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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

*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.*

Consumers and representatives said that information in the monthly statement is not easy to understand. The Assessment Team identified that consumers are not provided updates to their home care agreement when their package level is amended.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Not Assessed |

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Assessed

### 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

The service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Care planning documents did not evidence outcomes of assessment and planning were documented in consumers’ care plans and care plans did not include sufficient information about risks and interventions or management strategies to guide staff practice. Care planning documents did not document each consumer’s needs and goals and reflect their personal preferences. Care and services are not regularly reviewed for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

Consumers and representatives interviewed said they are involved in care planning and said staff talk to them about their care and services. The service demonstrated assessment and planning includes other organisations and health care professionals including medical officers and allied health providers.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

**Assessment of Standard 2**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

*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.*

The Assessment Team found, while key risks had been identified, these had not been assessed and strategies to manage those risks had not been documented. Care plans reviewed did not include sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

*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.*

The Assessment Team interviewed consumers and compared their feedback with the information documented in their care plans and provided to staff. The Assessment Team found documented information did not always reflect the consumer’s current needs, goals and preferences.

Staff interviewed said they do not discuss advance care planning and end of life planning with consumers and have not received training to support them to facilitate these conversations.

The approved provider, in their response, accepts the general findings of the Assessment Team. It disputes the evidence that policies on advance care planning and end of life planning are not fully implemented and notes discussions on this topic would be out of the scope of care staff.

Based on the evidence (summarised above) the service does not comply with this Requirement as the approved provider needs to comply with all aspects of the Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

*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.*

The Assessment Team received mixed feedback from consumers on whether they had a copy of their care plan readily available. The Assessment Team found care planning information was not accurate and even if a consumer had the plan readily available it may not be effective in communicating the outcomes of assessments.

Care staff said if the care plan is not up to date, they are guided by what the consumer and/or their representative wants when delivering care and services.

The approved provider, in their response, rejects the findings of the Assessment Team, and states the service has other documents that the team could have reviewed. The response does not provide any further evidence that care and services plan (in whatever documented format) is provided to the care recipient and available where care a services are provided, which in most instances is the consumer’s home.

Based on the evidence (summarised above) the service does not comply with this Requirement. While statements have been made by the approved provider that dispute the Assessment Team’s findings, additional evidence has not been submitted for consideration.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

*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.*

The Assessment Team found care plans are not always updated when a consumer’s condition changes, their situation changes or when incidents or accidents happen.

Where a planned review date had been set, on four of five occasions the care plan had not been reviewed within the timeframe stipulated on the care plan and agreed to with the consumer.

The approved provider accepts the finding of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Assessed

### 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

The service did not demonstrate it effectively manages high impact or high prevalence risks associated with the care of each consumer. Information is not reflected in care planning documentation, including the identification of all high impact or high prevalence risks, strategies or guidance for staff who regularly provide services to consumers. The service did not demonstrate reporting of high impact and high prevalence risks or monitoring to ensure effective management of those risks for each consumer. The service does not trend, analyse and respond to high impact or high prevalence risks through the incident management system and clinical governance reporting processes.

The service did not demonstrate effective systems and processes in place to ensure any deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The service did not adequately demonstrate information about consumers’ conditions, needs and preferences are documented and communicated with those involved in the care of the consumer.

Overall sampled consumers considered that they receive personal and clinical care that is safe and right for them and they have access to a medical officer or other health care professionals when they need it. The service has systems and processes to maintain appropriate infection control and minimise the spread of infections.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

*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 |
|  | CHSP | Not Assessed |

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

The Assessment Team found a lack of management of risks known to impact the health and wellbeing of consumers. The team noted for individual consumers deficits in the service’s management of behavioural and psychological symptoms associated with a diagnosis of dementia, falls, nutrition and hydration, skin integrity and pain management.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Not Assessed |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

*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.*

The Assessment Team found while care staff are alert to changes in a consumer’s health and function and report this to central office staff, this information is not consistently actioned, and support systems are not always put in place to benefit the consumer.

The approved provider, in their response, rejects the findings of the Assessment Team. The response states actions were taken to address consumers cognitive decline and nutritional support. Progress notes, assessments (or other evidence) of the registered nurse’s actions in the management of clinical deterioration for the specific consumers reviewed by the Assessment Team was not provided. It was stated that some consumers also declined re-assessment.

Based on the evidence (summarised above) the service does not comply with this Requirement. While there is conflicting evidence of what has occurred for individual consumers, and some strategies may have been put in place, there is no evidence that the strategies have been monitored to see if they have prevented further decline in the consumer’s health and well-being. For example, ‘meals on wheels’ have been implemented for one consumer, but there is no evidence as to whether the consumer is enjoying these meals or they have improved their nutritional intake. There is no evidence a baseline assessment was conducted, prior to the intervention of the ;meals on wheels’ service and no evidence, such as the consumer’s weight stabilising or increasing has been presented.

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

*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.*

The Assessment Team found management do not have processes in place to share information or communicate with brokered service providers. Management said they had not considered how they would communicate with agency staff.

While there was some evidence of referrals to and reports received from allied health providers there was little evidence of regular communication about the consumer’s condition, needs and preferences, between the service and the other providers delivering regular care and services through brokered arrangements.

The approved provider, in their response, rejects the findings of the Assessment Team. The response states that consumer representatives prefer to direct new staff, and this is encouraged and is in addition to information already provided to ensure the consumer / representative has choice and control over the service. The approved provider also rejects the Assessment Team’s findings that regular review of information does not occur.

Based on the evidence (summarised above) the service does not comply with this Requirement. In balancing the evidence, I note the acceptance by the approved provider, of the Assessment Team’s findings overall, in Standard 2 that evidences deficits in information management.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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 Not Compliant CHSP Not Assessed

### 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

The service could not demonstrate that information about the consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care is shared. Where consumers utilise the equipment they need, in the delivery of services and supports, the service did not demonstrate effective systems and processes in place to ensure it is clean, safe, suitable, and well maintained for the consumer to use.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Services and supports for daily living provided by the service cover a wide range of options for consumers, should they choose, to support them to live as independently as possible, enjoy life and remain connected to their local community.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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 |
|  | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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 | Not Compliant |
|  | CHSP | Not Assessed |

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

The Assessment Team found insufficient evidence of communication between the service and other individuals or organisations where services and supports for daily living are shared, such as external lawn mowing and gardening providers and service providers delivering support through subcontractor agreements. Management advised they do not have processes in place to share information or communicate with brokered service providers. Management said they had not considered how they would communicate with agency staff.

The approved provider, in their response, rejects the findings of the Assessment Team but has not provided any additional evidence which counters the Assessment Team’s findings.

Based on all the evidence available the approved provider does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Assessed |
|  | CHSP | Not Assessed |

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

The service does not provide meals. This requirement of Standard 4 has not been assessed.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The service was unable to demonstrate that it has processes in place with the consumer or their representative in relation to identifying and addressing hazards or risks associated with equipment. There is no system in place to assure the ongoing suitability of equipment or comply with manufacturer’s maintenance schedules.

The approved provider, in their response, rejects the findings of the Assessment Team but has not provided any additional evidence which counters the Assessment Team’s findings.

Based on all the evidence available the approved provider does not comply with this Requirement.

# STANDARD 5 Organisation’s service environment

# HCP Not Assessed CHSP Not Assessed

### 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 operate a location that consumers attend to receive services. This Standard has not been assessed.

# STANDARD 6 Feedback and complaints

# HCP Not Compliant CHSP Not Assessed

### 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

The service did not demonstrate effective systems and processes to monitor, analyse and use feedback and complaint data to improve the quality of care and services. Feedback and complaints were not consistently recorded, or trends reviewed and analysed. The service did not demonstrate effective reporting systems to the governing body regarding feedback and complaints or improvements made as a result of feedback and complaints.

Consumers and representatives confirmed they feel safe, encouraged and supported to give feedback and make complaints. Consumers and representatives are given information regarding access to advocacy, language services, and methods of raising complaints both internally and externally. The service demonstrated appropriate action is taken in response to complaints and management described how the service uses open disclosure when things go wrong.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

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

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

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

*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 | Compliant |
|  | CHSP | Not Assessed |

*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 |
|  | CHSP | Not Assessed |

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

The Assessment Team identified the service does not consistently capture and record all feedback and complaints on the register and it was unclear how the service identifies trends or deficits. The service does not currently provide reports to the governing body with information or data in relation to feedback and complaints. When interviewed staff were unable to describe how feedback and complaints are used to improve care and services.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

# STANDARD 7 Human resources

# HCP Not Compliant CHSP Not Assessed

### 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 service did not demonstrate that the workforce receives ongoing support, training, professional development and feedback they need to meet the needs of aged care consumers and deliver the outcomes the Quality Standards describe. The service does not have effective systems in place to review the training, learning and development needs of staff.

The service did not demonstrate they regularly assess, monitor and review the performance of each member of the workforce through an effective human resources system. The service did not demonstrate they regularly evaluate how staff are performing their role, including staff subcontracted through brokerage arrangements.

The service demonstrated that the workforce is planned, with sufficient qualified staff to enable the delivery and management of safe and quality care and services. Consumers and representatives interviewed confirmed that they think there are adequate staff and reported consistent staff members are allocated to deliver care and services. Consumers and representatives considered that consumers receive quality care and services when they need them and from people who are kind, capable and caring.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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 | Compliant |
|  | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Not Assessed |

*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 | Not Compliant |
|  | CHSP | Not Assessed |

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

The Assessment Team were advised staff participate in regular training based on consumer’s clinical and care needs however, the service was not able to demonstrate this has occurred for all staff. Care staff were unable to confirm they had completed mandatory training. Care staff providing high level care in dementia support, pain and indwelling medical devices had not had formal training.

The approved provider, in their response, rejects the findings of the Assessment Team. The response states that the consumer / representative prefers to train any new staff, that recruitment process establish staff have experience in supporting consumers’ living with dementia and that mandatory training has been allocated to staff. Evidence such as training records were not provided.

Based on the evidence (summarised above) the service does not comply with this Requirement. It is unreasonable for the approved provider to rely on the support of the consumer / representative to train new staff in how to deliver care and services. Staff should be supported to deliver the services assigned to them and the care coordination team should make the staff member aware of any tailoring or preferences of the consumer in how things are done as part of allocating a care worker to a service. This information should be captured during the assessment phase of planning care and services.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

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

The Assessment Team found the service did not demonstrate an effective system in place to regularly evaluate how staff are performing their role. Less than half of care workers directly employed by the service have had a performance review. There is no process in place to understand how subcontracted agencies who deliver care to consumers manage the supervision and performance of staff.

The approved provider, in their response, rejects the findings of the Assessment Team. The response states that the service has recently put in place performance reviews.

Based on the evidence above, the approved provider does not comply with this Requirement, less than half of care workers have had a review, this is not disputed.

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Assessed

### 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 service was not able to demonstrate it understands and applies all requirements within the Quality Standards. The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services, as assessed through other Standards.

Consumers were not engaged in the development, delivery and evaluation of care and services. The governing body did not demonstrate it promotes a culture of safe, inclusive, quality care or is accountable for managing and governing all aspects of care and services. Governance systems relating to information systems, continuous improvement, workforce governance and feedback and complaints were ineffective.

Effective risk management systems were not in place. Key risks associated with the care of the consumers are not adequately identified and addressed through care planning processes.

The organisation does not have an effective clinical governance framework in place and the governing body did not demonstrate it monitors and drives improvements in the quality and safety of the care and services the organisation provides to aged care consumers.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the requirements of the Standard has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

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

The Assessment Team found the governing body was unable to demonstrate it how it supports consumers feel they are partners in improving the delivery of care and services. The key point of engagement with the consumer is at the time of care plan reviews. Management could not provide an example of how consumers were engaged in service planning or any other aspect of governance.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Assessed |

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

The Assessment Team were not provided with any examples from management or staff as to how the governing body promotes a culture of safe and quality care and services. There was no evidence that the governing body asks for and/or receives the information it needs from the service to meet its responsibilities under this requirement. The Assessment Team has found deficits in several Standards which evidence the governing body is not delivering safe care and services.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

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

*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.*

The Assessment Team found the service was unable to demonstrate it has effective organisation wide governance systems in place for managing and governing aspects of care and services including information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

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

*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.*

The Assessment Team found the workforce did not have a clear understanding of identifying and responding to abuse and neglect of aged care consumers receiving a home care package. The service did not demonstrate an effective incident management system and practices to manage risks associated with the care of aged care consumers. There was no evidence that the governing body asks for and/or receives the information it needs from the service to meet its responsibilities under this requirement.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply with this Requirement.

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

*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.*

The service was not able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. Management and staff do not have a shared understanding of clinical governance and antimicrobial stewardship and there was limited evidence of formal training has been delivered.

The approved provider, in their response, accepts the findings of the Assessment Team.

Based on the evidence (summarised above) the service does not comply 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.

Address all requirements that are non-compliant.

* Establish effective governance across the organisation.
* Ensure the members of the governing body understand their accountabilities under the Quality Standards.
* Audit deficits in information systems, across clinical and non-clinical streams and take corrective actions.
* Ensure suitability qualified staff are planning and monitoring the delivery of safe and quality care to consumers by staff directly employed and where care and services are outsourced to another provider.
* Establish a system to identify where consumers are not getting effective care, need more support or require specialised clinical or psychosocial services and ensure these are appropriately planned, delivered and monitored for effectiveness.
* Demonstrate feedback and complaints are used to identify improvements for individuals and/or the consumer group.
* Ensure all staff have a performance review and that training needs are identified and met.
* Ensure the preference of how care and services are delivered are known by the care coordination team and this information is available to any staff member who attends the consumer.