All Good Care

Performance Report

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**Commission ID:** 701061

**Provider name:** All Good Care Pty Ltd

**Assessment Contact - Site date:** 13 January 2021

**Date of Performance Report:** 17 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(d) | Non-Compliant |
| Requirement 2(3)(e) | Non-Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, 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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 1 February 2021

# STANDARD 1 Consumer dignity and choice

### 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 Assessment Team did not assess all requirements of this Quality Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(e) 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.*

The Assessment Team found consumers and their representatives were satisfied with the information provided to them. Consumers reported that they understand information provided to them, they can exercise choice in relation to the services they receive, staff explain things to them and they receive a budget and month statements they understand.

Consumers have access to their care plan, home care agreement and Charter of Aged Care Rights, which provide information about their care and services.

The service communicates with consumers and their representatives in accordance with their preferred method of communication, for example, email, phone, in person and mail.

Care planning documentation detailed the services provided to the consumers, including the consumer’s agreed goals, preferences and management strategies required to meet the consumer’s needs.

While consumer care plans reviewed by the Assessment Team did not include consistent information about services to be provided to the consumer, this is further considered in Standard 2, requirement 3(d).

Based on the information in the Assessment Contact Site Report summarised above, I find the service Compliant in Requirement 1(3)(e).

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### 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 Quality Standard is assessed as Non-compliant as the three specific requirements assessed by the Assessment Team have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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 service did not demonstrate that assessment and planning, including a consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services.

While policy and procedures described the need for comprehensive assessment and planning to inform the delivery of safe and effective care and services, a review of care planning documentation identified information relating to some risks to consumer’s health and well-being. For example, care documentation of some consumers assessed as high falls risk included risk assessments and alerts to staff relating to their falls risk and risks associated with their impaired mobility.

However, not all care plans provided sufficient information to guide staff to manage the identified risks. Care planning documentation established that a consumer’s cognitive and psychosocial support needs and another consumer’s impaired skin integrity had not been adequately considered in assessment and planning. A review of a consumer’s care plan identified the service had not considered the risk to staff providing services and had not documented risk management strategies to guide staff practice.

There was some evidence in care documentation of assessment by clinical and allied health professionals. However, there was insufficient evidence that outcomes of assessments by other health professionals consistently informed care planning. This is discussed further in Standard 2 Requirement (3)(d).

The Approved Provider’s response stated that the care plans for the consumers identified in the Assessment Team’s Report have been revised to reflect the current consumers’ care and services needs and relevant staff training has been provided. The Approved Provided also stated that staff were aware of the current care and services needs of the consumers and that consumers were able to express their needs and instruct the carers.

While I acknowledge the actions taken by the Approved Provider, at the time of the Assessment Contact, the service was unable to demonstrate that assessment and planning that informed the delivery of safe and effective care and services had been completed and reflected the current care and services needs of some consumers.

For this reason, I find this requirement is Non-compliant.

### Requirement 2(3)(d) Non-compliant

*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.*

Whilst the service demonstrated that care plans and service delivery plans were readily available to staff and consumers, they did not adequately demonstrate that the outcomes of assessment and planning were consistently communicated to the consumer and documented in the care plan and service delivery plan.

A review of care planning documentation did not demonstrate the outcomes of assessment and planning were adequately documented in consumer’s care plans and service delivery plans or that the information documented in the care plan and service delivery plan were reflective of consumers’ current care needs.

The service did not evidence that the outcomes of an environmental risk assessment were communicated to the relevant consumer or that strategies to manage the identified environmental risk were documented in the care plan or the service delivery plan to guide staff providing services to the consumer.

The case manager said they involved allied health in the assessment of consumer’s care needs. However, the outcomes of assessment by allied health were not consistently incorporated into care planning documentation and the service could not demonstrate that discussions with consumers or their representatives regarding the outcomes of the assessment occurred. The service could not demonstrate outcomes of assessments by allied health professionals were documented in care plans. For example, the service could not demonstrate that the outcomes of an assessment of a consumer’s wound by an Occupational Therapist were documented in the consumer’s care plan. The service could not demonstrate also that the outcomes of a physiotherapy assessment and the management strategies for a consumer’s mobility, exercise and falls prevention were reflected in the consumer’s care plan.

The Approved Provider’s response received on 1 February 2021 advised that the service respected consumers’ independence and their decisions to exclude the service from aspects of the care they receive from a multidisciplinary team. The Approved Provider advised also that some care plans reflected consumers’ requests to include information, such as guidance on wound care even though a wound may have healed.

I have considered the Approved Provider’s response and acknowledge that the service considers the views of consumers in developing care plans. I accept that where consumers receive services from other health professionals using their own funds, the Approved Provider is not responsible for the care provided by those health professionals. However, I consider that the consumer’s assessment and care planning documentation should clearly indicate the assessed care and services needs that are and are not the responsibility of the Approved Provider. If the care and services provided by other health professionals were funded by the Commonwealth as part of a Home Care Package, the Approved Provider is responsible for the care provided and is responsible for ensuring that appropriate records of the care and services provided are kept, including a care plan that reflects the care and services provided by a multidisciplinary team.

I consider also that whilst a consumer may request that some outdated information relating to clinical care be included on a care plan, the Approved Provider is required to keep accurate records and maintain a care plan that reflects the current care and services needs of a consumer.

For these reasons, I consider that the service is Non-compliant with this requirement.

### Requirement 2(3)(e) Non-compliant

*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 service was not able to adequately demonstrate that consumer’s care and services were reviewed regularly for effectiveness, when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The service had a policy and procedures relating to the review of care and service plans and the service’s management advised that care plans were reviewed regularly or when there was a change in consumers’ needs and preferences. All consumer’s care and services were required to be reviewed at least every six months.

However, a review of the care planning documentation identified care and services were not consistently reviewed every six months in accordance with the service’s policy or when there was a change in a consumer’s circumstances. Care planning documentation sighted by the Assessment Team identified that some consumers’ care needs had not been reassessed after their return from hospital or following information from a representative that a consumer’s condition had changed.

The Approved Provider’s response provided reasons as to why reassessments following discharge from hospital had not been completed by the time of the Assessment Contact visit.

Whilst I acknowledge the Approved Provider’s response, I do not consider the response addresses the findings of the Assessment Team that the service had not conducted reassessments in accordance with the service’s policy. At the time of the Assessment Contact, care and services for consumers were not being consistently reviewed, including following discharge from hospital or feedback about increased care needs.

For these reasons, I find this requirement is Non-compliant.

# STANDARD 8 Organisational governance

### 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 did not assess all requirements of this Quality Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

The Assessment Team found governance systems were established and effective in key areas of the organisation. The Assessment Team found:

* Staff and management advised they had electronic devices that enabled them to access information relevant for their work, such as care plans, rosters, policies and procedures. Consumers had access to information through their health support worker, in Home Care Agreements and in information folders at their homes that contained their care plans.
* Service level opportunities for improvement were identified through external reviews, staff meetings and from feedback from staff and consumers. The continuous improvement plan was updated monthly.
* Two directors of the service were responsible for financial governance of the service. The directors prepared all financial records and the service’s finances were overseen by an external accountancy firm.
* The service had a casual pool of Health Support Workers and had brokerage agreements in place for other service providers to provide allied health services, home maintenance and gardening services. Monitoring processes ensured all probity requirements were in place for brokered services.
* The service monitored media releases and Australian Government websites and obtained information from Leading Age Services Australia to ensure it remained compliant with relevant regulations. The service’s management ensured that the service’s staff were informed and the service’s processes were updated when necessary.
* The service’s feedback and complaints system and processes were effective in improving outcomes for the consumers, staff and the service.

Based on the information in the Assessment Contact Site Report summarised above, I find the service Compliant in 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.

* Requirement 2(3)(a) – Ensure that 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.
* Requirement 2(3)(d) – Ensure that 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.
* Requirement 2(3)(e) – Ensure that 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.