Austa Care New South Wales

Performance Report

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**Commission ID:** 201251

**Provider name:** Austa Care Pty Ltd

**Quality Audit date:** 16 September 2020 to 17 September 2020

**Date of Performance Report:** 6 November 2020

# 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 considered in developing this performance report:

* The Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment (Quality Review), 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 16 October 2020.

# STANDARD 1 NON-COMPLIANT 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

To understand the consumer’s experience and how the approved provider understands and applies the requirements within this Standard, the Assessment Team spoke with consumers/representatives and reviewed relevant documentation.

Overall consumers and/or their representatives interviewed said staff treat consumers with dignity and respect and that consumers can make informed choices about their care and services and live the life they choose. Examples provided by consumers/representatives included choice around types of care and services they agreed to under their home care package and agreed days and times for service delivery. Consumers/representatives said they were provided a copy and had signed the Charter of rights provided and that they receive monthly statements outlining fees and charges.

Issues were identified regarding inaccurate information on what a consumer can purchase as part of their home care package. Information on consumer monthly statements was not clearly documented, specifically around the administration fee charged, initial service charges and hourly rate discrepancies were noted which were not in accordance within the home care agreement.

Two of the six specific requirements of this Standard have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

The Assessment Team found consumer and representative feedback was positive and examples sighted in care documentation indicated the approved provider had provided information to consumers about their rights. Consumer care documentation reflected examples of staff treating consumers with dignity and respect in practice. The worker handbook raises staff awareness of the need to promote each consumers culture, diversity, values and beliefs. Staff interviewed said that they respect consumer choices and treat consumers with dignity and respect.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found consumer/representative feedback and examples provided by staff indicated that care and services are being delivered in a culturally safe manner for consumers.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 1(3)(c) Non-compliant

*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.*

The Assessment Team identified incorrect information was provided to a consumer by the approved provider that may impact adversely on decisions made regarding nutrition. Incorrect information did not support the consumer to exercise choice in regard to the provision of meals.

The Assessment Team identified a consumer of the service was purchasing food from an external supplier using their home care package funding which was approved by the approved provider and which is contrary to legislation. In its response the approved providers acknowledged this. While I note the steps taken to remedy this and other matters, at the time of the Quality Audit the approved provider had not correctly interpreted and applied legislation and had not supported the consumer to make decisions about their care and services that was delivered.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 1(3)(d) Compliant

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

Consumers/representatives interviewed said their preferences and choices are respected by staff. The approved provider indicated in their self-assessment and through interview that each consumer is supported to take risks to enable them to live the best life they can.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 1(3)(e) Non-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 that consumers/representatives interviewed did not raise any issues of concern in regard to the application of this Requirement. However, the Assessment Team identified information on monthly statements that was unclear and that administration charges for consumers were not itemised as required by legislation.

The Assessment Team provided examples which included incorrect amounts being charged for services provided, the system of charging being unclear in the agreement and the application of an administration fees outside of the home care agreement. Documentation does not indicate whether the addition of an administration fee for the purchase of equipment had been negotiated with consumers, and this fee was not clearly defined in the financial statements.

The approved provider’s response acknowledged the Assessment Team’s findings and stated it was auditing its systems to identify and remedy these issues. The approved provider also noted that some charges had been negotiated with specific consumers and this arrangement would be ongoing. It undertook to provider clearer documentation of itemised charges including when the administrative fee is applied.

I acknowledge the continuous improvement strategies that the approved provider is initiating to address the issues identified, however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 1(3)(f) Compliant

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

The approved provider has systems in place to ensure consumer’s privacy is respected and personal information is kept confidential. Consumer paper-based information is stored securely onsite at the head office and electronic information password protected for staff access.

I have reviewed this information and find that the approved provider is compliant with this requirement.

# STANDARD 2 NON-COMPLIANT Ongoing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements the Assessment Team spoke to consumers, staff and management and reviewed care planning documents in detail.

Consumers/representatives interviewed said they are involved in the initial and ongoing assessment and planning of their care and services.

Consumers/representatives interviewed confirmed that they are informed about the outcomes of assessment and are provided a copy of their home care agreement that contains their care plan; documenting agreed care and services and the days and times for care and service delivery.

However, when reviewing care plans the Assessment Team found that assessed need is not always focused on optimising health and wellbeing in accordance with consumers’ needs, goals and preferences. Risks are sometimes identified but the information is not consistently used to manage risk.

Care plans reflected consultation with consumers/representatives generally occurs and consumer goals and preferences are identified. However, consumer preferences are not always considered and/or documented in care plans.

Three of the five specific requirements of this Standard have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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 Assessment Team found documentation sighted did not fully reflect a consumer’s assessed care needs including consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. For example, a consumer with high care needs was reviewed by a geriatrician who identified a range of changes in the consumer’s condition which indicated a range of significant risks in managing this consumer’s ongoing care needs. This information did not trigger a review of the consumer’s care plan or a case conference to evaluate the consumer’s care needs.

The Approved provider submitted a Continuous Improvement Plan in response to the findings of the Assessment Team. The service has undertaken to identify all gaps in care documentation through internal audit and review. All care plans will be updated to reflect current care needs and risks to the consumers and be actioned accordingly. Additional education of care staff will also be implemented in progress note documentation. Care staff will be educated to read care plans prior to providing care so that they are aware of the special needs and medical conditions of consumers in order to mitigate consumer risks in this area.

I acknowledge the continuous improvement strategies that the Approved provider is initiating to address the issues identified and to mitigate consumer risks with care provision, however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

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

*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 reported that the consumer’s current needs, goals and preferences are considered. However, advanced care planning and end of life planning had not been completed in the consumer files sighted. A review of consumer goals indicated that not all goals were addressed and/or considered to reflect the care and services being delivered

The approved provider’s response acknowledges that advanced care planning and end of life planning will be conducted with those consumers who wish to do so. As some of their consumers are from diverse cultural backgrounds the approved provider will enlist the assistance of the consumer’s GP when required.

I acknowledge the continuous improvement strategies that the approved provider is initiating to address the issues identified in relation to advanced care planning and end of life planning, however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 2(3)(c) Compliant

*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.*

The Assessment Team reported consumers and representatives participate in care planning and consumers and/or representatives are provided a copy of the home care agreement which contains a care plan of agreed to care and services.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 2(3)(d) 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.*

The Assessment Team reported consumers are provided with a care and services plan which is part of their home care agreement and that they can contact the office as needed to change/alter care and service delivery.

I have reviewed this information and find that the approved provider is 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 Assessment Team found that generally care and services are reviewed for each consumer on an annual basis in accordance with internal review schedules. Service policy and procedures indicate that a review is also to be conducted when individual consumer circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Whilst a review of consumer’s care needs has been conducted in these circumstances, the Assessment Team found that documentation showed instances where care plans were not updated to reflect these changes. The effectiveness of ongoing care may be compromised if care plans do not reflect the current needs, goals or preference of consumers.

The approved provider’s response has documented a change in review dates for consumers and the frequency of these reviews according to the complexity of consumer needs and service provided. The approved provider has undertaken to audit care documentation to ensure currency of consumer requirements and to educate staff in documentation of these changes.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with consumers and their representatives, spoke to staff and management and reviewed relevant documentation including policies, consumer assessments and care plans.

All consumers/representatives interviewed considered that they receive personal care that is safe and right for them. No consumer currently receives clinical care through their home care package. Consumers/representatives confirmed they are supported to access a doctor when they need it.

However, the Assessment Team’s review of consumers care documentation did not always reflect consumers received effective personal care and/or identify how clinical care needs were to be managed for consumers. This included nutrition/weight management, requirements such as two-person assistance when providing personal care, continence management and potential risks around diagnosed medical conditions for consumers such as type 2 diabetes and asthma management.

The service has some systems in place to manage high impact high prevalence risk to consumers. However, the Assessment Team reported policies in place are tailored to residential and not home care. This is leading to deficiencies in care and oversight of consumers with clinical care needs.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team reported the Approved provider has developed some policies and procedures around clinical care, but these policies and procedures are specific to residential care and not home care.

The Assessment Team identified a number of consumers have complex clinical conditions requiring assessment, review and follow-up. However, there is limited information documented in care plans to reflect personal care delivery is tailored to each consumers’ clinical needs or that these needs are being accessed, documented and actioned.

The Assessment Team found that none of the fifty-nine consumers are currently accessing clinical care through their home care package. Whilst consumers may not have requested the Approved provider to provide clinical care, care documentation does not reflect that clinical needs are being assessed for consumers or are being managed and/or what if any alerts should be reported by care staff through care and service delivery.

The Assessment Team were informed that the approved provider has recently employed a registered nurse within the last two months who works one day a week and is responsible to undertake clinical assessments for consumers and support clinical care requirements for consumers.

The Approved provider’s response has identified two consumers where care plans and care service delivery have been updated to meet their current needs. One consumer is to be offered the services of a continence nurse.

The response includes undertakings by the approved provider to update all consumer care plans so that they are tailored to current needs; educate care staff in documentation and review sub-contracted support services for nursing and allied health.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team reported that the approved provider identified that they have policies, procedures and systems in place to manage high impact or high prevalence risks associated with the care of each consumer. The approved provider confirmed that these policies and procedures are used to train staff to support effective risk management of consumers. However, the approved provider’s policies and procedures sighted by the Assessment Team show that these are tailored to residential care and not tailored to home care. For example, some of these policies included: Governance Abuse and Neglect; Meal Quality and Minimising Infection Control Risks.

The Assessment Team identified examples of high risks associated with consumers care needs that did not prompt effective management for the consumer. Risks that were identified for one consumer which required management included behaviour changes and continence needs.

The Assessment Team also identified care staff were documenting limited information following care and service delivery, making it unclear if changes had occurred for consumers. These included incomplete documentation and care plans to manage falls and continence risks for one consumer sampled.

The Approved provider’s response includes the intent to commence a review of the policies and procedures to align with home care services.

The Continuous Improvement Plan submitted shows that the Approved provider is to implement a new mobile phone and computer systems to improve documentation; communication and identification of risks to individual consumers. The Approved provider has also documented increased education of care staff in assessment, documentation and timely communication of consumer risks.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 3(3)(c) Compliant

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

The Assessment Team reported that care managers advised end of life planning is an option for consumers to discuss and reflect their preferences. However, care managers said that most consumers do not wish to discuss this. Six care plans reviewed did not contain information on end of life planning. I have considered these issues in Standard 2 requirement 2(3)(b)

The Assessment Team advised management to reflect consumers preferences in care plans and document if end of life planning was raised during the care plan review and/or the outcome, including if the consumer declined further discussion.

Consumers/representatives were not asked specifically about end of life planning by the Assessment Team and consumers did not raise any issues or concerns around this Requirement.

I have reviewed this information and find that the approved provider is compliant with this requirement.

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

*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 that changes in a consumer’s condition following review by a geriatrician was not identified or actioned in care planning documentation. The Assessment Team reviewed documentation for this consumer in relation to changed continence needs and capacity to drive a motor vehicle and found that there was minimal information documented in relation to these changes. The Approved provider advised the Assessment Team that many strategies were used to manage these changes, however, this was not documented in care plans or progress notes.

Care staff interviewed advised the Assessment Team that they are required to escalate and report on changes to a consumer’s condition. This requirement is included in the Workers Handbook. However, changes to a sampled consumer’s care plan did not identify changes to a consumer’s condition following a recent hospitalisation. Care planning documentation did not include changes following discharge from hospital.

The approved provider’s response addresses issues identified by increased training of care staff in the identification, reporting and documentation of changes in consumers condition and care needs. In addition, changes to the support in mobile and computer technology and systems is aimed at addressing issues raised in relation to documentation and communication. The approved provider has undertaken to review all care plans for completeness and currency of information.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

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

The Assessment Team found the service demonstrated systems to support this requirement are in place and overall, are effective. The approved provider currently uses a number of information systems to document and communicate each consumer’s condition, needs and preferences. This includes documented and electronic information systems used to communicate within the organisation, and with others where responsibility for care is shared.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 3(3)(f) Compliant

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

The Assessment Team identified the approved provider has systems in place regarding referrals. This includes information contained in the worker handbook that states the requirement for staff to report/escalate those issues impacting consumers. Care managers and the registered nurse advised they will refer consumers to their doctor, allied health and/or medical professional as required and needed.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 3(3)(g) 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.*

The Assessment Team reported the approved provider has developed and implemented a number of strategies to minimise infection related risks to consumers and its workforce. The service has a COVID-19 prevention plan.

This includes; the purchase of personal protective equipment (PPE); core and ongoing training of staff in infection control and prevention; encourage and promote staff and consumers to get a flu vaccination; ensure staff who are unwell are not to attend work and isolation and testing requirements for staff and or consumers if they suspect they have COVID-19. Additional strategies for staff include; a working from strategy, promotion of social distancing where possible, undertaking frequent cleaning and disinfection of work spaces, discourage carpooling and continued communicated to staff around COVID-19.

Risk minimisation strategies have been documented in consumer and worker handbooks provided to consumers and staff. The purchase and provision of PPE has occurred for staff and consumers and training/education in its use provided to both consumers and staff.

I have reviewed this information and find that the approved provider is compliant with this requirement.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### 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

Overall consumers interviewed 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.

However, information identified in assessments did not reflect discussions with consumers/representatives on services offered to minimise risk. Additionally, there was minimal documentation sighted about the consumer’s condition, needs and/or preferences including consumer choices and preferences.

One (1) of the seven specific requirements of this Standard have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

*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.*

The Assessment Team reported the approved provider conducts assessments and receives information from the consumer and/or representative during the care planning process and during reviews. However, a review of care documentation including care plans, assessments and progress notes did not reflect that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life. The Assessment Team provided a range of examples to demonstrate the service was not adequately or consistently addressing key aspects of this requirement. These included management of continence needs and consumer preferences; management of falls limiting consumer independence; ensuring adequate rostering of staff to meet consumer needs and reflect this in care planning documentation; purchase of equipment, safe installation of equipment purchased, and assessment of mobility needs to enhance independence. For a consumer no emergency or non-response to a scheduled visit protocol contact was documented in their care plan.

The approved provider’s response has addressed the findings of the Assessment Team in the Continuous Improvement Plan submitted. The approved provider has undertaken to implement strategies to address appropriate consumer assessments and allied health referrals; improve documentation of care needs through staff training; and review of care planning documentation to ensure that supports for daily living are captured to meed consumer needs and preferences.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 4(3)(b) Compliant

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

The Assessment Team reported the service’s care planning process provides the opportunity to capture any agreed services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being. This information can be captured within the medical summary and/or social profile details contained in each consumer’s care plan. Care managers advised if a consumer is assessed as requiring emotional, spiritual or psychological services and supports this would be discussed and services offered.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 4(3)(c) 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.*

The Assessment Team found consumers and/or their representatives expressed satisfaction with how the service assists consumers to identify goals, needs and preferences during the care planning process. Including how they would like to participate in their community, the social and personal relationships they wish; and do the things of interest to them.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 4(3)(d) Compliant

*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 the service demonstrated systems to support this requirement are in place and overall, are effective. The approved provider currently uses a number of information systems to document and communicate each consumer’s condition, needs and preferences. This includes documented and electronic information systems used to communicate within the organisation, and with others where responsibility for care is shared.

Whilst the Assessment Team identified issues in gaps in documentation which could affect the communication of a consumer’s currents needs, this has been addressed in Standard 2 requirement 2(3)(e).

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 4(3)(e) Compliant

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

The Assessment Team identified the approved provider has systems in place regarding referrals. This includes information contained in the worker handbook that states the requirement for staff to report/escalate those issues impacting consumers.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 4(3)(f) Compliant

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

The Assessment Team reported the approved provider does not provide meals. However, they will assist consumers with nutrition, hydration, meal preparation and diet in line with the list of care and services specified in Part 1 - Care and services of the Quality of Care Principles 2014.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 4(3)(g) Compliant

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

The Assessment Team reported the approved provider advised them it does not provide consumers with equipment. Equipment can be purchased by the consumer using their Home Care Package funding and is to be maintained and repaired by the consumer. This information is documented in the consumer handbook and states: “Equipment hired or purchased for the consumer as part of the package (and paid for by the package) will remain the property of the consumer once the package ceases to be provided. The consumer is responsible for the maintenance and repair of equipment.”

However, management advised care staff are expected to alert care managers on any issues around the safety of equipment used by consumers.

I have reviewed this information and find that the approved provider is compliant with this requirement.

# Organisation’s service

# STANDARD 6 COMPLIANT Feedback and complaints

### 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 Assessment Team spoke to management to establish the mechanisms in place to address this Standard. Interviews with consumers/representatives and staff were undertaken to understand how these processes are implemented and the approved providers response in relation to this Standard. The Assessment Team discussed examples with management and care staff of comments, complaints and feedback provided by consumers. The Assessment Team reviewed the complaints policy and complaints register, discussed trends and reviewed consumer file documentation and organisational documents.

Consumers and representatives said they are aware of their right to complain free from reprisal and have their complaints dealt with fairly and in a timely manner. They said they feel comfortable to provide feedback, and that they are encouraged to make suggestions.

Care staff indicated that care managers respond to the feedback they provide on behalf of consumers. Senior management indicated complaints received are acknowledged and recorded in a register and the information treated confidentially and respectfully.

The Quality Standard is assessed as Compliant as four of the four specific requirements of this Standard have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

The Assessment Team were satisfied the service has systems in place which encourage and support consumers and/or their representatives to provide feedback and make complaints. This includes both internal and external processes.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 6(3)(b) Compliant

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

The Assessment Team reported the service demonstrated its consumers can access advocates and language services relevant to them to support them to raise matters as required. Evidence was provided to show this occurring.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 6(3)(c) Compliant

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

The Assessment Team reported management provided them with an example demonstrating an effective complaints process that included open disclosure principles. Consumer feedback, staff interviews, polices and documents reviewed by the Assessment Team confirmed appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 6(3)(d) Compliant

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

The Assessment Team reported the service was able to demonstrate feedback and complaints are reviewed and used to improve services. However, they did raise with the service whether to consider capturing informal concerns the were currently being currently addressed by care staff. I note these concerns although not formally documented are raised through staff meetings and other forums. The assessment Team also reported the service conducts regular surveys and encourages feedback from consumers and representatives.

I have reviewed this information and find that the approved provider is compliant with this requirement.

# STANDARD 7 COMPLIANT Human resources

### 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 was provided with an outline of the skills and qualifications of management, care managers and care staff. They interviewed consumers about their experience of the staff and their ability to provide them with safe, respectful care and services. Care staff were interviewed in relation to the training and support they were provided by management, and records including staff meeting minutes, staff files, rosters, training records and staff performance reviews were sighted.

Consumers and representatives were satisfied that staff are adequately skilled. They relayed that staff treat them with respect and provide services in a manner that allows them to feel secure. Most staff are bilingual and understand and respond to the cultural and linguistic needs of the consumers.

Discussion with management identified orientation and ongoing in-service and external training is provided. The increasing number of packages being provided has resulted in a review of the workforce. In addition, consideration of sourcing additional training in relation to case management, especially in relation to higher care consumers, was discussed with management.

Information contained in training records, staff files, performance reviews and staff rosters demonstrated the workforce is skilled and qualified to provide culturally safe, respectful, quality care and services.

The Quality Standard is assessed as Compliant as five of the five specific requirements of this Standard have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

The Assessment Team reported consumers and representatives said staff know what they are doing and provide quality. Interviews with senior management, care managers, consumers and care staff confirmed that there were adequate direct care staff to provide services. Documentation showed there is a mix of staff skills relevant to consumer needs.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 7(3)(b) Compliant

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

The Assessment Team reported consumer feedback, staff interviews and documents reviewed confirmed staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 7(3)(c) Compliant

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

The Assessment Team reported the service demonstrated it has qualified and skilled staff sufficient to provide home care packages to a diverse consumer group. This has included the employment of care workers that are bilingual; at minimum have a Certificate III in aged care and/or with previous experience in the delivery of aged care services. A register lists all staff qualifications; current registrations; current national criminal history checks and internal and external training attended by staff. Consumers and representatives said they are satisfied staff are knowledgeable and effective in the performance of their roles.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 7(3)(d) Compliant

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

The Assessment Team reported the service was able to demonstrate its workforce is adequately trained and equipped to deliver the services provided. An education calendar for 2020 and staff meeting minutes including training modules was sighted.

Care workers confirmed they are oriented at commencement of their employment. They referred to the workers handbook that provides an overview of key policies and procedures. They outlined training provided such as infection control relevant to COVID-19 that included the use of PPEs.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 7(3)(e) Compliant

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

The Assessment Team reported management were able to demonstrate there are processes in place to ensure regular assessment and review of staff performance occurs. Management and staff described the staff appraisal process and how it guides the review of performance. Individualised training is usually discussed at performance meetings and sourced accordingly such as additional COVID-19 training.

Consumers interviewed confirmed that the care managers regularly contact them and ask if they are satisfied with the care staff delivering services.

I have reviewed this information and find that the approved provider is compliant with this requirement.

# STANDARD 8 NON-COMPLIANT 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

To understand the consumer’s experience and how the organisation partners with them to improve care and service the Assessment Team spoke to consumers, staff and management and reviewed care planning documents, policies and procedures and other documentation relevant to this Standard.

The Assessment Team discussion with management provided an overview of the governance structure of the approved provider. This included: meeting minutes, policies and procedures, human resource systems, risk management mechanisms, governance frameworks and information management systems.

Consumers/representatives interviewed said they are involved in the assessment and planning of their care and services and are consulted in relation to their satisfaction with the services they receive.

However, the Assessment Team found that information management in relation to documenting consumer needs, relaying this information with care staff and care managers was not always recorded adequately. In addition, high impact risks in relation to consumers are at times identified but the information is not used to manage risk. There were gaps in the monitoring and review by the organisation of their service’s operating procedures.

The service has purchased policies and procedures to assist with the implementation of the Standards. However, these policies and procedure are specific to residential care and will require adaptation to the home care service requirements and environment.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

The Assessment Team reported the Approved provider was able to demonstrate that the service’s model of care supports choice for consumers. For example, by encouraging consumers to choose a care worker that speaks their language and maintain the same care worker/s at their request.

Consumers are contacted regularly by the care manager/s and are encouraged to provide feedback in relation to their services. Upon commencement with the service, consumers, with their care managers, devise and review their care plan that guides the delivery of care and services.  Management undertake annual consumer feedback surveys and quarterly guided telephone interviews with consumers. Feedback obtained informs the plan for continuous improvement.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 8(3)(b) Compliant

*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 reported senior management were able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There are policies and procedures which are implemented. .

The organisation has a Risk Management Framework and maintains a Continuous Improvement Plan. A Risk Assessment Form and Risk Matrix guides discussion at management level in relation to risk categories and identified issue and hazard, risk level and control measures in place. Risk categories regularly reviewed include but are not limited to, management of team stability, regulatory compliance, financial risk, consumer related risks, data security, human resource adequacy, work health and safety, infection control, medication management, fire safety and environmental risks.

I have reviewed this information and find that the approved provider is compliant with this requirement.

### Requirement 8(3)(c) Non-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 identified issues across the following areas:

Information management

The Assessment Team reported the organisation has not adapted purchased residential care policies and procedures to reflect home care services. Care staff are not documenting information in consumer progress notes on a regular basis and care managers have not updated care plans to reflect changes to care and/or service delivery. The service could not demonstrate monitoring and review sufficient to identify these deficiencies in information management.

Financial governance

The Assessment Team identified information contained in home care agreements on Initial Service Charges is not defined and monthly statements for consumers that have purchased equipment do not itemise the 15% administration fee charged and/or whether this fee was negotiated with the consumer prior to the equipment purchase. The service could not demonstrate monitoring and review sufficient to identify these deficiencies in financial governance.

Regulatory compliance

The Assessment Team identified care managers and management were not familiar with the Home Care Operational Manual and some aspects in regard to monthly consumer statements.  The service could not demonstrate monitoring and review sufficient to identify these deficiencies in regulatory compliance.

The Approved provider’s response details strategies to address the issues identified by the Assessment Team. These include staff training in care planning and documentation, risk management and regulatory requirements; review of policies and procedures to align with home care services and changes and clarity in billing processes.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 8(3)(d) Non-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.*

The Assessment Team reported that there are policies and procedures that guide management and staff work practices, however, these polices are based on residential aged care. These policies and procedures are contained in the Workers Handbook and do not provide a clear delineation of the requirements for home care services.

The service was unable to demonstrate how it understands and responds to high impact and high prevalence risks associated with the care of consumers. In particular the management of consumers with high complex needs.

The Assessment Team found that there are specific strategies for incident management and that staff training is being reviewed in this area.

The Approved provider’s response has documented continuous improvement strategies to review and align polices to home care services; increase staff training in risk identification and management; review care planning requirements and documentation and audit systems and processes to identify any further gaps.

I acknowledge these improvements however this does not demonstrate compliance at the time of the Quality Audit.

I find that the approved provider is Non-compliant with this requirement.

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

The Assessment Team found that the service does not have a clinical governance framework. In discussion with management, the Assessment Team was informed that the service is currently not providing consumers with clinical care services as consumers have indicated they do not require this support. However, the Assessment Team identified some consumers, at times, require the coordination of clinical care services. The service currently employs a registered nurse, one day per week to support care and clinical services provided.

The Assessment Team observed that a clinical governance framework would assist the service to organise and structure the coordination of clinical services to support good clinical outcomes for consumers. The framework would be supported by the continuous improvement plan which the service maintains.

The Assessment Team found that although the service has policies to address antimicrobial stewardship and minimise restraint, there is limited requirement to use these processes with the current cohort of consumers.

Management indicated that at this stage they do not undertake medication management and no consumers are chemically restrained. Formal complaints are overseen by management to ensure open disclosure processes occur in a timely manner and to the satisfaction of the consumer.

I have reviewed this information and find that the approved provider is compliant with this requirement. However, the organisation should consider the development and implementation of a clinical governance framework to support a person-centered approach to care and services delivered.

# 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.

**Standard 1**

### Requirement 1(3)(c)

*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.*

### Ensure that the information provided to consumers, including but not limited to the purchase and provision of food, is accurate and appropriate to their situation and supports them to exercise choice and independence

### Requirement 1(3)(e)

*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.*

* Ensure that all information provided to consumers, and in particular financial information, iscurrent and accurate and enables them to exercise choice.

**Standard 2**

### Requirement 2(3)(a)

*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.*

* Ensure that risks to consumer’s health and well-being are identified and used to inform the care and services provided to them

### Requirement 2(3)(b)

*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.*

* Ensure that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including but not limited advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(e)

*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.*

* Ensure that care and services are reviewed regularly to capture changes in care needs, goals or preferences of the consumer.

**Standard 3**

### Requirement 3(3)(a)

*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.*

* Demonstrate the identification of personal and clinical needs and the provision of care and services commensurate with these needs

### Requirement 3(3)(b)

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

* Demonstrate that high impact or high prevalence risks associated with the care of each consumer and which are relevant to the care provider are effectively managed.

### Requirement 3(3)(d)

*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.*

* Implement systems and practices to ensure that 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
* Demonstrate that these systems and practices are effective

**Standard 4**

### Requirement 4(3)(a)

*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.*

* Ensure that 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.

**Standard 8**

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

* Implement effective organisation wide governance systems relating to information management, financial governance and regulatory compliance
* Regularly evaluate the effectiveness of these systems

### Requirement 8(3)(d)

*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.*

* Implement effective risk management systems and practices, including but not limited to the management of high impact or high prevalence risks associated with the care of consumers;
* Regularly evaluate the effectiveness of these systems and practices