Australian Home Care Services - QLD

Performance Report

7/3972 Pacific Highway   
LOGANHOLME QLD 4129  
Phone number: 0448 880 833

**Commission ID:** 700585

**Provider name:** AHC Care Services Pty Ltd

**Quality Audit date:** 17 August 2021 to 18 August 2021

**Date of Performance Report:** 25 October 2021

# 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 2018.

**Services included in this assessment**

**Home Care:**

* Nextt Home Care Services, 22840, 7/3972 Pacific Highway, LOGANHOLME QLD 4129

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | 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) | Non-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) | Compliant |
| Requirement 3(3)(e) | Non-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) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Non-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 Quality Audit; the Quality Audit report was informed by a site assessment on 17 and 18 August 2021, 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 5 October 2021.

# STANDARD 1 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 organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assesment Team found that 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.

The Assessment Team interviewed consumers and consumer representatives who confirmed that consumers are treated with respect and that their culture and diversity is valued, they are encouraged to do things for themselves and that staff know what is important to them. They confirmed that they receive information about care and services and they can easily understand this information and that their personal privacy is respected and their personal information is kept confidential.

The Assessment Team found that the organisation has policies and procedures in place that have an inclusive, consumer-centred approach to organisational practices and care and service delivery; including supporting consumers to take risks and how the organisation protects privacy and confidentiality. Staff described how they support consumers to make informed choices about their care and services and make decisions about when others should be involved in their care and decision making.

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

## 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.*

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

*Care and services are culturally safe.*

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

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

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

### 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.*

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

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

# 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 within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found that whilst most consumers and representatives considered they feel like partners in the ongoing assessment and planning of consumers’ care and services, some consumers and representatives interviewed advised staff had not spoken with them about advance care planning or end of life planning.

The Assessment Team found that the service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and well-being, inform the delivery of safe and effective care and services. Assessment and planning did not identify and address all consumers’ needs, goals and preferences and did not demonstrate advance care planning and end of life planning is considered.

The Assessment Team reviewed care planning documents and identified that outcomes of assessment and planning were not documented in consumers’ care plans and care plans did not include sufficient information about risks and interventions or management strategies to guide staff practice. For some consumers, reassessment and review of care needs did not occur or were inadequate when there was a change in the consumers’ condition, needs or following an incident.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements 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 Assessment Team reviewed care documentation for a number of consumers receiving a home care package and found that risks to consumers’ safety, health and well-being had not been adequately assessed. While there was evidence of home risk assessments completed for most consumers sampled, a review of documentation identified this was inconsistent and those completed were not always effective.

The Assessment Team reviewed care planning documentation which identified information relative to some risks to each consumer’s health and well-being, however, care plans did not provide sufficient detail to guide staff practice in minimising risks, including risks associated with falls, mobility, continence, cognitive impairment, pain, oxygen therapy, radiation therapy, pressure injury and medication management.

Policy and procedures describe assessment and planning processes to inform the delivery of safe and effective care and services, however, the service is unable to consistently demonstrate this occurs.

The approved provider responded to the Assessment Team’s report and acknowledges some areas for improvement. The provider has commenced immediate remediation of all identified issues in care plans, including a review to ensure risks to consumer safety, health and wellbeing are documented and managed. It is anticipated that this review be completed by the end of October 2021. This will be reinforced by direct staff training on care plan management by executives to clarify and reiterate expectations around the level of detail required and assessment of needs.

I find that the approved provider is not compliant with this requirement at the time of assessment.

### 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 found that the service did not demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

The Assessment Team identified that whist the organisation has an advance care directive procedure in place, the service was unable to demonstrate, assessment and planning consistently included advance care planning and end of life planning for consumers sampled.

The Assessment Team interviewed consumers and representatives who mostly advised staff had not spoken with them about advance care planning or their preferences for end of life planning. Two representatives interviewed said they are aware of the wishes of the consumer in the event their health declined. Care plans reviewed for consumers sampled identified no consumers had an advance care plan in place. There was no documented evidence to demonstrate the Customer Support Managers provided information about advance care plan or commenced discussions if the consumer wished.

The approved provider responded to the Assessment Team’s report and acknowledged that there was insufficient evidence of progress against this criterion when applied in practice and are taking immediate action to rectify as part of the care plan review. The service will also include remediation training with staff to ensure this requirement is fully embedded into practice going forward, in line with existing policies and procedures.

I find that the approved provider is not compliant with this requirement at the time of assessment.

### 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.*

### 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.*

The Assessment Team found that the service did not demonstrate outcomes of assessment and planning are effectively communicated to consumers and outcomes of assessment and planning are not adequately documented in a care plan that is readily available to the consumer, and where care and services are provided.

The Assessment Team undertook a review of careplans and found that care plans did not consistently provide a detailed outline of services to be delivered, including agreed days, times and hours of service. Care plans did not consistently document individualised needs, goals and preferences, including current needs and identified risks. Individualised strategies to guide staff practice and information on how to minimise risks were not documented on care plans reviewed.

The Assessment Team found that most consumers and representatives said they are informed of the outcomes of assessment and planning and have a copy of the consumer’s care plan, however six consumers and representatives interviewed said communication is very poor from the Customer Support Managers and two representatives said they speak directly with staff from the brokerage agency to receive information and updates on care and services.

The approved provider responded to the Assessment Teams report and advised that a consultant has commenced an audit of assessments and care plans for consumers receiving a home care package. The provider intends that any identified gaps will be actioned as part of their continuous improvement planning and activities.

I find that the approved provider is not compliant with this requirement at the time of assessment.

### 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 the service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care plans are not updated when a consumer’s condition changes, their situation changes or when incidents or accidents happen. Not all care and services are reviewed on the agreed review date documented on the consumer’s care plan.

The Assessment Team spoke with management who advised care and services are reviewed by the Customer Support Managers following incidents, when a consumer is discharged from hospital or when a consumer receives a higher home care package. However, a review of documentation identified this did not always occur.

The approved provider responded to the Assessment Team report and acknowledged that there are immediate improvements required to the quality-of-care plans and are undertaking an immediate review to rectify this. This review will be completed by the end of October 2021 for all care recipients in Queensland.

The review will focus on ensuring that individualised needs are met and include a review of mechanisms to ensure that Claro policies and procedures are followed in relation to updating care plans (for example where there is a change of condition, change of circumstances, after an incident and informed by consumer preference). An acknowledged area of focus is consumers receiving a higher level of home care package.

I find that the approved provider is not 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 sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team found that the service did not demonstrate it delivers personal care and clinical care that is safe and effective, best practice, tailored to consumers’ needs and optimises their health and well-being. High impact and high prevalence risks associated with the care of consumers are not effectively managed and the service did not demonstrate they use best practice guidelines, decision-making tools or protocols to manage high impact or high prevalence risks to consumers. The service did not demonstrate that 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, including providers who deliver personal care through brokerage agreements.

The Assessment Team identified that the service demonstrated that deterioration or change in a consumer’s condition is recognised and responded to in a timely manner and timely and appropriate referrals to health professionals and providers of other care and services were made. The organisation has policies and procedures in place, including policies and procedures related to infection control and COVID-19. The service demonstrated it minimised infection related risks through standard and transmission based precautions.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

### 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 found that the service did not demonstrate each consumer receives personal care and clinical care that is safe and effective, best practice, tailored to their needs and optimises their health and well-being. The service does not use evidence-based, validated tools to inform the delivery of personal care that is best practice and tailored to consumers’ needs and their systems and process are not effective to ensure consumers receive safe and effective care that is right for them.

The Assessment Team reviewed care plans and found that progress notes (and other documents) for several consumers sampled did not reflect individualised care that is safe, effective and tailored to the specific needs of each consumer.

The Assessment Team found that while the organisation has policies and procedures in place in relation to the delivery of personal and clinical care, including a complex clinical care policy; there is insufficient evidence to demonstrate policies are put into practice.

The approved provider responded to the Assessment Teams report and advised that a quality review of all care plans in the audit region will be undertaken by the end of December 2021 by Regional Clinical Managers to ensure the required improvements are delivered in line with best practice requirements. The provider has also rolled out a consistent and best practice training environment which will drive outcomes focussed consumer care and ensure mananagement better track and monitor compliance.

I find that the approved provider is not 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 found that the service did not demonstrate how 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 risks, strategies or guidance for staff who regularly provide services to consumers. The service does not demonstrate consistent reporting of high impact and high prevalence risks, or monitoring to ensure effective management of those risks for each consumer.

The Assessment Team reviewed care documentation for several consumers sampled and conducted interviews with staff, consumers and representatives. For the consumers sampled the service did not demonstrate all high impact or high prevalence risks had been identified or adequately assessed and as a result could not demonstrate how they are effectively managed. These included risks associated with falls, swallowing, pressure injury, behaviours, respiratory distress, medication and oxygen therapy.

The Assessment Team identified that staff do not complete validated assessments, including risk assessments to identify strategies to manage these risks. For consumers identified at risk of falls, there was no evidence of falls risk assessments completed by the service and care plans reviewed did not document individualised falls and injury prevention strategies to manage the risk.

The approved provider responded to the Assessment Teams report and advised that they recognise the opportunity to ensure risk management processes and systems are better reflected in care plans and operationalised in day-to-day service delivery and will ensure all staff impacted by the audit findings refresh their clinical care and risk training in response to the findings. This will be delivered by the end of the 2021 calendar year.

I find that the approved provider is not 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.*

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

### Requirement 3(3)(e) Non-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 that the service did not demonstrate information about the consumer’s condition, needs and preferences, is documented and communicated within the organisation and with others who provide personal and clinical care services to consumers.

The Assessment Team interviewed Customer Support Managers and management who described how they communicate information about the consumer’s condition, personal and clinical care needs and their preferences internally and with others where responsibility for care is shared. This includes referrals to AHPs, communication with brokered service providers delivering regular care and services, verbal handover and the provision of care plans kept in consumers in-home folder for staff and others involved in the consumer’s care and services to access.

However, a review of care documentation did not demonstrate effective communication processes in place so that those involved in the care of the consumer, including staff through brokerage agreements, have information about delivering safe and effective personal and clinical care.

The approved provider responded to the Assessment Teams report and advised that a consultant has commenced an audit of assessments and care plans for consumers receiving a home care package to ensure care plans are updated and improved and incorporate this information. This will include updated brokerage service information and advice from adjacent health professionals, where appropriate. The provider advised that any identified gaps will be actioned as part of our continuous improvement process.

I find the approved provider is not compliant with this requirement.

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

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

### 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.*

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

The Assessment Team found that the service did not demonstrate information about the consumer’s condition, needs and preferences in relation to services and supports for daily living, is documented and communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team interviewed consumers who overall 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. Consumers said they felt supported by the service to do things of interest to them when they want to.

The Assessment Team found that interviewed consumers and representatives described ways the service supports consumers to remain living at home through services such as cleaning, laundry, gardening and home maintenance services. Consumers and representatives said the service supports consumers to maintain social and emotional connections with those who are important to them.

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.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

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

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

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

### 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.*

### Requirement 4(3)(d) Non-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 that the service did not demonstrate information about the consumer’s condition, needs and preferences in relation to services and supports for daily living, is communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team interviewed consumers and representatives which confirmed that whilst most consumers and representatives interviewed said they were happy with the care delivered by staff, some consumers and representatives said they were not satisfied staff worked well together to meet the consumers’ needs, goals and preferences and were not satisfied with communication within the organisation.

One consumer representative said communication was very poor in the organisation in relation to her mother’s scheduling needs and preferences, with services often missed and staff not turning up. She said there was a high turnover of staff in the office and “people did not seem to know what they were doing”. Six consumers and representatives interviewed said the Customer Support Manager does not coordinate their service and supports well, providing examples where the Customer Support Manager had not replied to emails or phone calls in a timely manner. Two representatives said they are in the process of switching providers and one representative said she is considering switching providers due to poor communication impacting on her father’s services.

The approved provider responded to the Assessment Teams report and advised that they acknowledge the need to ensure consistent and clear information is available, regardless of who is providing the support to the consumer and confirm that internal audits of consumer documentation have commenced and they are currently reviewing systems and processes to share consumer information with relevant stakeholders. Ensuring clear and well documented processes for linkages between brokerage services and the provider has been added to the provider’s performance improvement plan. It is anticipated guidance and staff training on this matter will be delivered in the first half of the 2022 calendar year.

I find that the approved provider is not compliant with this requirement.

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

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

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

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

# STANDARD 6 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the Feedback Register and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that the service has a complaints management system and policies and procedures in relation to management of feedback and complaints, including open disclosure. However, the service did not demonstrate that feedback and complaints are consistently recorded, reviewed or responded to and used to improve the quality of care and services for consumers receiving aged care services.

The Assessment Team found most sampled consumers and representatives did consider that they are encouraged and supported to give feedback and make complaints, confirming they have lodged complaints with the service about statements, delays in receiving care and services and the purchase of equipment using home care package (HCP) funds. Most consumers and representatives interviewed said they would contact their Customer Support Manager if they had concerns about their care and services. However, consumers and representatives provided feedback that complaints raised were not responded to in a timely manner.

Consumers and representatives are given information regarding access to advocacy, language services, and methods of raising complaints both internally and externally, however some consumers and representatives did not consider they had the information fully explained.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-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.*

### 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.*

### Requirement 6(3)(c) Non-compliant

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

The Assessment Team found that the service does not consistently record complaints as per the policies and procedures and consumers provided feedback that the service does not respond to complaints that have been raised.

The Assessment Team interviewed consumers and representatives who were not consistently satisfied with actions taken or follow up in relation to their complaints. Consumers and representatives provided feedback to the Assessment Team that they have raised concerns with the Customer Support Manager multiple times however they have not received feedback.

The Assessment Team reviewed progress notes that detailed that consumers were raising concerns via the phone and emails to the Customer Support Managers however these had not been recorded in the online system or actioned as per the service’s policies and procedures. Management were unaware that Customer Support Managers were not recording feedback and complaints as per policies and procedures and advised that they would provide refresher training to the Customer Support Managers.

The approved provider responded to the Assessment Teams report and advised that they expect effective and consistent use of the enterprise risk tool, known as “RiskMan”, including complaints reporting, to ensure tracking and close out of issues within documented timeframes and escalations when matters are not resolved within timeframes. The provider confirmed that they will ensure that the refresher training for all staff impacted by the audit findings includes RiskMan training, along with dedicated management focus on performance against, and compliance with, policies and procedures by Customer Support Managers. The Quality Team will undertake an audit in the last quarter of the 2021 calendar year to verify compliance checking against RiskMan complaint entries.

I find that the approved provider is not compliant with this requirement.

### Requirement 6(3)(d) Non-compliant

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

#### The Assessment Team found that the service has policies and procedures describing feedback and complaints contributing to continuous improvement, however the service was unable to demonstrate how they effectively monitor, analyse and use feedback and complaint data to improve the quality of care and services.

The Assessment Team found that while the service provided a register of feedback and complaints, the team identified that not all feedback and complaints that are detailed in the progress notes for six consumers were entered into the online system which affected the accuracy of complaints data being reported and analysed.

The Assessment Team reviewed Board Meeting minutes from March 2021 where the results of the consumer survey were discussed concerns raised included; Invoice, financing and payments delays; consumers not being notified of cancelled shifts; communication and responsiveness.

The Assessment Team reviewed the plan for continuous improvement (PCI) provided by the service and there were no specific planned actions documented to address the concerns raised by consumer or representatives. Management advised that improvements in invoicing would be added to the PCI.

The approved provider responded to the Assessment Teams report and advised that a performance improvement action plan has been developed and is being implemented, based on multi-channel feedback mechanisms. This is reported at the business level all the way through to Board. The provider acknowledges that there is a need to ensure the continuous improvement approach is better embedded across all layers of the business. This will be addressed via the refresher staff training.

I find that the approved provider is not compliant with this requirement.

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# STANDARD 7 NON-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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

The Assessment Team found that the service was unable to demonstrate that the workforce is competent and members of the workforce have the knowledge to effectively perform their roles.

The Assessment Team found that while staff have the qualifications to perform their roles the team identified there were deficiencies in the performance of Customer Support Managers to deliver the outcomes required by the Aged Care Quality Standards.

The Assessment Team identified that support workers do not have the knowledge and skills they need to support some consumers with high impact and high prevalence risks. The service was unable to demonstrate competency based training is provided to staff supporting those consumers.

The service could not demonstrate how they ensure staff delivering care through brokered arrangements are competent and have the knowledge to perform their role and management reported they do not monitor the competency of staff who work under these arrangements.

The Assessment Team found that most sampled consumers and representatives considered that consumers receive quality care and services when they need them and from people who are kind, capable and caring. Consumers and representatives interviewed confirmed that they think there are adequate staff and reported consistent staff members are allocated to deliver care and services.

The service has an ongoing recruitment process and brokerage arrangements to ensure sufficient staff are available to deliver scheduled care and services. Policies and procedures are in place to support human resource management and education and training. The service has an orientation and training program in place and a system in place to regularly assess, monitor and review the performance of each member of the workforce.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-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.*

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

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

### Requirement 7(3)(c) Non-compliant

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

#### The Assessment Team found that the service did not demonstrate that all staff are assessed to be competent or have the knowledge to effectively perform their roles, including managing conditions that are common in aged care and managing consumers receiving support through a home care package.

The Assessment Team found that most consumers and representatives provided positive feedback that Support Workers know what they are doing and how they like their services delivered. While staff have the qualifications to perform their roles the Assessment Team identified there were deficiencies in the staff practices in relation to the specific roles and responsibilities of the workforce and management was not aware of the deficiencies identified.

The Assessment Team identified that the service did not demonstrate that all Support Workers are competent and have the knowledge to effectively perform their roles and deliver safe and effective care. While the service has training available in medication awareness, and other complex care modules there was no evidence that support workers delivering services have completed the training or have been deemed competent.

The approved provider responded to the Assessment Teams report and acknowledged the need to improve the training and performance of their Customer Support Managers. Service standards are being implemented in relation to Customer Support Manager performance, which will be actively monitored by management, with action taken in any instances of non-compliance.

I find that the approved provider is not 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.*

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

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

# 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 how the organisation understands and applies the requirements within this Standard, 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).

The Assessment Team found that the organisation did not demonstrate it is accountable for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints. The organisation does not demonstrate effective risk management systems and practices to safely manage risks, manage and prevent incidents and use the incident management system (IMS) to improve its performance and how it delivers quality care and services. High impact and high prevalence risks associated with the care of consumers are not effectively managed and incidents are not consistently reported through the incident management system, to support consumers to live the best life they can. The organisation was not able to demonstrate a clinical governance framework in place to maintain and improve the reliability, safety and quality of the clinical care consumers receive. The organisation does not have a documented clinical governance framework or policies in place in relation to antimicrobial stewardship.

The Assessment Team interviewed consumers and representatives who were able to describe how they are involved in the development, delivery and evaluation of care and services within the service.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## 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.*

### 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.*

### 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 found that the organisation did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

The Assessment Team identified the organisation has a set of policies and procedures to facilitate the running of the service, however the service is unable to demonstrate these have been consistently implemented. The service does not demonstrate assessment and planning consistently identifies and addresses consumer’s needs, goals and preferences, including consideration of risk to the consumer’s health and wellbeing, for consumers sampled. Information in the care plan does not detail strategies to guide staff practice.

The service is unable to demonstrate how they effectively monitor, analyse and use feedback and complaint data to improve the quality of care and services. The Assessment Team identified that not all incidents are entered into the Incident Management System. As a result, systems for reporting and monitoring incidents are not effective. The service is unable to demonstrate the system helps the organisation to identify where quality and safety is at risk and improvements need to be made.

The Assessment Team identified that the service was unable to demonstrate financial governance processes are always effective. The team received feedback from consumers and representatives that they were being charged for services when the shift had been cancelled and there were significant delays in the service responding to request to amend the invoice.

The service was not able to demonstrate all staff are competent and have the knowledge to effectively perform their roles including managing conditions that are common in aged care and managing consumers receiving support through their home care package.

The approved provider responded to the Assessment Teams report and acknowledged that, while there is a comprehensive set of documentation and systems in relation to effective governance, there is room for improvement in the implementation and operationalisation of these processes across all elements of the business.

I find the approved provider is not 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that the organisation was not able to demonstrate it has effective risk management systems and practices to safely manage risks, manage and prevent incidents and use the Incident Management System to improve its performance and how it delivers quality care and services. High impact and high prevalence risks associated with the care of consumers are not effectively managed and incidents are not consistently reported through the incident management system, to support consumers to live the best life they can.

The Assessment Team found that for the consumers sampled, high impact and high prevalence risks had not been consistently identified or adequately assessed to find ways to reduce high impact and high prevalence risks.

The approved provider responded to the Assessment Teams report and advised that the provider is committed to building a positive and proactive risk culture. The enterprise-wide risk reporting tool, RiskMan, is utilised across the business to record and review issues, client and staff incidents, feedback, hazards and risks. There is a clear expectation that all our staff utilise RiskMan, and all staff are trained to do so. The provider will conduct staff refresher training in the use of RiskMan as a matter of priority to ensure compliance in reporting.

I find that the approved provider is not compliant with this requirement.

### Requirement 8(3)(e) Non-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 was not able to demonstrate a clinical governance framework in place to maintain and improve the reliability, safety and quality of the clinical care consumers receive. The organisation does not have a documented clinical governance framework or policies in place in relation to antimicrobial stewardship.

The Assessment Team interviewed management and staff who do not have a shared understanding of clinical governance and antimicrobial stewardship and there is no evidence of training for staff. The service could not demonstrate effective systems and processes to ensure consumers get safe and effective clinical care that is right for them.

The approved provider responded to the Assessment Teams report and acknowledged that improvement to overarching clinical governance frameworks is a priority activity with currently under development and due to be completed by the end of December 2021, replacing the current Claro Clinical Governance Framework. In relation to the specific policies identified, these will be completed and implemented by the end of March 2022, in collaboration with the Regional Clinical Managers and with the oversight of the Clinical Expert Advisor.

I find that the approved provider is not compliant 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.

### 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 approved provider must demonstrate:

* Home risk assessments are completed for consumers in care planning documentation which minimises risks, including risks associated with falls, mobility, continence, cognitive impairment, pain, oxygen therapy, radiation therapy, pressure injury and medication management.
* Staff training on assessment and planning and identifying risks to consumers health and wellbeing is conducted for all staff.

### 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 approved provider must demonstrate:

* Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences including advance care planning and end of life planning for consumers.

### 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.*

### The approved provider must demonstrate:

* Outcomes of assessment and planning are effectively communicated to consumers and documented in a care plan that is readily available to the consumer.
* Care plans detail outline of services to be delivered, including agreed days, times and hours of service.
* Care plans document individualised needs, goals and preferences, including current needs and identified risks with individualised strategies to guide staff practice and information on how to minimise risks.

### 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 approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Care plans are updated when a consumer’s condition changes, their situation changes or when incidents or accidents happen.

### 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 approved provider must demonstrate:

* Care plans and progress notes demonstrate each consumer receives personal care and clinical care that is safe and effective, best practice, tailored to their needs and optimises their health and well-being.
* Consumers with complex care needs are appropriately assessed, with individualised care plans and/or behaviour management plans in place to meet the complex care needs of the consumer.

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

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

### The approved provider must demonstrate:

* High impact or high prevalence risks associated with the care of each consumer are reflected in care planning documentation, including the identification of all risks, strategies or guidance for staff who regularly provide services to consumers.
* The service implements an effective reporting and monitoring system to effectively manage high impact and high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(e) Non-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 approved provider must demonstrate:

* Information about the consumer’s condition, needs and preferences, is documented and communicated within the organisation and with others who provide personal and clinical care services to consumers.
* Personal care services engaged through brokered service providers are monitored and reviewed to ensure they are continuing to meet consumers’ needs.
* Risk assessment processes and strategies to minimise risks to consumers are documented in care plans or effectively communicated to those delivering personal and clinical care to consumers.

### Requirement 4(3)(d) Non-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 approved provider must demonstrate:

* Assessment and care planning documentation is shared internally and externally with brokered service providers delivering regular services and supports for daily living.

### Requirement 6(3)(c) Non-compliant

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

### The approved provider must demonstrate:

* The service consistently records complaints as per the policies and procedures and consumers are provided feedback to complaints that have been raised within timeframes set in complaints policies and procedures.

### Requirement 6(3)(d) Non-compliant

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

### The approved provider must demonstrate:

* The service effectively monitors, analyses and uses feedback and complaint data to improve the quality of care and services.
* All complaints are entered into the online system for being reporting and analysis.

### Requirement 7(3)(c) Non-compliant

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

### The approved provider must demonstrate:

#### All staff are assessed to be competent and have the knowledge to effectively perform their roles, including managing conditions that are common in aged care and managing consumers receiving support through a home care package including complex care.

### 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 approved provider must demonstrate:

* It has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.
* Policies and procedures to facilitate the running of the service, are used in practice.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### The approved provider must demonstrate:

* Effective risk management systems and practices to safely manage risks, manage and prevent incidents are in place to deliver quality care and services.
* High impact and high prevalence risks associated with the care of consumers are effectively managed and reported through the incident management system, to support consumers to live the best life they can.

### Requirement 8(3)(e) Non-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 approved provider must demonstrate:

* A clinical governance framework is is documented and in place to maintain and improve the reliability, safety and quality of the clinical care consumers receive. The organisation does not have a documented clinical governance framework or policies in place in relation to antimicrobial stewardship.
* Evidence of training in clinical governance and antimicrobial stewardship for staff is in effect.