Burdekin Community Association Inc. Home Care Services

Performance Report

130 Queen Street
AYR QLD 4807
Phone number: (07) 4783 3744

**Commission ID:** 700056

**Provider name:** Burdekin Community Association Inc

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# 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.

# 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) | Compliant |
| Requirement 1(3)(d) | Non-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) | Non-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) | 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** | **Compliant** |
| Requirement 4(3)(a) | 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) | Not assessed |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not applicable** |
| **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) | 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 taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Quality Audit report received 7 May 2021.

# STANDARD 1 NON-COMPLIANTConsumer 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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and representatives sampled confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers interviewed confirmed they are treated with respect and staff know what is important to them. Consumers described the ways the service enables them to remain at home, in their local communities and to life the way they choose.
* Consumers interviewed confirmed their personal privacy is respected and their personal information is kept confidential.

The service has policies and procedures in place to guide staff in their engagement with consumers and how to foster consumer choice and staff demonstrated respect towards consumers and an understanding of their care preferences. However, the service does not consistently demonstrate the risks that consumers wish to take are identified and discussed with the consumer and representative to help them to understand the risk, to make informed decisions and problem solve with how the risk can be managed. In addition, it was identified that the service does not effectively communicate with each consumer and representative regarding the availability of packaged funds, costs and charges for service delivery to inform decision making.

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

### Based on the information reviewed I find this requirement compliant.

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

*Care and services are culturally safe.*

### Based on the information reviewed I find this requirement compliant.

### 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.*

### Based on the information reviewed I find this requirement compliant.

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

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

The Assessment Team found that the service does not consistently demonstrate that risks that the consumers wish to take are identified and discussed with the consumer and representative to help them understand the risk and how it can be managed. In particular, it found that dignity of risk information is not identified and there is no evidence of discussions to inform the consumer of risks of their choices to inform their decision making. For example, in relation to one consumer choosing not to take prescribed diabetic medication, another diabetic consumer not having podiatrist appointments, and investigating and problem solving a consumer’s propensity to remove the battery from their smoke alarm.

In its response the provider disagreed with the Assessment Team’s findings. It detailed discussions it had with the two diabetic consumers and/or their representatives, however no direct record of those discussion was provided. It acknowledged that not all these discussions are fully documented. It also noted that it had implemented a Consumer Choice Risk Assessment Form which will be reviewed regularly, expanded its Client Risk Notification form, implemented an improved notes management system and provided refresher training to staff on documentation and record keeping. It provided details of discussion it had held regarding the importance of smoke alarms and disputed that it was aware until recently about a consumer’s propensity to remove the battery from their smoke alarm.

I acknowledge that the event involving the smoke alarm was very recent and find that the service had had minimal time to demonstrate its response to the event. However, I am satisfied that the other evidence indicated that risks that the consumers wish to take are not always identified and discussed. While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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 the service does not effectively communicate with each consumer regarding the availability of packaged funds, costs and charges for service delivery to inform decision making. Two consumers advised they were not aware of increased service costs on public holidays, with one of those consumers statingtheydid not know if they had sufficient funds in their budget for these services, and that provision of costs from their budget had not been discussed with them. The Assessment Team reviewed the Home Care Agreement and service schedules for costs and there found there was no information pertaining to provision and costs of service delivery on Public Holidays. In its response the provider acknowledged there had been a clerical error in not including this information and stated it had rectified this matter.

The Assessment Team found also found that consumers’ budgets and support plans were not consistently amended when changes to care and services occur to inform decision making. The Assessment team identified each consumer’s budget has not been consistently revised to reflect the projected costs and availability of packaged funds for service delivery. In its response the provider acknowledged there had been a systemic and clerical error in creating budgets and stated it had rectified this matter.

While I acknowledge these improvements and the provider’s engagement with the issues, and that the provider could evidence negotiation with consumers about reduced services, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

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

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

### Based on the information reviewed I find this requirement compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Overall consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed said they are involved in care planning and staff talk to them about their care and services.
* Consumers and representatives said they have a copy of their care plan available to them in their home file.

While 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, it was identified that:

* Assessment and care planning documentation does not adequately demonstrate ongoing assessment and planning consistently informs the delivery of safe and effective care and services.
* Not all care plans reviewed sufficiently identify and address consumers’ current care needs, goals and preferences or detailed information to guide staff practice.
* The service was not able to adequately demonstrate consumer’s care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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 found that the service does not effectively demonstrate that consumers’ assessment and planning include the consideration of risks to the consumer’s health and well-being or informs the delivery of safe and effective care and services. Consumers were identified where assessment and planning, including the consideration of risk has not been identified or effectively monitored by the service. In particular, where identified needs did not inform the service’s assessment and care planning process, and no validated assessments in areas such as falls and pain.

In its response the provider disagreed with the Assessment Team’s findings. The provider noted that some consumer’s refused suggested treatments and services. And while the response includes referral to various specialists available to the service to provide guidance and direction, I am not satisfied that the provider could demonstrate that, on all occasions, relevant risks to a consumer’s safety, health and well-being needs are assessed, discussed with the consumer, and included in planning a consumer’s care. The response also included several improvements that have since been implemented since the performance review, together with a plan for continuous improvement to show how these matters are being implemented. However, I consider that the provider will require time to embed these improvements and demonstrate their sustainability.

While I acknowledge the improvements and the provider’s strong engagement with the issues, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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 does not have an effective assessment and planning which identifies and addresses the consumer’s current needs, goals and preferences, in particular in relation to advance care planning and end of life planning if the consumer wishes. The Assessment Team identified the assessment and planning for consumers does not include advance care planning and end of life planning.

In its response the provider disagreed with the Assessment Team’s findings. While the response includes statements related to the collection of information such as advanced care planning, and end of life planning, no documentary evidence of this was provided. The response also included undertakings and improvements the service has implemented to update the information they collect to improve their assessment and planning as well as a plan for continuous improvement.

While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### Requirement 2(3)(c) Non-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 found that the service was unable to demonstrate that assessment and planning is consistently occurring with effective communication between the consumer, representatives and other organisations and health professionals that are involved in the care of the consumer. The service was unable to demonstrate effective communication between the service and Medical Officers, medical specialists or hospital services to support assessment and care planning.

In its response the provider disagreed with the Assessment Team’s findings. While the response includes statements related to the collection of information through their assessment and planning system, I am not satisfied this that demonstrated the service was meeting the requirement of ongoing partnership with, particularly others involved in consumer’s care. While the service has undertaken review of their assessment tools, there is no mechanism indicated that would prompt the service to follow up required information in developing and refining a consumer’s assessment and planning. The response also included undertakings and improvements the service has implemented to update the information they collect to improve their assessment and planning. The approved provider in their response, has also supplied a plan for continuous improvement. However, I consider that the provider will require time to embed these improvements and demonstrate their sustainability.

While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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 has not ensured care and services for consumers are reviewed regularly, and when circumstances change or when incidents have impacted on consumers’ needs goals or preference. The Assessment Team identified the service does not ensure consumers are reviewed when circumstances change, including discharge from hospital or when an incident has impacted on consumers’ needs goals or preferences.

In its response the provider disagreed with the Assessment Team’s findings. It submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented since the performance review. I am satisfied that the service has taken steps to address the issues identified. The approved provider in their response also supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. I consider that the provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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 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.

Overall sampled consumers consider they get personal and clinical care that is safe and right for them, and while the service was generally able to demonstrate that each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being, it could not demonstrate the effective management of high impact risks associated with care of each consumer, or that information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others.

I am satisfied that deterioration or change in a consumer’s mental health, cognitive or physical function is recognised and responded to in a timely manner, that appropriate practices are in place to minimise of infection related risks and that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 does not ensure each consumer gets safe and effective personal care, clinical care that is best practice, that is tailored to their needs and optimises their health and wellbeing. Assessment Team has identified deficiencies for consumers not receiving safe and effective personal and clinical care in relation to falls management, wound care management, diabetic management and changing cognition to optimise the consumer’s health and wellbeing.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also disputed the Assessment Teams findings in relation to best practice and access to guidelines. The service provides has a range of health professionals providing advice.

I have reviewed the findings and have determined that some of issues related to communication between various health organisations and the service relate to ongoing assessment and planning with consumers and I have considered those matters under Standard 2 Requirement 2(3)(c). Baselining of consumer’s cognition and other assessments and planning are also dealt with under Standard Two.

I am of the view that the provider complies with this requirement as they have demonstrated consumers get safe and effective clinical care within the service’s defined limits.

I find this requirement Compliant.

### 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 does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The service does not have an effective risk management system to identify risks associated with the clinical care of consumers to inform choice and decision making, and could not show the consistent identification and understanding of risks to manage high prevalence risks including risk of falls and changes health and mental capacity that impact on a consumers’ safety, health and wellbeing.

In its response the provider disagreed with the Assessment Team’s findings. While the response includes statements related to the collection of information through their assessment and planning system, I am not satisfied this demonstrated the service has identified and high-impact or high-prevalent risks related to the personal and clinical care of each consumer. While the service has undertaken review of their assessment tools, there is no consistent indication of how the service manages high-impact or high prevalent risks related to cognitive decline, medication safety, managing pain, and falls management. The response also included undertakings and improvements the service has implemented to update the information they collect to improve their assessment and planning. The approved provider in their response, has also supplied a plan for continuous improvement. I consider that the provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I acknowledge the clarity the provider gave to some aspects of the information detailed by the Assessment Team however I am satisfied that the other evidence indicated that other high-impact or high prevalent risks related to other consumers, are not always identified and managed. While I acknowledge the improvements and the provider’s engagement with the issues, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment Team found that the service does ensure that deterioration or change in a consumer’s mental health, cognitive or physical function is recognised and responded to in a timely manner. The Assessment Team identified the service does not have evidenced based information to identify deterioration or changes in each consumers’ current mental health, cognitive or physical function from commencement or ongoing. As a result, the service does not have effective systems to identify deterioration or changes in each consumers’ current mental health, cognitive or physical function from commencement and ongoing.

In its response the provider disagreed with the Assessment Team’s findings. The response also includes statements related to the collection of information through their assessment and planning system, and the steps and improvements the service has implemented since the performance assessment.

I have reviewed the findings and have determined that consideration of consumer’s cognition and other assessments and planning are best dealt with under Standard Two, and I have dealt with that information under that Standard.

I am of the view that the approved provider complies with this requirement as they have demonstrated that deterioration or change in a consumer’s mental health, cognitive or physical function is recognised and responded to in a timely manner.

I find this requirement Compliant.

### 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 consumers’ condition, needs and preferences is documented and communicated within the organisation and with others. Assessment does not adequately identify consumers’ needs and preferences and support plans reviewed did not detail information to guide staff in the delivery of care and services.

In its response the provider disagreed with the Assessment Team’s findings. The response also includes statements related to the collection of information through their assessment and planning system, and the steps and improvements the service has implemented since the performance assessment. However, I consider that the information submitted by the provider did not refute the Assessment Team’s findings. The provider will need to monitor and evaluate the improvements it has identified to ensure they are effective and are sustainable.

While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

# STANDARD 4 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 through interviews and reviewing documentation. Consumers and representatives 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 team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers interviewed confirmed they are supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them.
* Consumers and representatives interviewed advised that the service supports them to do the things that 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 Compliant as six of the six applicable requirements have been assessed as Compliant. One (1) requirement has been assessed as not applicable.

## 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### Requirement 4(3)(f)

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

This requirement was not assessed.

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

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

Based on the information reviewed I find this requirement compliant.

# 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

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.

Overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

* Consumers and representatives interviewed could explain the process to follow when raising a concern and/ or a complaint. Consumers and representatives felt key personnel and management are approachable with any concerns that they may have and were able to give examples of times they had raised issues that were resolved for them in a timely manner.
* Consumers have complaint information in their personal folder located at their home and receive an information kit on commencement of services which contain the complaints policy. They receive a copy of the aged care charter of rights and have phone contact numbers and forms to fill out if they wish. Staff have had training in being able to assist in the complaints process, including applying an open disclosure approach based on their open disclosure policy. Complaints are monitored through meetings and addressed through the Feedback Register and any identified improvements are in the Plan for Continuous Improvement (PCI).

The Assessment team reviewed the Feedback Register which demonstrated the collection of complaints/concerns and the actions taken by the service to address these. All issues have a planned action, persons responsible and evaluation of the consumer’s satisfaction of the response following the complaint. The complaints register is monitored by the Chief Executive Officer (CEO) and the Board.

The Quality Standard is assessed as Compliant as four of the four specific requirements 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# 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

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.

Overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

* Consumers interviewed responded that staff are kind and caring and treat them with respect. Consumers reported that staff generally show up on time and are ready to work, and if there was an instance where they may be late then they are generally advised ahead of time.
* Consumers interviewed responded that staff have a good knowledge of the cares and services that they require and have time to talk to them during their work.
* Review of staff rosters show that essential service shifts were filled and that other services were rescheduled in consultation with the consumer if required.
* Staff receive education and training on a constant basis, responding to the identified needs of consumers and receive feedback on their performance through ongoing annual performance appraisals which guide staff education.
* Staff and management have a shared understanding are aware of their roles and responsibilities and staff performance is monitored.

The Quality Standard is assessed as Compliant as five of the five specific requirements 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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 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.

Overall sampled consumers indicated that the service is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed confirmed that they are asked to provide feedback on the services they receive and provided avenues by the service. In this way they felt that they are part of how things are done and can influence improvements to their services.

The organisation was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement, that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery and that it generally has effective organisation wide governance systems, including a clinical governance framework. However, it was not able to demonstrate it has effective risk management systems and practices.

The Quality Standard is assessed as Non-compliant as one 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Based on the information reviewed I find this requirement compliant.

### 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 system to identify, minimise and manage risks for the safety and wellbeing of consumers is not effective. The service was not able to demonstrate it has effective risk management systems and practices or that high impact/high prevalence risks associated with the care of consumers are identified or managed, to support consumers to live the best life they can.

In its response the provider disagreed with the Assessment Team’s findings. While the response includes statements related to the collection of information through their assessment and planning system, I am not satisfied this refuted the Assessment Team’s finding that the service did not demonstrate that it identifies high-impact or high-prevalent risks related to the personal and clinical care of each consumer. While the service has undertaken review of their assessment tools, there is no indication of how the service is updating their reporting systems to improve management of high-impact or high prevalent risks related to cognitive decline, medication safety, managing pain, and falls management. The response also included undertakings and improvements the service has implemented to update the information they collect to improve their assessment and planning. The approved provider in their response, has also supplied a plan for continuous improvement.

While I acknowledge the service has provided examples that evidence identification and appropriate management of issues for a few consumers, this has not equated to all consumers identified at risk.

While I acknowledge the improvements implemented, and the provider’s strong engagement with the issues, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement. The provider will require time to demonstrate the improvements are embedded and can be sustained.

I find this requirement Non-compliant.

### 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 effective clinical governance systems and processes to ensure the safe delivery of clinical care. The Assessment Team identified while the service has a clinical governance policy, the service has not ensured management and staff understand the relevance for the ongoing review and evaluation of the clinical care provided to consumers.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider also disputed the Assessment Team’s findings and provided additional detail in relation to this requirement, and their limitations in relation to the provision of clinical care.

I have reviewed the information from the Assessment Team and the approved provider and have found on balance the approved provider has a clinical framework that meets the requirements of the clinical services the service currently provides.

I find this requirement compliant.

# 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 1(3)(d)

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

### Demonstrate that risks that the consumers wish to take are identified and discussed with the consumer and representative to help them understand the risk and how it can be managed, and that these discussions are held on a regular basis and adequately documented.

### 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 financial information, including costs of services on public holidays is available and made known to consumers, and that information between budgets, support plans and statements is aligned.

### 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 information available about each consumer is considered, including risks to the consumers health and well-being, and assists to inform the safe and effective care and services
* Ensure any changes to recommendations are documented, and if care and services are refused, that there is monitoring and ongoing assessment engaged to ensure the safety of the consumer.

### 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 consumers current needs, goals and preferences, in particular in relation to advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c)

*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.*

Ensure that relevant information regarding consumer’s shared appropriately and in a timely manner adequate timeframes, particularly with other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer, to demonstrate the ongoing partnership in developing effective and current assessment and planning.

### 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 the service recognises and evaluates circumstances that may prompt when further information or assessments need to be undertaken for consumers
* Demonstrate that when these incidents or circumstances occur, staff are prompted to initiate information transfer and organise additional monitoring or assessment as required.

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

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

* Demonstrate that high-impact or high-prevalent risks related to the personal and clinical care of each consumer are identified and managed by, including but not limited to, ensuring risk assessments are employed to examine ways to reduce these risks.

### 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.*

* Ensure care planning documentation consistently documents relevant information to guide staff in the delivery of effective care, including advice on things to be aware of and monitor, in relation to specialised nursing care, including but not limited to, catheter care, diabetic management, managing falls and medications.

### 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.*
* Ensure the service’s risk management systems are effective in identifying and responding to high impact or high prevalence risks with the care of consumers
* Ensure systems and processes assist staff and management to identify and assess and manage risks to the health, safety and well-being of consumers.