Candice Care Inc

Performance Report

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**Commission ID:** 700940

**Provider name:** Candice Care Inc

**Quality Audit date:** 2 March 2021 to 4 March 2021

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-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) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Not assessed |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | Not assessed |
| Requirement 5(3)(a) | Not assessed |
| Requirement 5(3)(b) | Not assessed |
| Requirement 5(3)(c) | Not assessed |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-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) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-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, 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 1 April 2021
* information held by the Aged Care Quality and Safety Commission including information received from the Complaints Resolution Group of the Commission.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives reported consumers are treated with dignity, their privacy and confidentiality is respected and that they feel accepted and valued.

Staff spoke respectfully about consumers and were familiar with consumers’ background and preferences and demonstrated an understanding of what is important to the consumer. They understood their obligations and responsibilities in relation to respecting the consumers’ privacy and the confidentiality of their personal information. Staff described how consumers’ preferences are respected in relation to the gender of staff delivering care and this was evidenced in care planning documentation.

Policies and procedures were available to guide staff in relation to this standard including the delivery of culturally safe care and services, privacy, consumer choice, independence and advocacy.

However, some consumers and representatives reported dissatisfaction with the information that had been provided by the service and said this had impacted their ability to make informed choices about care and service delivery.

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

### 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) 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.*

Consumers and representatives expressed dissatisfaction with the information they had been provided by the service. While consumers and representatives confirmed they received a home care agreement, budget, care plan and monthly statements, most said they had not received information or could not recall receiving information about the pricing schedule, privacy policy, complaints process and services that are included or excluded under the home care package program.

Four consumers or their representatives provided examples of how this had impacted their ability to make choices about care and services. Some consumers said they did not have an understanding of care and services that could be accessed using home care package funds, another consumer said they were dissatisfied with the care and services they received but did not know how to lodge a complaint.

The approved provider in its response dated 1 April 2021 states that consumers have received the required information they need to make informed choices about care and service delivery as the service utilises an acknowledgement of receipt process.

The response states that staff support consumer understanding when they are commencing with the service by taking time to explain relevant documentation and inviting the consumer to have an advocate present. On those occasions where there is confusion or misunderstanding, for example, in relation to those services that can be funded under a home care package, the response states service staff revisit the home care agreement, engage in discussions with the consumer ensuring that these discussions are documented in the consumers’ case notes.

While I acknowledge the approved provider states that consumers have received the information required on entry to the service and that processes are in place to support consumer understanding, evidence of this was not included in the response. For example, the response did not include evidence that discussions had been held with those identified consumers who did not have an understanding of the services that can be funded under the home care package.

I note the approved provider’s response includes a commitment to ensure consumers are provided current information that is easily understood through the development of a handbook and guide and through other communication processes. However, at the time of the Quality Audit, consumers did not have access to the information they needed to inform their choice and decision making.

This requirement is Non-compliant.

### 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

The organisation does not effectively undertake assessment and planning with consumers and with those organisations that are involved in care and service delivery.

Relevant risks to consumers’ safety, health and well-being are not identified and strategies to minimise risk are not documented.

The outcomes of assessment and planning are not consistently communicated to consumers and their representatives and care and service delivery is not reviewed when there has been a change in the consumers’ condition or following an incident.

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

Assessment and care planning processes have not consistently identified and addressed risks to consumers’ health and well-being.

Staff involved in the assessment and care planning process, including registered nurses advised the Assessment Team that the service does not use validated assessment tools. They said that for consumers who self-manage their care or for those consumers where an external provider is involved in care delivery, that assessment and planning processes are not conducted and this impacts their understanding of consumers’ needs and preferences.

Assessment and care planning documentation reviewed by the Assessment Team found that risks to consumers’ safety, health and well-being had not been adequately assessed and that strategies to minimise these risks were not evidenced in care plans. Care planning documentation for consumers including those who had progressive degenerative illnesses, compromised skin integrity, high falls risk, mobility impairment, cognitive decline and pain did not include detailed strategies to support and guide staff in the care of these consumers.

The approved provider in its response acknowledges that existing assessment and care planning processes need improvement in order to ensure that risks are identified and strategies are implemented to support the delivery of safe and effective care. Actions being taken include a revision of relevant policies and procedures, the completion of the primary assessment tool for each consumer, the implementation of the revised individual agreement (which incorporates assessments) and advice has been sought in relation to the use of validated assessment tools.

Assessment and planning processes did not demonstrate that risk had been consistently considered as an element of the process.

This requirement is 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.*

Assessment and planning has not consistently identified and addressed consumers’ current needs, goals and preferences.

The Assessment Team reviewed consumers’ care planning documentation and found that care plans did not include strategies to guide staff in how to provide care that was tailored to the individual needs of the consumers and supported their functional abilities.

Care planning documentation including for consumers with cognitive decline, complex behaviours, sensory impairment, mobility impairment, chronic pain, depression and anxiety did not include strategies to address the consumers’ individual needs.

Representatives for two of these consumers provided examples of how staff had not implemented strategies to support the consumer’s needs and preferences when delivering care and services including for example, when providing personal hygiene to a consumer with complex behaviours.

Information brought forward by the Assessment Team under other requirements in this standard found that the person who provides gardening services stated they were not aware of a care plan for a consumer who was identified as receiving gardening services and that they had not received instructions as to what services were required. They stated they were guided by the consumers when providing services.

The approved provider in its response states that assessment processes are being revised to improve the quality of the information available to inform care planning. This includes the implementation of the revised individual agreement and a commitment to review assessments and care plans on an annual basis and when care needs change.

While the approved provider has committed to addressing the deficiencies identified by the Assessment Team, at the time of the Quality Audit, assessment and care planning did not identify and address consumers’ needs, goals and preferences.

This requirement is 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 organisation was not able to demonstrate that assessment and planning is integrated and coordinated, that the organisation works in partnership with consumers and that consumers and other providers of care are actively involved in assessing, planning and reviewing care and services.

Four consumers or their representatives expressed dissatisfaction with the care and services provided stating that the service does not communicate with them or follow up to ensure that care and services are being delivered appropriately.

One consumer advised they had commenced with the service more than two months earlier and had not received a service or had contact with the service since that time. The consumer said they continued to wait for domestic assistance. Staff confirmed there had been no communication with this consumer throughout this period.

Case managers could not describe how information is shared with others as the consumer moves between care settings and how this is used to inform assessment and care planning.

Feedback was received from a person who provided gardening services that in the absence of a care plan or instructions from the organisation they are guided by the consumer in relation to the services provided.

For consumers who receive brokered services, the Assessment Team found that care planning documentation does not identify the brokered service provider and there was no evidence that a review of services had occurred. Additionally, care documentation did not evidence that allied health professionals, medical officers and other providers of care and services are involved in the ongoing assessment, planning and review of services.

The approved provider’s response states that relevant stakeholders are involved in all aspects of planning, assessment and review of care and relevant policies and procedures were included in the response as supporting information. However, evidence that this had occurred for those consumers identified in the Assessment Team’s report was not provided.

I note the response indicates the approved provider was not aware of the need to involve in assessment, planning and review of care, those relevant organisations and providers outside the service who are involved in the consumers’ care and service delivery. The response states that action is being taken to address the deficiencies identified by the Assessment Team. Actions include providing consumers with a consent form which would permit the organisation to share information with other providers and a focus on building relationships with other service providers and health professionals.

I am not persuaded that these actions will effectively address the deficiencies detailed in the Assessment Team’s report and remain concerned that consumers and other providers of care and services are not actively involved in assessment, planning and review of care and services.

This requirement is Non-compliant.

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

Outcomes of assessment and planning have not been consistently documented in the care plan. Assessments including risk assessments have not been consistently completed. Care and service plans are not up to date and do not reflect the consumers’ current needs and preferences and information in care plans is not sufficiently detailed to guide care and service delivery.

The Assessment Team reviewed consumers care planning documentation and identified that for four consumers with a high risk of falls, risk assessments had not been completed and strategies to minimise falls and promote the delivery of safe and effective care were not reflected in care planning documents.

For two consumers who received allied health services, outcomes of assessment and planning associated with these services had not been identified or documented in the care plan.

Registered staff advised that following an assessment they document the outcomes of the assessment in a report and send it to the case managers to update the care plan. However, case managers interviewed by the Assessment Team said outcomes of these assessments are not documented in the care plans. The Assessment Team found that care plans for two consumers had not been revised or updated following an assessment via telephone by a registered nurse. One of these consumers had experienced a decline in their health that included frequent falls and weight loss however the care plan had not been updated at the time of the Quality Audit, approximately two weeks after the assessment had been completed by the registered nurse.

The approved provider’s response states that the outcomes of assessment and planning including goals and strategies are discussed with consumers during initial meetings and documented in the care plan with an acknowledgement of receipt signed by consumers. However, evidence of this having occurred, particularly for those consumers identified in the Assessment Team’s report was not provided.

The approved provider has advised it is taking action to improve assessment and planning processes and the communication of outcomes to consumers through the introduction of a revised individual agreement and improved practices relating to the provision of information to consumers.

I acknowledge that the approved provider is taking action to improve the processes relating to this requirement however at the time of the Quality Audit, the outcomes of assessment and planning were not being consistently communicated to consumers and the approved provider did not provide evidence in its response to demonstrate that this was occurring.

This requirement is Non-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.*

Care and services have not been reviewed when circumstances changed or when incidents occurred that impacted consumers’ health and well-being.

For some consumers with care needs including cognitive decline, complex behaviours and falls risks, assessments (including risk assessments) had not been completed and strategies to manage these risks were not documented or evaluated for effectiveness.

Care plans had not been updated for consumers who had experienced recent hospitalisation or a fracture.

Staff did not demonstrate a shared understanding of the care plan review process and could not describe how the service ensures care plans are reviewed on a regular ongoing basis. Case managers said that they do not communicate with brokered service providers to ensure that services provided are meeting the consumers’ needs and the Assessment Team found, for example that physiotherapy services provided through the home care package had not been reviewed for effectiveness.

The approved provider in its response refutes the information brought forward by the Assessment Team in relation to this requirement and states that staff review care and services regularly and when there has been a change in the consumer’s health and well-being. However, the approved provider did not provide evidence in its response to demonstrate that this was occurring for consumers, particularly for those consumers identified in the Assessment Team’s report.

This requirement is Non-compliant.

# 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

The organisation could not demonstrate that care delivery is tailored to consumers’ individual needs and preferences or that high-impact, high-prevalence risks associated with the care of consumers are consistently identified to inform care delivery.

The service has policies and procedures in place to guide staff in relation to palliative care and consumers confirmed staff have spoken to them about advance health directives and an enduring power of attorney.

The organisation did not effectively identify and address a change or deterioration in the consumer’s condition and in some instances, review of a consumer or referral to another specialist health care provider following an incident, did not occur in a timely manner.

Organisational and staff practices did not support the minimisation of infection related risks including in relation to COVID-19. Policies and procedures had not been established to promote appropriate use of antibiotics.

The Quality Standard is assessed as Non-compliant as six 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 organisation could not demonstrate that consumers receive safe and effective care that is tailored to their needs and optimises their health and well-being.

Assessment and care planning processes are not effective and do not identify risks associated with the care of the consumers or strategies to manage those risks. Care plans are not reviewed for effectiveness, and in the absence of a documented care plan staff said they would be guided by the consumer in relation to care and service delivery.

The Assessment Team found that strategies to support consumers with complex behaviours are not documented and one representative advised that staff did not know how to support a consumer who displayed resistance to care behaviours.

Staff could not describe how a consumer with cognitive decline, who requires daily prompting to take their medication five days per week is supported to complete this on weekends. The consumer’s care plan did not include any information in relation to their medication management.

Staff did not know where to get information or advice on best practice in relation to personal and clinical care or how to access best practice guidelines, decision-making tools or protocols.

The approved provider’s response states that actions are being taken to address the deficiencies identified by the Assessment Team. This includes ensuring staff have the required qualifications for their role. Implementing the primary assessment tool and where appropriate, completing risk assessments for each consumer, ensuring care plans are tailored to consumers’ needs.

While I acknowledge the actions being taken by the approved provider, at the time of the Quality Audit consumers were not receiving care and services that were tailored to their needs.

This requirement is Non-compliant.

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

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

The service could not demonstrate effective identification and management of high-impact or high-prevalence risks associated with the care of consumers.

Staff did not demonstrate a shared understanding of what constituted high impact or high prevalence risks and reported there were no consumers at the service identified as having risks associated with their care. However, a review of care planning documentation by the Assessment Team identified consumers who did have risks associated with their care including those who were at risk from falls, had cognitive decline, self-medicate, experience pain or have complex wounds. For many of these consumers, validated assessments (including risk assessments) had not been completed to identify strategies to manage these risks.

The organisation’s incident management system is not effective, and staff said the that clinical indicators are not being monitored. Records of ‘near mises’ or incidents and actions taken are not consistently documented. The case managers advised that incident forms are not completed for unwitnessed incidents. The Assessment Team found that for two consumers who had experienced recent falls, these incidents had not informed ongoing assessment and care planning and strategies that contribute to falls or actions to take to minimise falls were not included in care planning.

The approved provider in its’ response refutes the Assessment Team’s findings and says that staff are guided by a range of organisational policies and procedures relevant to this requirement and that the organisation effectively manages risks through assessments, annual review processes and the monitoring of clinical indicators. I have found a number of requirements specific to assessment and planning Non-compliant as the organisation was not able to demonstrate that assessment, planning and review processes effectively inform care and service delivery. Additionally, while the approved provider states that risks to consumers are being identified and managed, the response did not include evidence of this occurring for the consumers identified in the Assessment Team’s report.

The approved provider’s response includes a commitment to include relevant policies and procedures in staff training, to improve collaboration with brokered service providers, to implement regular nursing reviews, and a revision of the business continuity plan and risk register. However, high-impact and high-prevalence risks to consumers were not being identified by the organisation and strategies to manage those risks were not captured in care planning documentation. Staff did not have an understanding of those consumers who were at risk.

This requirement is 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.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

Deterioration or change in a consumer’s condition was not consistently identified and responded to in a timely manner. Incidents that impacted on the health and well-being of the consumer were not identified or addressed.

The Assessment Team brought forward evidence that for four consumers who had experienced incidents such as falls and/or a deterioration in their health including weight loss, escalating complex behaviours, decline in physical function and in some instances associated carer stress, actions had not been taken to ensure that any impact on the consumers’ health or change in their level of ability had been consistently identified and addressed.

Two consumer representatives reported to the Assessment Team that the consumer they cared for had increasing care needs, both representatives expressed a request for additional support which had not been actioned by the organisation.

Case managers reported that incident forms are not completed for unwitnessed falls. For consumers who had experienced falls (and fractures associated with the fall) the Assessment Team found incident forms had not been completed and there was no evidence of re-assessment promptly occurring following the incident and no information in care planning documentation about falls risks, pain management or any associated changes to care and services.

Case managers said they access brokered services and that brokerage agreements are in place to ensure a change in the consumer’s condition is recognised and responded to in a timely manner, however they could not provide an example of where this had occurred.

The approved provider’s response includes a commitment to conduct regular registered nurse reviews, and to train staff in incident reporting processes and recognising the signs of deterioration.

While I acknowledge the approved provider is taking actions to address the deficiencies identified by the Assessment Team, at the time of the Quality Audit, changes and/or a deterioration in consumers’ health including their physical or cognitive function was not being identified and actioned in a timely manner.

This requirement is Non-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.*

Information about the consumer’s condition, needs and preferences is not documented and communicated within the organisation and with others who provide care and services to consumers.

Assessment and care planning processes are not effective and do not consistently inform care and service delivery.

Risk assessment processes are not effective and strategies to minimise risks to consumers are not documented and communicated.

Where registered nurses have completed a review of consumers’ care needs, this information has not informed a change in care or service delivery and care plans were not updated to reflect the consumers’ current needs.

Case managers did not have a shared understanding of how information about consumers is shared with other providers of care when the consumer moves through different care settings.

Goals, actions and outcomes associated with care and services provided by allied health providers such as the physiotherapist are not reflected in care planning documentation.

Support workers said that they rely on their own knowledge of the consumer or are guided by what the consumer wants if the care plan does not include sufficient detail to guide them. They said that messages, emails and phone calls rather than the consumer’s care plan provides more accurate information about changes to consumers’ care and services.

The approved providers in its response states that action is being taken to ensure relevant consumer information is available electronically and that processes are being established to share consumer information with relevant stakeholders.

While I acknowledge the actions being taken by the approved provider, at the time of the Quality Audit, relevant information about the consumers’ needs and preferences was not documented and was not communicated with others where responsibility for care was shared. Staff did not have access to effective care planning information to guide them in their care and service delivery.

This requirement is Non-compliant.

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

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

Care planning documentation does not consistently evidence referral to other individuals, organisations or providers to ensure care and services meet the consumer’s needs, goals and preferences.

For three consumers with varying issues relating to weight loss, cognitive decline, complex behaviours and falls, actions had not been taken to refer the consumer to a service provider relevant to their needs.

For one consumer who required the provision of a mobility aid, the care planning documentation did not demonstrate involvement of allied health specialists in determining the type of equipment required; the consumer’s representative said that allied health were not involved in this process.

Representatives who are involved in the provision of care for consumers with increasing or complex care needs reported experiencing carer stress however referrals to other organisations to support them in their care delivery role had not occurred.

Where registered nurses have been involved in reviewing the consumer’s care requirements this has not consistently occurred in a timely manner with some consumers waiting more than a month for this to occur following an incident.

The approved provider in its response states that action is being taken that includes establishing additional brokerage agreements and improving assessment and planning processes that will identify the need for a referral.

While I acknowledge the actions being taken by the approved provider, at the time of the Quality Audit, referrals to individuals, other organisations and providers of care and services were not occurring in a timely manner.

This requirement is Non-compliant.

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The organisation did not have an effective infection control program that included planning and preparedness for an outbreak of COVID-19 and staff did not have a shared understanding of roles and responsibilities in the event of an outbreak.

The service did not have policies and procedures relating to anti-microbial stewardship and the organisation did not demonstrate that education had been conducted to ensure staff understand their responsibilities in relation to this. Management staff and registered nurses could not provide examples of practices to promote appropriate use of antibiotics and reduce the development and spread of anti-microbial resistance.

The service does not monitor clinical indicators including those related to infections.

Management staff were not able to provide evidence of a workforce influenza vaccination program whereby staff are encouraged to receive the influenza vaccine.

Staff did not have a shared understanding about roles and responsibilities associated with infection control. They reported that they had access to personal protective equipment, however said they had not received training or completed competencies in relation to donning and doffing personal protective equipment or handwashing. A review of training records confirmed this.

While training records indicated staff had completed the organisation’s on-line training in COVID-19 awareness and prevention, staff could not describe the training they had received.

The organisation’s electronic newsletter for March 2021 included information about COVID-19. Consumers and representatives could not recall receiving the newsletter or describe information about COVID-19 that had been provided to them by the organisation.

The organisation did not demonstrate that screening procedures related to COVID-19 are in place for staff and visitors attending the service and the Assessment Team attended two sites and were not asked pre-screening questions or required to complete a health status declaration.

The Assessment Team observed that staff did not practice social distancing in the offices during the Quality Audit and density signage was not displayed. Handwashing facilities in one area of the service did not include paper towels and staff were observed using a shared cloth hand towel.

The approved provider’s response refutes the Assessment Team’s findings stating that staff are encouraged to have an annual influenza vaccination and that in the ‘unlikely’ event of an outbreak of influenza or other virus, shifts will be allocated to those who have had an influenza vaccination. The response further states that organisational procedures will support staff in the event of an outbreak.

I am concerned that in the midst of a global pandemic the approved provider has determined that an outbreak of influenza or other virus is unlikely and that the organisation has not taken action to ensure staff have the knowledge and skills to competently complete hand hygiene and use personal protective equipment. Staff practices are not being monitored to minimise the risk of infection and data is not being used to monitor infections.

This requirement is Non-compliant.

# 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

Some consumers and representatives did not feel consumers are receiving safe and effective services and supports for daily living that meet their goals, preferences and optimise their independence, health wellbeing and quality of life.

Assessment and care planning processes did not identify consumers’ needs in relation to services and supports for daily living and strategies to minimise risks associated with the care of the consumer were not documented.

Consumers’ emotional, spiritual and psychological needs were not consistently identified and if identified, were not actioned.

Timely and appropriate referrals have not been made when a need was identified.

While most consumers reported satisfaction with their ability to do things of interest to them and to access the community, for a small number of consumers this did not occur.

Staff said they have access to the equipment they need and there are processes in place to ensure equipment used in consumers’ homes is safe for use.

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

## Assessment of Standard 4 Requirements

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

Assessment and care planning processes did not effectively identify strategies to support the consumer’s health, well-being and quality of life or to optimise their independence.

For consumers who are at risk of falls (including those who have experienced recent falls), assessment and care planning did not effectively address these risks and did not include strategies to minimise risk of falls when the consumers are accessing the community or attending social outings with staff.

One consumer was identified as requiring domestic assistance in late 2020 however at the time of the Quality Audit, some two months later, this service had not commenced.

One representative advised the consumer benefits from the support and social interaction provided by a local community-based organisation. They stated they had asked the organisation if this could be funded under the home care package but had not received a response in relation to their query. Information relating to the consumer’s needs and preferences in relation to this activity are not reflected in the consumer’s care plan.

The Assessment Team found that consumers receive varied services through brokered service providers including domestic support, cleaning, garden maintenance and social support, however case managers said they do not review brokered services to ensure each consumer receives safe and effective services and supports that is meeting the consumers’ needs.

Support workers reported that in the absence of detail in the consumer’s care plan they seek guidance from the consumer or their representative about how they would like things done and what they would like to do. The approved provider in its’ response has supported this action stating that it provides consumers with increased choice and control. I am not persuaded by the approved provider’s argument as this approach to care delivery does not ensure care and services delivered will accurately reflect the outcomes of assessments and reviews of consumer’s needs, goals and preferences. Additionally, it will not ensure that risks associated with services and supports for daily living have been considered.

The approved provider in its response states that the organisation has strategies in place to support consumer involvement in care and service planning and that this process will include a consideration of risk. Further to this, action is being taken that includes ensuring the primary assessment tool and care plan is completed for each consumer and is reviewed annually.

While I acknowledge the approved provider’s response I am not persuaded that the service ensured consumers received safe and effective services and supports for daily living that met consumers’ needs and preferences, and optimised their independence and quality of life.

This requirement is Non-compliant.

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

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

Consumers and representatives said that the service has not been responsive to consumers’ emotional and psychological needs.

The Assessment Team found that for three consumers who experienced varied psychological disorders including complex and compulsive behaviours, depression and anxiety, assessment and care planning had not effectively identified their needs and implemented strategies to support the consumer.

One consumer was identified as requiring domestic assistance in late 2020 to assist in addressing some of the challenges associated with their compulsive behaviours. At the time of the Quality Audit in March 2021, this service had not yet commenced for the consumer and they expressed their dissatisfaction to the Assessment Team.

For these identified consumers, the organisation had not explored options to support the consumers’ emotional and psychological well-being or made referrals to allied health specialists or other providers.

The approved provider in its response confirmed that for some consumers the organisation had not met this requirement on the basis that the consumers’ needs were changing and that external factors had impacted consumer’s health. Further to this, the approved provider has said that going forward, the primary assessment tool will be used to identify and document consumers’ emotional, spiritual and psychological well-being.

I am satisfied the organisation has not demonstrated that services and supports for daily living promoted consumers’ emotional, spiritual and psychological well-being including for those consumers with anxiety, depression and other psychological disorders.

This requirement is Non-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.*

### 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 brought forward information under this and other requirements that assessment and care planning for six consumers did not adequately identify consumers’ needs and preferences and did not detail information to guide staff in the delivery of safe service and supports for daily living.

Risks associated with the consumer’s condition and strategies to manage those risks were not reflected in care plans to support and guide staff when delivering service and supports for daily living.

The service did not demonstrate how communication occurs between the service and other individuals or organisations to ensure services are delivered effectively and are meeting the consumers’ needs. Case managers said that they do not communicate with brokered service providers to ensure that services provided are meeting the consumers’ needs.

Feedback was received from staff and other personnel that they do not have access to detailed information to guide them. Support workers and gardening personnel said that in the absence of a sufficiently detailed care plan they ask the consumers what they want and are guided by this when providing services.

The approved provider in its response refutes the Assessment Team’s findings and states that communication processes are in place, including with external stakeholders and that a care plan is developed to meet consumers’ needs and goals. However, the approved provider has not included in its response evidence that this is in place or has occurred for those consumers identified in the Assessment Team’s report.

I am also concerned that in the absence of a care plan that reflects consumers’ current needs, goals and preferences that support workers and gardening personnel ask the consumer for guidance. This results in consumers having to repeat information to multiple persons.

While I note the approved provider’s response includes some improvements to communication processes including completion of the primary assessment tool for all consumers and ensuring that relevant documentation is available electronically, I am satisfied that information about the consumer’s needs and preferences is not consistently communicated within the organisation and with others where responsibility for care is shared.

This requirement is Non-compliant.

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

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

Referrals to individuals, other organisations and providers of care and services are not occurring as required or in a timely manner. The Assessment Team brought forward information for three consumers who had not been referred to other organisations or providers of care in response to an identified need.

One consumer with compulsive behaviours that impacts their quality of life has not been referred to other providers for specialist support.

For consumers with cognitive decline, complex behaviours and associated psychological concerns including depression and anxiety, referrals had not been made to other organisations to explore strategies to support their psychological well-being and assist them to engage in meaningful activities. One consumer’s care plan stated they were to be engaged in community activities however this had not been actioned by the organisation and the organisation did not support the consumer to leave the house to participate in community activities.

Two representatives who are experiencing stress associated with the increasing care needs of the consumer they care for have not been supported by the organisation through referrals to other service providers who may be able to provide additional support.

The approved provider in its response refutes the Assessment Team’s findings however it did not include in the response evidence that referral processes are in place and have occurred for those consumers identified in the Assessment Team’s report.

This requirement is Non-compliant.

### 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

The organisation has a complaints management system, including policies and procedures in relation to management of feedback and complaints and open disclosure, and most consumers and representatives said they would feel comfortable raising a complaint with a case manager.

However, some consumers and representatives said they were dissatisfied with the way their complaints had been managed and they had experienced delays in the organisation addressing their concerns. Consumers and representatives said they had not been supported to understand complaints processes in relation to advocacy services and accessing external complaints bodies.

Staff did not have a shared understanding of complaints processes including the documentation of complaints and the principles of open disclosure.

Feedback and complaints are not consistently recorded, reviewed and used to improve the quality of care and services for consumers receiving aged care services.

While the organisation has identified trends in complaints relating to consumers’ queries as to how home care package funds can be spent, the organisation did not demonstrate any planned actions to address these issues.

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

The Assessment Team brought forward information under this requirement that four consumers did not know how to raise a complaint through the service or through an external agency but said they would talk to the case manager if they had a concern.

I have considered whether this would constitute Non-compliance under this requirement however I have acknowledged that the Assessment Team’s report includes information (i) that staff could describe how they would support consumers to provide and raise concerns with the case manager, (ii) electronic newsletters included information and a link about how to provide feedback to the organisation, and (iii) the Assessment Team saw evidence of completed feedback forms indicating that this avenue was being accessed by consumers.

On balance, I am satisfied that consumers and their representatives are encouraged to provide feedback to the organisation about care and services.

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

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

Most consumers and representatives could not describe how they would make a complaint with an external agency.

Three consumers or their representatives expressed dissatisfaction with aspects of care and services and/or with the way their complaint had been managed, and none were familiar with external complaints handling options.

The organisation provided the Assessment Team with information that stated consumers are provided with an information pack that includes feedback and complaints forms and information about advocacy services. While some consumers said they had received a feedback form, most consumers or their representatives said they had not received this information.

While the Assessment Team confirmed the home care agreement included information about accessing external complaints bodies, the organisation did not demonstrate how they support consumers to understand the information and consumers and representatives said staff did not go through the home care agreement with them.

The Chief Executive Officer advised that consumers are provided with a copy of the organisational ‘Feedback Policy and Procedure’. The document was reviewed by the Assessment Team and while it included information about how to lodge a complaint with the service, it did not include information about how to access an advocate or access external complaints bodies.

Staff could not describe the organisation’s complaints handling processes or how they would support a consumer to access an advocate other than to refer them to the case manager.

The approved provider in its response refutes the Assessment Team’s findings stating the organisation has a robust complaints process and that consumers are provided with information about advocates and external complaints mechanisms and are supported to understand this.

The approved provider’s response includes actions to improve the way the organisation supports consumer understanding in relation to advocacy and complaints processes.

I acknowledge the approved provider’s response but am not satisfied that a robust complaints process is in place as a number of consumers were dissatisfied with the process and did not know how to access other services that could assist them.

This requirement is Non-compliant.

### 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.*

Consumers or their representatives expressed dissatisfaction with the actions taken in response to their complaints. They said they had to repeatedly contact the organisation and that the organisation either hadn’t responded to their concerns or was delayed in taking action to address their concerns. Consumers provided examples of complaints that had been poorly managed, and these complaints related to dissatisfaction with gardening services, failure to provide mobility aids in a timely manner and incorrect monthly statements. Further to this, consumers said they have not received an apology or an explanation from the organisation.

Staff did not have a shared understanding of open disclosure or of the complaints handling process particularly in relation to the escalation of a complaint and how this is documented.

Staff, including management advised that staff have not received training in open disclosure and were not aware of the open disclosure policy.

The Chief Executive Officer was not able to demonstrate how the principles of open disclosure had been applied to current active complaints.

The approved provider in its response refutes the Assessment Team’s findings and states the organisation does have a thorough understanding of open disclosure and the appropriate actions to take in response to a complaint. I note that the response includes actions to provide staff training in open disclosure and processes to address complaint escalation.

While I acknowledge the approved provider’s response and note that policies have been included in the response relating to the complaints process and open disclosure, I am not satisfied that appropriate action has been taken in response to consumers’ complaints or that the principles of open disclosure have been applied. The approved provider has not included in the response evidence that this has occurred particularly for those consumers who have been identified in the Assessment Team’s report.

This requirement is Non-compliant.

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

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

Consumers were not confident that complaints were used by the organisation to improve care and services. One consumer said their complaint had not been resolved, nor had their care or services improved.

Staff were not able to describe how complaints and feedback improve care and services. Case managers said they do not have an understanding of the outcomes for those complaints they escalate to senior management and could not provide an example of where feedback had been used to improve services.

The Chief Executive Officer advised the Assessment Team that the organisation had identified trends in complaints about consumers’ budgets and how home care package funds can be spent. The Assessment Team reviewed the plan for continuous improvement and identified that the service had received complaints about inaccurate invoices and statements. While, the plan for continuous improvement did not include specific actions that were designed to address these concerns a review of consumers’ documentation identified home care agreements are in place, consumers have copies of their budget and monthly statements are provided.

The Assessment Team found the feedback/complaints register was inaccurate or incomplete. Timeframes for addressing complaints were not documented, dates complaints were lodged were incorrect, outcomes were not included in the information and the date that the complaint was closed was not captured. The Assessment Team had been advised of historical complaints and noted this information was not included in the feedback/complaints register. Management staff said that they do not complete the feedback/complaints register where complaints are lodged verbally.

The approved provider, in its response refutes the findings of the Assessment Team, stating that feedback and complaints are captured on the feedback/complaints register, the register is monitored to identify trends, discussed at management meetings and actioned. However, evidence of improvements made to care and services as a result of feedback or complaints was not included in the response.

The organisational complaints procedure was included as an element of the response and states that complaints, including those that are not in writing are to be logged in the feedback/complaints register. Staff at the service confirmed this was not occurring at the time of the Quality Audit.

The approved provider’s response incudes plans to improve the monitoring and review of feedback and complaints processes which includes monthly review of the feedback/complaints register to identify trends.

While I acknowledge the approved provider’s response I am satisfied that feedback and complaints were not used to improve care and service delivery as consumers, staff and management could not provide examples of how this had occurred. Complaints data was inaccurate and where trends in complaints had been identified planned actions were not evident in the organisation’s plan for continuous improvement.

This requirement is Non-compliant.

# 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

Consumers and representatives said that staff are kind and caring and that they believe there are sufficient staff to meet their care needs. Consumers and representatives expressed satisfaction with consistency of staffing.

Some consumers and representatives reported that staff did not have the knowledge or skills they needed to perform their roles and provided examples of this and how it had impacted on the care of the consumer.

Competency based (practical) training is not provided in some key areas such as manual handling and the use of lifting equipment such as hoists and in some instances this training has been provided by a consumer’s representative.

While there were consumers at the service identified as having falls risks, training in this area had not been provided to staff.

The service had not included as an element of planning for a potential outbreak of COVID-19, practical training in hand hygiene and the donning and doffing of personal protective equipment. Inappropriate practice was observed in relation to this.

Staff reported deficits in their knowledge and understanding including in relation to the home care package program, the Aged Care Quality Standards and the complaints process including open disclosure.

The service has policies and procedures in place to support human resource management and this is overseen by the People and Culture Manager who reports to the Chief Executive Officer and the governing body. Interviews with staff confirmed that where a shift is not filled, they negotiated with the consumer to find a solution to the consumer’s satisfaction. The service has 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 two 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 brought forward information under this and other requirements of the Aged Care Quality Standards that staff are not competent and do not have the knowledge to effectively perform their roles.

Consumers and representatives provided mixed feedback in relation to staff knowledge and competency. While some were satisfied that staff were competent, others were dissatisfied and provided examples of occasions when staff did not have the skills required for their role.

One representative provided feedback that staff were not able to effectively support a consumer with dementia who displayed resistive behaviours. They said staff do not know how to care for someone with dementia or how to support them with activities when providing respite care. Another representative said staff did not know how to use manual handling equipment and that they (rather than the organisation) had to teach staff this skill so that the consumer was safely transferred.

A review of staff training records identified staff had not completed practical training in relation to manual handling and staff competencies had not been completed in relation to the safe use of manual handling equipment such as a hoist. The Chief Executive Officer confirmed competency based manual handling training including how to use a hoist safely had not been conducted.

While management said staff receive training in dementia, a review of the training calendar identified this training is optional and not a mandatory requirement. Training records demonstrated that this training has not been completed by all staff including those who care for consumers with dementia.

Staff did not demonstrate sound skills in relation to assessment and care planning. Documentation did not accurately reflect consumers’ needs, goals and preferences and a consideration of risk had not been completed for those consumers who had risks associated with their care.

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

The approved order in its response refutes the Assessment Team’s findings that staff are not competent but does acknowledge that there are training needs that need to be addressed. In response to this, training is planned in dementia awareness, COVID-19, handwashing and personal protective equipment, use of hoists, falls risk training and pain management.

While I acknowledge the approved provider’s response, at the time of the Quality Audit I am satisfied that staff did not have the necessary knowledge required to perform their role and did not demonstrate competency in areas including manual handling and support of consumers with dementia.

This requirement is Non-compliant.

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

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

The Assessment Team brought forward information under this and other requirements of the Aged Care Quality Standards that staff have not been trained or equipped to deliver care in accordance with the standards.

Staff did not have a clear understanding of their responsibilities in relation to complaints processes and said they did not document in the feedback/complaints register all complaints that had been received which is not in accordance with the approved providers complaints procedure that was included in its response to the Assessment Team’s report.

Staff did not have an understanding of open disclosure processes and had not received training in this. Consumers advised that staff had not apologised to them when things had gone wrong.

While the Assessment Team identified that a number of consumers are at high risk of falls a review of staff training identified training in falls management had not been provided to staff.

Case managers did not demonstrate a sound understanding of the home care package program and did not have an awareness of the contents of the Home Care Packages Operational Manual which includes information about how the program operates and package inclusions and exclusions. Consumers had been impacted by this knowledge deficit and complaints had been received by the organisation in relation to those services that are included and excluded from home care package funding.

Case managers said that while they were aware of the Aged Care Quality Standards they had not read the guidance and resource material and were not sure how they were linked with care and services delivered through the home care package program.

Registered staff reported a lack of experience in aged care and said they had not received training through the organisation including in relation to antimicrobial stewardship, high-impact and high-prevalence risks, the home care package program and the Aged Care Quality Standards.

A member of the management team stated support workers had not received training in the Aged Care Quality Standards and staff interviewed (including those who reported having completed an online module in relation to the standards) could not demonstrate knowledge or understanding of the standards and how it applies to their role.

Staff advised and management staff confirmed, they had not received practical training in handwashing, or donning and doffing of personal protective equipment despite this being an element of an effective infection control program.

The approved provider in its response refutes the findings of the Assessment Team and states that the organisation has a number of processes in place that includes monitoring of certifications and background checks and the completion of training audits.

The approved provider does acknowledge that there are training needs that need to be addressed. In response to this, training is planned in dementia awareness, COVID-19, handwashing and personal protective equipment, use of hoists, falls risk training and pain management.

I note the approved provider’s response does not address in any detail how it proposes to ensure staff have current knowledge about the home care package program or the Aged Care Quality Standards and I am concerned that this has not been prioritised given the extent of the deficiencies identified in the Assessment Team’s report.

While I acknowledge the approved provider’s response, at the time of the Quality Audit, staff had not been provided with the training they needed to undertake their role including in relation to complaints processes, preparedness for COVID-19, understanding assessment and planning processes, the Aged Care Quality Standards and the home care package program.

This requirement is Non-compliant.

### 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

The organisation was not able to demonstrate it applied and understood the requirements relating to this standard.

Consumers were not engaged in the development, delivery and evaluation of care and services.

The clinical governance framework was not reflective of the current business operations and where policies and procedures were present staff did not have an understanding of how this applied to their role.

Effective risk management systems were not in place. Staff did not have an understanding of what constituted high-impact and high-prevalence risks for consumers. Key risks associated with the care of the consumers were not adequately identified and addressed through care planning processes. Clinical indicators were not collected, reviewed or analysed to inform decision about care and services.

Governance systems relating to information systems, continuous improvement, workforce governance and feedback and complaints were ineffective.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The organisation could not demonstrate how consumers and their representatives are involved in designing and improving care and services.

Some consumers and representatives said they had made complaints to management but did not believe their feedback had made a difference to how the service is run.

Staff and management could not describe how consumers are actively engaged in the development, delivery and evaluation of care and services beyond that associated with a review of their care and services plan.

The Chief Executive Officer reported that consumers have provided feedback through a feedback form that they are provided, however some consumers could not recall receiving information that included a feedback form. In those instances where a feedback form had been submitted by consumers or representatives, the organisation could not demonstrate how this had been used to improve care and service delivery.

A review of the service’s plan for continuous improvement does not include improvements in relation to feedback from consumers and representatives.

The approved provider in its response acknowledged, to some degree, that the organisation did not demonstrate processes to engage consumers in the development and delivery of services. The approved provider is taking action to address this including encouraging consumers to complete customer satisfaction surveys and requesting feedback to inform continuous improvement.

I acknowledge the approved provider has accepted that consumer engagement in care and service delivery requires improvement and is taking action to address this. However, I note that the approved provider says this action will not be completed until October 2021.

This requirement is Non-compliant.

### Requirement 8(3)(b) Non-compliant

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

Staff did not have a shared understanding of how the governing body operates, what it is responsible for, or who is involved.

The Chief Executive Officer reported that the governing body meets regularly and that this had occurred in May 2020 and February 2021. I note that the approved provider in its response states that meetings of the governing body are to be held quarterly and that this was impacted by COVID-19.

A review of the most recent meeting minutes reviewed by the Assessment Team for May 2020 identified they did not include a consideration of the Aged Care Quality Standards in relation to improving the performance of the organisation and did not evidence consideration of significant incidents involving consumers or information relating to COVID-19.

The Chief Executive Officer advised the organisation does not report, trend or analyse indicators of performance against the Aged Care Quality Standards and does not collect clinical indicators.

A review of the organisation’s strategic plan included targets dating back to 2017 and did not identify priorities and strategic directions for inclusive care. The Chief Executive Officer could not provide information as to whether the targets outlined in the strategic plan had been achieved or when the plan was last reviewed. However, the approved provider’s response states the strategic plan was updated in June 2020, although evidence of this was not included in the response provided.

The approved provider’s response states that the agenda of the meetings for the governing body will be revised to include a consideration of the organisation’s performance against the Aged Care Quality Standards. Additionally, the approved provider states the strategic plan has been updated.

While I acknowledge those actions taken by the approved provider since the time of the Quality Audit and have considered those areas where the approved provider disagrees with the Assessment Team’s findings I am satisfied that the organisation did not promote a culture of safe, quality care and this is evidenced by the extensive failure that has been identified across the Aged Care Quality Standards.

This requirement is Non-compliant.

### 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 organisation does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance or feedback or complaints.

Information was inaccurate and incomplete in relation to incident recording, assessment, care planning, and feedback and complaints data. Information about consumers is not shared with others where responsibility for care is shared. This does not support effective information management.

The service did not monitor its performance against the Aged Care Quality Standards and did not identify opportunities for improvement through feedback or complaints from consumers, or through incident reporting mechanisms. This is not reflective of an effective continuous improvement process.

In relation to financial governance, case managers could describe how they request additional human resources, equipment, and supplies to support consumer care and service delivery. They advised the Assessment Team their requirements in these areas are met. Case managers described the processes for monitoring budgets and statements for consumers. Policies, procedures and a business continuity plan are in place and address financial risk. Management staff advised they work with an external accountant to manage the organisation’s finances.

While policies and procedures relating to human resource management were in place, staff did not consistently demonstrate they had the knowledge and skills, or were competent to deliver safe, quality care and services.

The Chief Executive Officer described how the organisation maintains up to date information about relevant legislation and how this is communicated to staff. While the Chief Executive Officer said the governing body is required to meet three monthly, the Assessment Team were advised that this had occurred twice in the last twelve months. The Chief Executive Officer stated in the approved provider’s response that this was due to the impact of COVID-19.

While internal audits have been introduced in relation to compliance and regulatory requirements relating to staff qualifications and police checks, the compliance register in some instances was incomplete. The Assessment Team found however that for the nine staff files reviewed that information relating to police checks was complete.

A review of consumers’ documentation identified home care agreements are in place, consumers have copies of their budget and monthly statements are provided.

The monitoring of feedback and complaints at an organisational level was ineffective. Consumers remain dissatisfied with the management of their complaints. Information contained on the complaints register was incomplete and inaccurate.

The service did not demonstrate it had effective organisation wide governance systems to ensure the delivery of safe and quality care to consumers.

This requirement is Non-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.*

Consumers who are subject to high impact or high prevalence risks were unable to be identified by the service to indicate effective organisational risk management systems and practices.

Feedback from all staff including registered nurses, case managers and senior management identified they did not have a shared understanding of what high-impact and high-prevalence risks for consumers were.

The Chief Executive Officer advised the service does not report, analyse or trend risks associated with the care of consumers.

Policies and procedures relating to risk management and a documented risk management framework did not relate to the management of high-impact and high-prevalence risks associated with the care of consumers.

Consumers had not been supported to live the best life they could, as evidenced through extensive Non-compliance in all seven Quality Standards and this is not reflective of effective risk management systems.

While the approved provider in its response refutes the information brought forward by the Assessment Team supporting evidence was not included in the approved provider’s response.

This requirement is Non-compliant.

### 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 Chief Executive Officer was initially not sure if the organisation had a clinical governance framework or policies associated with this in place. However, on day two of the Quality Audit it was confirmed that a clinical governance framework was in place. The Assessment Team reviewed the document and found that the clinical governance framework did not reflect the Aged Care Quality Standards and was not specific to the organisation as it also included references to acute care and residential care settings and various committees within the organisation, for example, a national clinical governance committee, that do not exist.

Staff did not have an awareness of the clinical governance framework or associated policies and did not understand what clinical governance is.

Management staff and registered nurses could not describe clinical governance and how it applies to their roles in a practical way.

While the organisation had policies and procedures relating to infection control there were no policies specific to antimicrobial stewardship and staff had not received training in relation to this.

The organisation could not demonstrate that staff have been trained in open disclosure and that the principles of open disclosure have been applied appropriately.

The approved provider in its response acknowledges that the organisation is continuing to work on its clinical governance framework and states this was raised with the Assessment team at the time of the Quality Audit.

The organisation did not demonstrate that a clinical governance framework was in place that addressed anti-microbial stewardship and open disclosure or ensured that consumers received safe and effective quality care.

This requirement is Non-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.

* The organisation is required to ensure that consumers receive information that is current, accurate and timely, is easily understood and communicated in a way that supports them to exercise choice.
* Assessment and care planning includes a consideration of risks to the consumers’ health and well-being and informs the delivery of safe and effective care.
* Assessment and planning identifies and addresses consumers’ current needs, goals and preferences.
* Assessment and planning is based on ongoing partnership with the consumer and includes other organisations and providers of care and services, that are involved in the care of the consumer.
* The outcomes of assessment and planning are to be communicated to consumers and documented in a care and services plan.
* Care and services are to be reviewed regularly and when there is a change in the consumers’ care needs or following an incident.
* Each consumer is to receive care that is best practice, tailored to their needs and optimises their health and well-being.
* High-impact and high-prevalence risks associated with the care of consumers are to be identified and effectively managed.
* A deterioration or change in the consumer’s mental, cognitive or physical function is recognised and responded to in a timely manner.
* 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.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services will occur as relevant to personal care and clinical care.
* The organisation will take action to minimise infection related risks.
* Consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their health, well-being and quality of life.
* Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Information about the consumer’s condition, needs and preferences relevant to services and supports for daily living is communicated within the organisation and with others where responsibility for care is shared.
* The organisation is required to ensure referrals to other organisations and providers of care and services relevant to services and supports for daily living occur in a timely manner when a need is identified.
* Consumers are made aware of and have access to advocates, language services and other methods for raising complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* The workforce is competent and staff have the required knowledge to perform their roles.
* The workforce is trained, equipped and supported to deliver the outcomes required by the standards.
* Consumers are to be engaged in the development, delivery and evaluation of care and services.
* The organisation’s governing body promotes a culture of safe, inclusive quality care.
* Effective organisation wide governance systems are in place that relate to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Effective risk management systems are in place that include the management of high-impact and high-prevalence risks and supporting consumers to live the best life they can.
* The clinical governance framework is to include antimicrobial stewardship and open disclosure.