EICARE

Performance Report

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**Commission ID:** 300937

**Provider name:** Ei Care Pty Ltd

**Quality Audit date:** 27 April 2021 to 28 April 2021

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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) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(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) | Non-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) | Non-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 26 May 2021.

# 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

Feedback from consumers and representatives indicated that the consumers were treated with dignity and respect, with their identity, culture and diversity valued by staff who provided services. Support staff engaged with the consumer in their own language with feedback indicating that this is a key element in the consumers’ satisfaction with care and services.

Consumers and representatives expressed satisfaction with the supports that were in place and the level of communication between themselves and the service. They provided positive feedback about a language specific group chat which provides consumers the opportunity of engaging with the management team and staff about the care and services they receive.

The Assessment Team reviewed information that was provided to consumers and found that in some instances information was not current and did not support consumers to make informed choices.

Care planning documentation reviewed by the Assessment Team lacked detail about individual consumer’s identity and risk management strategies that were in place to support consumers to live the life they choose. However, staff consistently spoke about consumers respectfully and demonstrated an understanding of the consumers’ personal circumstances and what was important to them. Staff were able to explain how they supported consumers who chose to undertake activities with an element of risk.

Care planning documentation evidenced involvement of staff in supporting consumers with reading documents, paying bills, making appointments and generally assisting where language barriers may impact on the consumer.

The service had policies and procedures that included information relating to this standard such as dignity and choice.

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.*

The Assessment Team brought forward information during the Quality Audit that key information provided to consumers was not current. Information relating to complaints mechanisms was not current in the consumer booklet or in the homecare agreements. Home care agreements did not reflect current information relating to the Aged Care Quality Standards and the Charter of Aged Care Rights. Consumers monthly statements were not clearly itemised.

The approved provider in its response acknowledged that information provided to consumers was inaccurate. However, it states that since the Quality Audit the consumer booklet has been updated to reflect current information and the home care package agreement has been updated; evidence of this was provided. The approved provider response has not addressed concerns raised by the Assessment Team that related to monthly statements not being itemised.

While I acknowledge the actions taken by the approved provider, I am satisfied that the approved provider was not providing consumers with accurate and current information, and this had the potential to impact the way consumers exercised choice and decision making. I remain concerned that the approved provider has not identified the actions that are to be implemented to improve the clarity of information associated with the monthly statements.

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

Assessment and care planning processes are ineffective and do not support the delivery of safe and effective care for consumers.

Assessment and care planning documentation lacked detail, included conflicting information and was not reflective of consumers’ current needs and potential risks associated with their care.

While all consumers and their representatives said they participated in assessment and care planning, most consumers reported that assessment processes were needs based and did not focus on individual goals and preferences and that advance care planning was not discussed.

Support workers did not have access to assessment and care planning information; and information they were provided with was not sufficiently detailed to guide them in the delivery of care and services.

The Assessment Team found that care and service reviews are conducted regularly as per the service’s timeframes for review however, reviews did not consistently occur following a change in the consumer’s circumstances or following an incident.

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

## Assessment of Standard 2 Requirements

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Assessment and care planning processes are ineffective and do not support the delivery of safe and effective care for consumers.

Assessment and care planning documentation lacked detail, included conflicting information and was not reflective of consumers’ current needs and potential risks associated with their care.

The Assessment Team reviewed assessment and care planning documentation for consumers with complex care needs and found deficiencies in multiple areas including in relation to falls and mobility, pain management and nutritional support for consumers receiving texture modified diets. Risks associated with the consumers care and service delivery were not identified and addressed.

The approved provider in its response acknowledged that assessment and care planning documentation is not current and does not support staff to undertake their role. While the response includes a commitment to ensure staff have access to a summary of consumer information that is current, I remain concerned that the approved provider has not identified how it plans to ensure a tailored care and services plan is developed for each consumer and is prioritised for those consumers with complex needs.

I find 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.*

Most consumers and representatives interviewed by the Assessment Team said that they participated in assessment processes however they stated that assessments were mainly needs based and did not focus on individual goals and preferences. Consumers and representatives said that they had not been provided with an opportunity to discuss advance care planning and end of life planning.

The Assessment Team found that generic statements were reflected in assessment and care planning documentation and consumer’s individual preferences were not captured. Information relating to social needs was limited and the consumers’ preferences in relation to days and hours of service, or the gender of staff delivering care were not included in assessment and care planning documentation.

The Assessment Team reviewed the organisation’s procedures that related to assessment and care planning and identified that end of life planning was to be included in this process. However, management advised the Assessment Team that end of life planning was not discussed with consumers due to cultural factors and that staff found it challenging to discuss this aspect of care with consumers. The Assessment Team interviewed consumers and identified some consumers did have preferences about end of life care however had not been provided with an opportunity to have this discussion or to have these preferences recorded.

The approved provider in its response stated that days and hours of service delivery, and preferred gender of staff delivering care are captured in a specific document referred to as the ‘Consumer Service Preference’. Further to this, the approved provider said an admission checklist has been established and includes advance care planning, and that assessment processes now include a specific assessment relating to social and human needs. While the approved provider submitted template examples of these documents, evidence was not submitted that demonstrated this information was in place for consumers and was available to guide care and service delivery.

I am satisfied that assessment and care planning process do not reflect the individualised goals and preferences of consumers and that opportunities to discuss end of life preferences have not been provided to consumers and their representatives.

This requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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

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

While consumers and their representatives reported they had access to assessment and care planning information, the Assessment Team found the information was not current and did not detail the consumer’s care requirements.

Staff who provide care and services did not have access to assessment and care planning information and instead were provided with a task checklist to be completed. The Assessment Team found the task checklist was inaccurate and was not sufficiently detailed to guide care and service delivery. Information, including in relation to complex behaviours, mental health concerns, the need for a modified diet, falls risks and other aspects of care and services were not included in the information provided to support workers and in some instances, staff did not have an understanding of consumers’ care needs.

Management staff advised that this information was not shared with support staff for privacy reasons. They advised that they provide instructions to support staff by telephone however were not able to evidence what these instructions were.

I am satisfied that the outcomes of assessment and care planning were not effectively communicated to staff and that care planning information that was available to consumers was inaccurate and did not reflect consumers’ care needs.

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.*

The Assessment Team found through a review of assessment and care planning documentation that while care plans were reviewed in accordance with the service’s review schedule, reviews were not consistently completed when circumstances changed or following an incident.

Data associated with incident reporting mechanisms was found to be inaccurate and the Assessment Team identified that care and services had not been reviewed for consumers who had experienced recent falls, including for those who had sustained a fracture.

While the organisation’s procedures directed staff to update progress notes in response to incidents or changes in condition, the Assessment Team found that this was not occurring, and progress notes did not include details or demonstrate ongoing monitoring and review of care including for those consumers with complex care needs outside the established review schedule.

I am satisfied that review of care and services is not occurring following an incident or a change in the consumer’s circumstances.

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 service was not able to demonstrate that consumers were receiving safe and effective clinical and personal care.

Assessment and care planning documentation was inaccurate and did not reflect consumers’ current care needs. Assessment and care planning documentation failed to include guidance in relation to risks and consumers’ preferences relating to care and services including end of life care were not recognised.

Documentation provided to staff to support them in the delivery of care and services consisted of a task checklist to be completed and did not include sufficient detail to inform the delivery of safe, effective quality care.

The service did not effectively manage high impact, high prevalence risks associated with the care of consumers. Incidents such as falls were not consistently captured in incident reporting mechanisms and did not trigger a review of care.

The service had not identified and responded appropriately to some consumers who experienced a decline in their health, an incident such as a fall or whose cognition status had deteriorated.

Staff did not have a shared understanding of the needs of consumers for whom they provided care, and did not have an understanding of risks associated with the care of consumers.

The service had practices and processes in place to minimise the risk of infection, including a possible outbreak of COVID-19.

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.*

Management staff advised the Assessment Team that there were no consumers with clinical or complex care needs. However, the Assessment Team found through a review of care planning documentation and interviews with consumers and their representatives that there were consumers receiving care who had diabetes, swallowing difficulties, chronic pain and who were living with dementia.

The Assessment Team found assessment and care planning documentation was not provided to support workers and was often inaccurate and did not reflect consumers’ current care needs and preferences. The task checklist provided to staff to guide care delivery lacked detail and was often inaccurate for example in relation to respiratory conditions and mental health concerns.

For consumers who may experience a medical emergency associated with a pre-existing medical condition, there were no instructions to guide staff.

The effectiveness of care strategies were not evaluated for effectiveness following an incident such as a fall and directives from allied health specialists such as the physiotherapist were not reflected in care documentation.

For consumers who experienced chronic or complex pain, pain assessments had not been consistently completed, pain management strategies were generic and there was no guidance as to who was responsible for implementing the pain management program. In addition to this the service was unable to demonstrate that pain is being monitored or that the effectiveness of pain management interventions are being evaluated.

Support staff interviewed by the Assessment Team did not have a shared understanding of consumers’ care needs including in relation to their pain, dietary requirements, and medication support.

Support staff reported providing care that the Assessment Team found was not reflected in the task checklist for that consumer. Staff were found, on occasion to be administering consumers’ medication, without the knowledge of the service. Management staff advised that support staff are able to administer medications from a dosette box that has been filled by the family, however this is not aligned with the organisation’s safe medication processes.

The approved provider in its response stated that in the event of a medical emergency, staff are to ring emergency services rather than referring to a care plan. Additionally, the response stated that most staff do not have the knowledge to deal with a medical emergency. While I note that the response states that emergency plans are now being developed, I remain concerned about how the organisation supports staff to deliver care that is aligned with consumers’ needs.

The approved provider’s response states that risk assessments, including in relation to falls, pain, incontinence, nutrition and pressure injury are being updated. I note the response does not include evidence of updated assessments and care plans.

I am satisfied that consumers have not been receiving care that is tailored to their individual needs and optimises their health and well-being.

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 does not effectively manage high impact or high prevalence risks to consumers.

The Assessment Team found that for consumers who had experienced falls, including those who had sustained a fracture as a result of the fall, assessments had not occurred to identify if existing interventions were effective. Additionally, assessments had not consistently occurred when there had been a change in the consumer’s condition for example in relation to pain or mobility.

One representative reported that following a consumer’s recent fall the consumer continued to experience pain, continued to fall and was having difficulty with mobilising. The Assessment Team found that this consumer’s care needs had not been reviewed following their fall.

The Assessment Team found assessment and care planning documentation is inaccurate. A review of assessment and care planning documentation for one consumer identified a consumer as having experienced multiple falls and being at high risk of falls, however management staff said that this was inaccurate, and they could not recall the consumer having experienced any falls.

Staff did not have a sound understanding of consumer’s needs or of incidents that may have impacted consumers’ health and well-being with one staff member saying they did not know that a consumer they cared for had been hospitalised following a fall.

The service was unable to demonstrate that incidents are consistently recorded, investigated and analysed to identify trends. Management staff advised the Assessment Team that incidents that are not witnessed by staff are not documented as an incident.

The Assessment Team found that equipment such as bed poles are in use however the service was not aware in some instances, that this equipment was being used and a risk assessment had not been completed to determine consumers’ safety. Additionally, risks associated with the use of bed poles had not been discussed with the family or representative. While management staff advised the Assessment Team they would ask support staff to check the safety of the bed poles, management staff did not have an understanding of the risks associated with the use of bed poles or what was required to minimise risk associated with their use.

While the approved provider’s response states it is updating assessments, including risk assessments, I am satisfied that high impact, high prevalence risks associated with the care of consumers are not being effectively identified or addressed.

This requirement is Non-compliant.

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

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

The service was unable to demonstrate that the needs, goals and preferences of consumers approaching the end of life are recognised.

While management staff said that there has not been a need to provide end of life care to consumers at the service to date. This requirement requires the service to recognise the needs, goals and preferences of consumers for their end of life care.

The service’s policies and procedures state consumers are to be supported to engage in discussions about end of life. I note the service has a large number of consumers with intermediate to high level care needs. Evidence brought forward by the Assessment Team under other requirements identifies that some consumers when interviewed stated they had preferences about end of life care but had not been provided with an opportunity to discuss this.

Management staff said that assessments do not include a discussion about end of life care as it is not culturally appropriate to do so for some consumers. Whilst I acknowledge this, it is important that the individual is provided with an opportunity to have their needs and preferences in relation to end of life care recognised (if the consumer wishes) so that the consumer can be confident the organisation will be able to support them.

I am satisfied that the service does not have effective processes to recognise consumers’ preferences in relation to end of life care. While policies are in place to guide staff in relation to this, these are not being followed.

This requirement is Non-compliant.

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

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

The service has not demonstrated that changes in consumers’ mental health, cognition or physical function is recognised and responded to in a timely manner.

The Assessment Team brought forward evidence following a review of care related documentation that demonstrated consumers who had experienced a significant decline in their physical function or cognitive status had not had a re-assessment completed or a review of their existing care needs.

For consumers who had been in hospital, the Assessment Team found that discharge information relating to changes in the consumers’ condition was not reflected in care related documentation and had not been communicated to support staff. Management staff advised of a possible geriatrician review that had occurred for one consumer with cognitive impairment but was unable to provide evidence of any outcomes or recommendations arising from this.

The approved provider stated in its response that cognitive assessments are to be included in assessment and reassessment processes. While a copy of the template was included in the response, the approved provider did not include evidence that this is now occurring for consumers.

I am satisfied that the service is not responding appropriately to a deterioration or change in consumers’ health and well-being, including following an acute deterioration requiring a period of hospitalisation or in response to a deterioration in cognition.

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.*

The consumers’ needs and preferences are not effectively documented and communicated within the organisation and with others who are responsible for providing care and services.

The Assessment Team identified that assessment and care planning documentation was not accessible to support workers and that they relied on task checklists that were often not accurate, not detailed and did not reflect consumers’ current care needs.

While management said staff are provided with information about consumers’ care needs via telephone, they could not demonstrate what care information is communicated in this way. The Assessment Team interviewed support workers and identified they did not have an understanding of some aspects of the individual needs of consumers they cared for including in relation to their pressure area care and swallowing difficulties.

The Assessment Team found through a review of care planning documentation that consumers’ pain management interventions were listed however guidance as to who was responsible for implementing the program was not detailed. Information relating to medication management was inconsistent and inaccurate and staff were found to be administering medications without the knowledge of the service.

Staff are not provided with information to support them to manage a medical emergency that can arise for consumers with a pre-existing medical condition.

While some staff said they have the information they need to provide care and services they reported that they ask the consumer to guide them.

I acknowledge that the approved provider in its response has stated that consumers’ assessment and care planning documentation will be updated and will include details as to how to manage a medical emergency if relevant to the consumer. Evidence that this has occurred for consumers has not been provided.

I am satisfied that information about the consumers’ needs and preferences is not documented and communicated effectively resulting in staff not having a sound understanding of consumers’ care needs and the provision of care that has not been planned. Additionally, staff seek guidance from consumers to support their care related activities.

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.*

Timely and appropriate referrals are not consistently completed for consumers and when referrals are made, for example to an occupational therapist, these are not documented.

The Assessment Team brought forward information under this and other requirements identifying delays in the referral process or failure of the service to refer consumers with an identified need. For consumers with various conditions including diabetes, there was no evidence of referrals in relation to the management of their condition. Consumers have not been consistently reviewed by a physiotherapist after experiencing a fall, when their mobility is poor or when in pain.

The Assessment Team reviewed assessment tools that are in use at the service and noted that identified risks do not trigger a referral for specialist advice and support; for example in relation to continence care, pain management or dietary support and advice.

I am satisfied that the service does not initiate timely and appropriate referrals.

This requirement is Non-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.*

The Assessment Team found that the service has a pandemic plan and a COVID-19 plan.

Staff have completed mandatory infection control training and the service subscribes to the Department of Health emails. Information from the Department of Health relating to COVID-19 is communicated to staff.

Staff discussed using personal protective equipment, COVID-19 safe practices and health screening of consumers prior to shifts.

Consumers expressed general satisfaction with the provision of information relating to COVID-19 and confirmed that staff wore masks when providing care and services.

While the Assessment Team brought forward some deficits in relation to the information contained within the COVID-19 plan, management staff said this was an opportunity to strengthen their planning and that additional information would be added.

This requirement is 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

Consumers and their representatives provided positive feedback about how consumers are supported to maintain their independence and do the things they want to do. They said they were satisfied with the emotional support provided by the service and said they had access to the equipment they needed.

Consumers, representatives and staff provided examples of how consumers are supported to participate in activities that are of interest to them including walking at home, attending social support groups or playing mahjong.

Staff who were interviewed by the Assessment Team described the ways they get to know the consumers they provide care and services to and said this involved speaking with the consumer and their family members. They provided examples of how they supported consumers’ emotional needs.

However, information about the consumer’s condition, needs and preferences relating to their supports for daily living are not effectively communicated within the service. Assessments, care plans and associated documentation for support workers did not provide support workers with guidance in relation to consumers’ spiritual, cultural and emotional needs and there was minimal information about the consumers’ life histories and their interests.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Information about the consumer’s condition, needs and preferences relating to their supports for daily living are not detailed in care plans and are not effectively communicated within the service. Care related documentation provided to support workers does not include sufficient information about the consumers’ life history or their interests.

The Assessment Team brought forward staff feedback under other requirements that demonstrated information about consumers is not effectively communicated to them through either the task checklist or through other avenues such as communication with the office. Staff reported they seek guidance from the consumer about their care and services.

The Assessment Team reviewed care related documentation and found generic statements such as ‘retired’ used to describe consumers’ background. Where information about social interests was captured, it was at times inconsistent and the information in assessments was not aligned with the task checklist provided to support staff.

The approved provider in its response states that it will be undertaking assessments for consumers that capture the consumer’s life story, daily habits and preferences. While I acknowledge the approved provider has plans to address the deficiencies identified under this requirement the response does not include evidence that this has occurred. I am satisfied that information systems relating to services and supports for daily living are ineffective.

This requirement is Non-compliant.

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

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

While the Assessment Team brought forward deficiencies in referral processes particularly in relation to the associated documentation of referrals, I note that consumers said their needs were met. Staff and management could describe referral processes to other providers of care and services relevant to this standard and an example of this was provided.

This requirement is 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

Consumers and their representatives who were interviewed by the Assessment Team said they would contact the office if they had a concern.

While the service provided consumers with a consumer information booklet, the Assessment Team found it did not contain the correct contact details for external complaints bodies.

Organisational policies relating to complaints and open disclosure were not understood by staff and staff practice was not aligned with policy requirements.

The organisation could not demonstrate staff had been provided with education and training relating to complaints processes and open disclosure and staff interviewed by the Assessment Team did not have a shared understanding of how to support consumers who wished to make a complaint.

While management staff reported the service received complaints including in relation to staff being late or in relation to monthly statements, this information is not reflected in the complaints register and the service did not evidence how complaints data is analysed to identify trends and inform continuous improvement.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team brought forward information that consumers and their representatives said they would contact the office if they had a concern. They found a small number of consumers and representatives could recall receiving complaints information when they first commenced with the service.

The Assessment Team brought forward information under other requirements that the consumer information booklet did not contain the correct contact details for external complaints bodies.

Support workers could not describe the service’s complaints handling process or how they would support a consumer to make a complaint. Support workers were not aware of options to make a complaint such as the feedback form. The Assessment Team reviewed the staff induction checklist and identified that the service’s complaints processes were not addressed. Additionally, documentation provided to staff such as the Employee Handbook did not include information on the complaints process.

The Assessment Team found that the service does not routinely seek feedback from consumers and management stated at the time of the Quality Audit that they would address this and take action to ensure consumers are provided with avenues to provide feedback.

The approved provider in its response states that the consumer information booklet has been updated. However, I am satisfied that consumers and their representatives have not been encouraged or supported by staff to provide feedback as staff were not familiar with complaints processes and the organisation was not actively encouraging feedback.

This requirement is Non-compliant.

### 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.*

Staff did not have an understanding of complaints processes, including how to support a consumer to access an advocacy service or other organisations that can assist with complaints resolution.

The Assessment Team reviewed the consumer information booklet and identified that information including contact details relating to the external complaints body was inaccurate. Complaints information was not included in home care agreements reviewed by the Assessment Team.

Management staff were not familiar with the requirements of the service’s policy on feedback and complaints and were not acting in accordance with the policy with respect to the type of information to be provided to consumers.

Whilst the policy also outlines actions to be taken to monitor the effectiveness of the complaints process including for example audits, the service was not able to evidence that these are being done.

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.*

Management and staff did not demonstrate a shared understanding of the organisation’s policies that relate to open disclosure and were not familiar with the principles of open disclosure and how they are to be applied.

The service was unable to demonstrate that staff have received education and training about open disclosure.

Complaints records are incomplete and do not reflect all complaints received by the service. While management staff reported complaints had been received about monthly statements, this information was not reflected in the complaints register. The one complaint captured in the complaints register did not include information about action that had been taken in response to the complaint.

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.*

The Assessment Team brought forward information that in some instances the service could demonstrate that feedback is used to improve the quality of care and services.

However, I remain concerned that staff do not have a shared understanding of complaints processes, aspects of the complaints policy are not understood by management, monitoring activities to review the effectiveness of the complaints mechanism are not being conducted, complaints are not being recorded and the service does not actively encourage or support consumers to provide feedback.

Management staff advised the Assessment Team that the service receives complaints about staff arriving late or at the wrong time and about the monthly statements. These complaints were not reflected in the complaints register and the service did not demonstrate how complaints data is analysed or how actions taken to resolve the complaint are evaluated for effectiveness.

Given the service is not monitoring the effectiveness of the complaints mechanism and had not identified the deficits identified by the Assessment Team, I am satisfied that feedback and complaints are not being effectively used to improve the quality of care and services.

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 generally felt there were sufficient staff available to provide their care and services. They described staff as kind, caring and respectful when delivering care and consumers felt that support workers understood their language and culture.

While consumers generally were satisfied with staff knowledge, the Assessment Team found that staff did not have a shared understanding of their responsibilities in relation to a number of key areas including for example assessment and care planning, risk management, incident reporting and complaints processes. Additionally, the Assessment Team identified staff were undertaking activities in the absence of being deemed competent in that task; for example, supporting consumers with medication. This has been evidenced by the significant deficiencies brought forward by the Assessment Team across the standards.

Management staff reported there was no mandatory training program and attendance at training was not always recorded or followed up.

The service did not have effective systems and processes to ensure the monitoring and review of staff performance occurred, nor could the service demonstrate what workforce training needs had been identified.

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

Management staff advised there is no ongoing training program provided to staff and that external training pursued by staff is not routinely recorded. The Assessment Team reviewed documentation associated with staff training and competency and identified that documentation was incomplete.

The Assessment Team identified that staff, including members of the management team had knowledge deficits in relation to the Aged Care Quality Standards and how they apply to the delivery of home services including in relation to incident reporting, risk management, assessment and care planning, open disclosure and clinical governance.

The organisation’s medication management policy requires staff who provide support with medications to undertake a medication competency annually with a registered nurse. The Assessment Team identified that staff who do not hold a current medication competency were assisting a consumer with medication. The consumer did not have medication support as an assessed need.

Nursing staff had not initiated or completed assessments in response to consumers’ changed needs and did not consistently use validated assessment tools.

The organisation’s human resources policy states that new support workers are to be supervised by another staff member for at least two shifts. Management staff stated that this is not required as support workers can follow the task checklist. The Assessment Team reviewed task checklists provided to support staff in care and service and identified they did not include sufficient detail to guide care and service delivery.

Whilst the organisation has a suite of auditing tools, management staff explained that staff did not have an understanding of how to use the tools to undertake internal audits of the home service program. The Assessment Team confirmed that whilst the organisation’s policies and procedures included monitoring of complaints processes, this had not occurred.

The approved provider in its response acknowledges that education and training records have not been maintained and has stated that online training is now being completed for staff in an effort to improve the organisation’s ability to track staff participation.

I am satisfied that processes were not in place to ensure staff had the knowledge to effectively perform their role.

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.*

Organisational documents including policies relating to human resource management and the employee handbook refer to the requirement for staff to complete mandatory training including in relation to manual handling, medication competencies, and the principles of service delivery however management staff said that there is no mandatory training program provided.

The Assessment Team found deficiencies across a number of Aged Care Quality Standards where staff did not demonstrate a shared understanding of their responsibilities including in relation to assessment and care planning, risk management, incident reporting and complaints processes.

Management said that staff were sent a link to complete online dementia training however they have not monitored completion.

Documentation relating to staff training and education was either incomplete or in some instances was not maintained. Management advised that that whilst they did maintain a register of attendance at staff training sessions, it had been misplaced.

Management said that their record keeping in relation to staff training and education was poor and that their systems and processes in relation to this had not been effective as the service grew.

The approved provider in its response stated that action is being taken to improve record keeping related to staff education and training.

The service is not ensuring staff are trained and equipped to deliver the outcomes required by the Standards and this is evidenced by the number of requirements that have been found Non-compliant where staff did not demonstrate an understanding of their responsibilities.

This requirement is Non-compliant.

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

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

Staff could not recall participating in an assessment of their performance or identify any outcomes associated with a review process.

Management said they rely on consumer feedback to identify if there are concerns relating to staff performance.

While management reported that performance reviews had occurred, documentation to support this was either not current, having been completed in 2019, or was unable to be located. The service was able to demonstrate a performance review had occurred for one staff member in 2020.

The Assessment Team found there was no process in place for monitoring completion of annual performance appraisals.

Whilst organisational policies relating to human resource management including formal annual performance appraisals and ongoing supervision and support are in place, the Assessment Team found these were not being implemented.

Systems and processes to support annual performance appraisals are not in place. The service could not demonstrate regular monitoring and review of performance outside the formal annual appraisal process nor could the service demonstrate what workforce training needs had been identified.

This requirement is Non-compliant.

# 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 service could not demonstrate an organisation wide approach to engaging consumers in the development, delivery and evaluation of care and services. Other than consumer-initiated feedback the organisation did not actively seek input from consumers about their experiences with the service so that this information could be used to improve care and service delivery.

The service did not have effective organisation wide governance systems to support information management, continuous improvement, regulatory compliance, workforce management and feedback and complaints.

While consumers felt the service delivered care and services in a way that was inclusive of their identity, culture and diversity, at an organisational level systems and practices were not in place to ensure the service delivers safe, quality care and services.

The service could not demonstrate how risks are effectively identified and managed and while a risk management framework was in place, there was no risk management plan or effective incident management system. Information relating to incidents was not being documented and as a result data to inform analysis and trending was inaccurate.

Clinical governance processes were not effective and there was no established mechanism for ensuring assessment and care planning occurs (including a consideration of risk), care reviews are conducted and referrals made when a change in need is identified. Clinical incident data was incomplete and staff were not provided with opportunities to maintain their knowledge and skills at an appropriate level.

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 service could not demonstrate an organisation wide approach to engaging consumers in the development, delivery and evaluation of care and services. Other than consumer-initiated feedback, the organisation did not actively seek input from consumers about their experiences and about the quality of care and services.

While management reported that consumers had been invited to participate in meetings to discuss care and services prior to the COVID-19 pandemic, they said that the meetings had not been recorded and they were unable to provide examples of organisational improvements arising as a result of these discussions.

The organisational policies relating to governance discusses partnering with consumers in the design, measurement and evaluation of services through quarterly morning teas, planning days, focus groups and surveys. The service could not demonstrate that any of these avenues are being used to seek feedback from consumers.

Audit documentation provided to the Assessment Team by management to demonstrate consumer participation, was poorly documented, included minimal information and was not dated. Further to this, management could not explain how the audit tool was utilised.

Consumer survey data from 2018 was provided by management however, they could not demonstrate how the information had been analysed or if there had been any changes to care and service delivery arising from this.

I am satisfied that consumers are not engaged in the development, delivery and evaluation of care and services.

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.*

The Assessment Team brought forward information that consumers were satisfied with the support provided particularly with their ability to communicate with staff in their own language.

While management and staff who were interviewed by the Assessment Team were committed to providing safe, inclusive, quality care, they acknowledged that the organisation’s systems and processes had not developed commensurate with the significant growth of the service.

The Assessment Team found that incident data is not collected and/or analysed. The service could not demonstrate an effective process to actively seek consumers’ views on the way the service is run. Staff and management were not aware of a diversity plan and the organisation’s strategic plan did not make reference to strategic directions for inclusive, quality care and services. Additionally, the organisation was not effectively monitoring the service to ensure that consumers are receiving safe, quality care and that it is meeting its responsibilities in relation to the Aged Care Quality Standards.

I am satisfied that a culture of safe, quality care and services is not embedded in all aspects of the organisation.

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 service did not demonstrate that it has effective governance systems and information brought forward by the Assessment Team under this and other requirements identified deficiencies in information management, continuous improvement, workforce management, regulatory compliance and feedback and complaints.

Information management systems are not effective. Information provided to consumers including in the consumer handbook was not current. Information provided to staff to guide care and service delivery was often incomplete, not current and lacked detail. Documentation maintained by the service to support and inform the management of the service was not consistently completed, for example in relation to staff education and training and complaints processes.

While the service could provide some examples of improvements that had occurred, evidence of effective organisation wide continuous improvement systems and processes was not provided. Management did not have a shared understanding of how the organisation identifies and evaluates improvements. The service could not demonstrate how consumer feedback about the quality of care and services is actively sought and used to inform continuous improvement processes. Processes to monitor the quality of care such as auditing programs were not well understood by staff and when they had been carried out they were at times incomplete and did not include sufficient information to inform improvement activities.

While consumers felt there were sufficient staff available to deliver care and services the organisation did not demonstrate that the workforce is supported and developed to ensure they have the knowledge and skills to deliver safe, quality care. Staff training needs were not identified and addressed, performance appraisals were not occurring in accordance with organisational requirements and record keeping relating to staff training and development was incomplete.

With respect to regulatory compliance, the service received updates to its policies and procedures manual from an external body when there was a change in legislation, however action was not taken to ensure staff practice aligned with the revised information. Processes to ensure staff compliance with policies and procedures, for example, audits, were either not well understood or where they have occurred were incomplete.

The service was unable to demonstrate that an effective feedback and complaints process was in place. Information about complaint avenues provided to consumers included incorrect detail, consumer feedback mechanisms including strategies such as surveys and meetings were not occurring, and whilst management could identify themes or trends in complaints there was no information to identify how these complaints had been addressed or how this information was used to inform continuous improvement.

I am satisfied that effective governance systems and processes were not in place.

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

Effective risk management systems and practices were not in place.

The organisation’s risk management policy outlined the requirements for a risk management plan to identify and control risks to the organisation, consumers and staff. The service did not have the risk management plan referred to in the policy.

Management staff did not have a shared understanding of incident reporting mechanisms and how this informed continuous improvement.

The service could not demonstrate an incident management system and management staff said that no incidents had been reported. The organisation’s risk management policy outlined a requirement for the service to document incidents relating to falls, pressure injuries and unexpected admissions to hospital. The Assessment Team identified that consumers had experienced recent falls and admission to hospital however this information had not been captured by the service’s reporting mechanisms.

The service is using risk assessment tools that have not been validated. Consumers with identified risks associated with their care and services were not being effectively monitored.

I am satisfied that the organisation does not have an effective risk management system as risks to consumers and the organisation are not being consistently identified and managed.

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 organisation has a clinical governance framework as part of the organisational governance policy that includes incident management, restraint minimisation, antimicrobial stewardship and open disclosure. While staff have received training in infection control, the Assessment Team found staff have not received education relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Assessment Team found the service does not consistently capture incidents including clinical or other incidents unless they are witnessed by a staff member.

The assessment process does not consistently identify clinical care needs and where needs are identified, for example in relation to pain management, it is not clear who is responsible for providing care.

While management staff stated that no consumer had been identified as requiring clinical care, the Assessment Team identified consumers at the service who have cognitive impairment, complex pain, falls related risks and swallowing deficits. The Assessment Team also found that the service delivers care to consumers with chronic health conditions such as diabetes mellitus, respiratory conditions and progressive nervous system disorders.

The service could not demonstrate a monitoring process to ensure the effectiveness of the clinical governance framework or compliance with the Aged Care Quality Standards and a number of requirements in Standard 2 and Standard 3 are Non-compliant.

I am satisfied that the service does not have effective systems in place for the delivery of safe, quality clinical 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.

* Information provided to consumers is required to be current, accurate and timely, and communicated in a way that is easily understood and enables them to exercise choice; this includes the provision of monthly statements reflecting an itemised list of care and services.
* Assessment and care planning processes are required to support the delivery of safe and effective care and services, and are to include a consideration of risk.
* Assessment and care planning processes are required to address the consumer’s goals and preferences including advance care planning and end of life planning if the consumer’s wishes.
* Assessment and care planning outcomes are accurate, sufficiently detailed and communicated to consumers and those personnel who deliver care and services.
* Care and services are to be reviewed for effectiveness following an incident or when there has been a change in the consumer’s circumstances.
* Each consumer is to receive safe and effective personal care and clinical care that is best practice; is tailored to their needs, and optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer including in relation to falls management and the use of bed poles.
* The service is required to ensure consumers are provided with opportunities to have their end of life care, needs, goals and preferences recognised.
* The service is required to ensure that it recognises and responds to a deterioration in a consumer’s cognitive and physical function in a timely manner.
* The service is required to ensure that information about the consumer’s condition, needs and preferences in relation to personal and clinical care is documented and is shared within the organisation.
* Timely and appropriate referrals are to be made to individuals and other organisations when a need is identified for a consumer.
* The service is required to ensure that information about the consumer’s condition, needs and preferences in relation to service and supports for daily living is documented and is shared within the organisation.
* Consumers and their representatives are to be encouraged and supported to make complaints and provide feedback.
* Consumers are to be provided with current information about access to advocates, language services and other methods for raising and resolving complaints.
* Appropriate action is to be taken in response to complaints and an open disclosure process applied when things go wrong.
* Feedback and complaints are to be used to improve the quality of care and services.
* The organisation is required to ensure that the workforce is competent and has the knowledge to effectively perform their role.
* The organisation is required to ensure that the workforce is trained and supported to deliver outcomes required by the standards.
* The organisation is required to ensure that regular assessment, monitoring and review of staff performance occurs.
* The organisation is required to ensure that consumers are engaged in the development, delivery and evaluation of care and services and that the organisation supports them in that engagement.
* The organisation is required to promote a culture of safe, inclusive, quality care and services and is accountable for their delivery.
* The organisation is required to ensure that effective organisation wide governance systems are in place relating to the following:
  + Information management
  + Continuous improvement
  + Financial governance
  + Workforce governance
  + Regulatory compliance, and
  + Feedback and complaints.
* The organisation is required to ensure that effective risk management systems and practices are in place with a focus on identifying and managing high impact or high prevalence risks to consumers and the establishment of an effective incident management system.
* The organisation is required to demonstrate that where clinical care is provided a clinical governance framework, including but not limited to the following:
  + Antimicrobial stewardship
  + Minimising the use of restraint
  + Open disclosure.