Farris Care Services Pty Ltd

Performance Report

Unit 2/116 Pascoe Vale Road
MOONEE PONDS VIC 3039
Phone number: 03 7015 8601

**Commission ID:** 301052

**Provider name:** Farris Care Services PTY LTD

**Assessment Contact - Desk date:** 23 August 2021 to 31 August 2021

**Date of Performance Report:** 04 October 2021

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* In Home Care, 27363, Unit 2/116 Pascoe Vale Road, MOONEE PONDS VIC 3039

# Overall assessment of this Service

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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)(g) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 23 September 2021

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

At an Assessment Contact on 11 February 2021, the service was found to be non-compliant in 3 of 3 requirements assessed in this Standard.

The Assessment Team found the service does not adequately demonstrate that assessment and planning identifies and addresses consumers’ current needs. Risks to the individual consumer’s health and wellbeing are not always identified and managed to ensure safe and effective care.

The outcomes of assessment and planning are not always effectively documented in care and service plans. The care and services plans include inconsistent and inaccurate information. Relevant information is not always documented and available to support safe and effective care for consumers. The care and service plan is readily communicated to the consumer or representative but is not always available to direct care staff where care and services are provided.

Although assessments and care plans have recently been reviewed, care and services have not been reviewed when a change in circumstances or an incident occurred.

Three of the five specific requirements of this Standard were assessed and I have found all three of those requirements to be Non-Compliant.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

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

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

### Assessment and care planning does not always inform the delivery of safe care and services for consumers. Assessment and care planning do not effectively reflect the diagnoses and current needs of consumers, and do not always recognise clinical risks associated with consumers’ diagnoses.

Although the service updated their assessment and re-assessment forms following the Assessment Contact on 11 February 2021, the forms have not been reviewed for their effectiveness.

The service’s ‘initial assessment and reassessment form‘ now prompts for information on mobility and continence but does not prompt for information about behaviour or skin integrity as appropriate for consumers with high care needs.

Although assessment and planning occur in consultation with consumers and their representatives, the files do not reflect that consumer’s risks and needs have been fully identified and therefore strategies have not been developed to inform the delivery of safe and effective care and services.

The response from the approved provider includes details of actions already taken and planned actions that will address these concerns but are not yet embedded in their processes.

Based on the information I find the service non-compliant with this requirement.

### 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.*

Although consumers and representatives said outcomes of assessment and planning are effectively communicated and the consumer’s care plan is available to them not all care staff have access to care plans which are accessed via a mobile application.

One consumer was organising care arrangements directly with the care worker without the benefit of the care plan, rather than through the provider.

Not all relevant assessment and planning outcomes are accurately and effectively documented to guide staff in the provision of quality care and services that meet consumer needs. Information contained in assessment and care planning documentation is written by hand and is difficult to read and the new forms have insufficient space for free text.

The response from the approved provider includes details of actions already taken and planned actions that will address these concerns but are not yet fully embedded in their processes.

Based on the information I find the service non-compliant with this requirement.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Following the Assessment Contact on 11 February 2021 changes were made to assessments which are to occur on entry and re-assessments are now to occur when there are changes to a consumer’s health, additional diagnoses, hospital admission, when an incident occurs and when the consumer identifies different goals and requirements.

However, the service does not show when care and service reviews occur and there are changes in a consumer’s condition, needs and goals, that the care plan is amended to ensure accuracy and currency. Not all direct care staff have access to the telephone application used to report incidents or changes in consumers’ conditions. One support worker does not know how to inform the service of incidents or changes occurred in relation to a consumer and incidents have not been reported for 3 consumers.

The reviewed planning and assessment policy approved on 3 September 2021 has information that is conflicting with current practice.

The response from the approved provider includes details of actions already taken and planned actions that will address these concerns but are not yet fully embedded in their processes.

Based on the information I find the service non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

At an Assessment Contact on 11 February 2021, the service was found to be non-compliant in 2 requirements in this Standard. These requirements 3 (3)(a), 3 (3)(b) along with 3(3)(g) have been assessed during this assessment.

Although consumers and representatives interviewed were satisfied with personal and clinical care provided the Assessment Team found that service does not maintain sufficient oversight to monitor and ensure all consumers are receiving safe and effective personal care in line with their assessed needs, goals and preferences.

Planned personal care is not always delivered in practice. Risks and recommendations identified by allied health staff are not actioned in a timely manner.

High impact and high prevalence risks were not always identified or managed safely, including risks to consumers with high care needs

Management and staff demonstrated the implementation of precautions and practices that reduce infection control risks, including COVID-19.

Three of the seven specific requirements of this Standard were assessed and I have found two of those requirements to be Non-Compliant.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 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 service does not demonstrate that all consumers receive effective clinical and personal care that is best practice, tailored to their needs or optimises their health and wellbeing. Consumers’ assessed needs of personal care, shopping and pre-packed medication are not provided for and reviews by allied health professionals have not occurred in a timely manner.

One consumer’s re-assessment does not address their pain or include the location of the pain and no specific pain assessment has occurred to inform care staff in relation to pain management. The pain management provided has not been reviewed for its effectiveness. Timelines for occurrence of wounds on one consumer were not documented although the wounds are reducing in size and the representative is happy with the wound care.

Equipment recommended by the physiotherapist in July 2021 for one consumer, to assist with their cardiovascular exercise and functional ability, has not been ordered as requested. Another’s referral to a physiotherapist has not been documented in progress notes or followed up by the service.

One consumer with asthma has no asthma plan or information in place to guide staff should they become ill.

Progress notes are not always completed with updates on care needs or discussions between the service and their direct care workers.

The approved provider responded by acknowledging the breakdown in process and are confident changes made to their processes and documentation will rectify these deficits going forward.

Based on the information provided I find the service non-compliant with this requirement but acknowledge the measures taken to make improvements.

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

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

The Assessment Team identified that the service does not effectively identify and manage high impact or high prevalent risks associated with the care of each consumer.

The risk of malnutrition for consumers with weight loss is not identified and actions are not taken to ensure the consumer’s health is maintained. The service was unaware of one consumer’s weight loss of fifteen kilograms in eight weeks and could not explain why it had not been monitored. Although monthly weighs were written in the consumer’s assessment notes they have not been done. Meals that were also budgeted in the plan were not provided and the consumer has deteriorated.

Behavioural assessments in relation to identifying and managing risk have not been conducted in relation to one consumer who may be at risk near roads.

Management and strategies for consumers at risk of falls are not evident in the file reviews conducted. Recommendations from an occupational therapist have not been implemented in in order to minimise falls for one consumer, however this is due to the lack of funding by the consumer. Other strategies to prevent falls have not been identified and the provider will look at revising the client risk assessment form to ensure all risks are identified.

The response from the approved provider includes details of actions already taken and planned actions that will address the non-compliance.

Based on the information I find the service is non-compliant in this requirement.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The service did not demonstrate they have effective organisation wide governance systems specifically in information management, continuous improvement, financial governance and workforce governance.

Regular reviews and evaluations are not undertaken routinely for newly implemented changes or improvements.

#### Not all staff have access to the service application or to a care plan that provides information about the consumer. One support worker does not have the platform to provide information back to management about services provided, incidents or changes in consumer circumstances.

Itemised invoices were not being provided to consumers for care and services supplied and budgets were included for items not identified in assessments or care plans.

Management were unable to demonstrate how they monitor all direct care workers engaged by the consumers and whether they have the correct credentials.

One specific requirement of this Standard was assessed and it was found Non-Compliant.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard

## Assessment of Standard 8 Requirements

### 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.*

Management said improvements are identified through weekly management meetings and feedback from service participants. However, improvements implemented are not reviewed and evaluated for effectiveness. For example, assessments and care plans have been changed following the previous assessment contact on 11 February 2021. The forms were implemented 7 months ago but have not been reviewed and evaluated for effectiveness.

Itemised financial statements are not being provided to consumers. Some consumers have underspent budgets from their packages that management stated was due to services not being requested by the consumers during COVID-19 lockdowns. One consumer has an identified need for support with meals. Their budget is $200 a fortnight for prepared meals. The financial statements for this consumer show no expenditure on prepared meals and this consumer’s health has declined.

The service stated they receive an itemised account from the direct care worker but this is then translated to a single invoice payment by the service, which is provided to the consumer. The original invoice is retained on the service’s accounting system but the consumer does not received an itemeised account.

Care provision in practice does not always align with consumers’ assessed needs. Management said they are not informed about all arrangements for care provision and they enable care and service hours for some consumers to be organised directly with the care worker. Yet not all staff have access to the support worker phone application that enables access to care plans that inform and guide care. Therefore care workers are not always able to provide information back to management about services provided, incidents or changes in consumer circumstances.

#### The service has no issues with staffing as they are able to replace staff with qualified staff from the disability area of the service. The service was unable to demonstrate how they conduct all the necessary background and qualification checks with direct care workers selected directly by a consumer and representative. The contract for one worker was signed two months after they were engaged to provide care and have not provided all of the necessary documents such as police checks and qualifications.

#### The organisation does have a process in place for feedback and complaints and have not received any complaints in the last 12 months. Therefore they have not been able to analyse data and trends in this area but in their response stated the processes they would follow. Thy will review their processes and ensure staff and consumers are aware of the process for providing complaints.

The provider response detailed actions they have taken and improvements they will make in relation to this requirement.

Based on the information provided I find the service non-compliant in this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The outcomes of assessment and planning must be effectively documented in care and service plans. The care and services plans include current and accurate information and a review of all consumer files conducted.
* The care plan must include the consumer’s needs, circumstances, preferences, values, abilities and culture and will support the consumer in self-management of care.
* The care plan must be accessible to both the consumer and the care worker to be enable provision of effective care and services.
* Needs and risks to the consumer’s health and wellbeing are must be identified in all assessments and timely referrals made as required. Re-assessments and care plans to be reviewed when there are changes in circumstances or following hospitalisation.
* Documentation, policies and processes in relation to consumer care must be reviewed and evaluated on a continuous basis.
* All staff must have police check and qualifications noted on file and be supplied on commencement of care to consumers. Ongoing performance assessments and nonitoring conducted for all staff.
* There must be clear processes and education for staff on reporting incidents.
* Ensure there are effective organisation wide governance systems in relation to information management, financial governance, continuous improvement and workforce governance.
* Ensure consumers and staff are aware of the process for providing feedback and making complaints and are provided with a copy of the complaint form.
* Ensure all feedback is actioned and responded to and analysed for trends.