Focused Health Care Pty Ltd - Brisbane

Performance Report

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**Commission ID:** 700927

**Provider name:** Focused Health Care Pty Ltd

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**Date of Performance Report:** 28 July 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.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 31 May 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The service had policies and procedures in place to guide staff in their engagement with consumers and how to foster consumer choice and staff demonstrated respect towards consumers and an understanding of their care preferences.

The service did not demonstrate the risks that consumers wished to take were identified and discussed with the consumer and representative to help them understand the risk, to make informed decisions and problem solve with how the risk could be managed.

While the service has processes for information provision to consumers and representatives, information was not provided to each consumer that was current and accurate to enable each consumer to exercise choice. The service did not effectively communicate with each consumer and representative regarding the availability of packaged funds, costs and charges for service delivery to inform decision making.

Consumers and representatives confirmed they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers confirmed staff knew what was important to them. Consumers described the ways the service enabled them to remain at home, in their local communities and to life the way they chose. Consumers interviewed confirmed their personal privacy is respected and their personal information is kept confidential.

Staff delivered culturally safe care and services, understood specific leisure and lifestyle pursuits and activities of importance for individual consumers. Staff described how they helped consumers exercise choice and independence with their care and services.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### 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) Non-compliant

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

The service did not have effective risk identification and management systems and processes to identify and discuss risks that consumers may wish to take. The service does not understand the relevance of their obligations to identify risks consumers wished to take, to problem solve with the consumer and/or their representative to help them understand the risk and how the risk can be managed.

While consumers’ choices were respected, management and staff did not understand when a consumer’s choice is possibly harmful to the consumer, or that it was the service’s responsibility to help the consumer understand the risk or how the risk can be managed and to document these discussions.

For one named consumer who was at risk of falls, prefers to smoke and drink alcohol, had limited insight into their alcohol intake, risk management processes had not been undertaken to support the consumer’s choices. While the consumer has elected to continue to smoke, the service was not aware, where the consumers chose to smoke or the safety of the consumer while smoking. There was no documented evidence that the service has discussed the risks of continuing to smoke with the consumers or discussed safety mitigation strategies.

For a second named consumer who uses a mobility scooter and has had episodes of deterioration in their condition. The risk of the consumer continuing to use their mobility scooter while experiencing signs and symptoms of deterioration had not been considered by the service. The service has not identified or assessed the consumer’s functional ability and capacity for the continued use of the scooter or developed risk mitigation strategies to ensure the consumer’s safety when using the mobility scooter.

The Approved provider in its written response to the Assessment Team’s findings has acknowledged when consumer risks are identified, escalation should occur, and the risk should be assessed by a senior staff member. The service has committed to implementing a process or reviewing progress notes daily for all clients. Where risk is identified, it is to be managed as per the service’s risk management policy and procedure.

The service did not ensure relevant information had been collected from all consumers when commencing services to identify risks consumers wished to take. Review of nine consumers’ clinical files identified there was no nursing assessment completed for five consumers. Management acknowledged they had not identified the risks of consumers’ choices including the wish to smoke, drink alcohol and use of motorised mobility devices. They acknowledged that assessments currently used by the service did not provide guidance to the staff to ensure a follow up assessment may be considered.

In response to the Assessment Team’s findings, the service has trialled a revised clients assessment form to improve information gathering. The revised form includes consumers’ choices which may be identified as risks. Information brochures regarding risk will be available for the consumers should wish to accept them. A continuous improvement activity has commenced relating to auditing documentations to ensure risks have been documented. The Approved provider has acknowledged that improvement is required relating to risk identification, management and mitigation.

While I acknowledge the Approved provider’s commitment to addressing deficiencies in this Requirement, based on the information contained above, it is my decision this Requirement is Non-compliant.

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

The service did not ensure information provided to each consumer was current and accurate. The service did not ensure that budget information and the care plan reflected the actual service delivery and the charges that were associated with the provision of each consumer’s care and services. For example:

Budgets were to be developed following changing levels of home care packages, or changes in service delivery. The service did not ensure that budgets were reviewed when services changed. The budget did not reflect individualised information for the care and services detailed in consumers’ care plans. Budget inclusions are listed as a unit fee reflecting the time cost of an employee delivering the service, it was not reflective of the care being provided during that time. For example, provision of clinical services by a registered nurse the budget had a specific cost, however this information did not clearly identify the specific nature of the service needs, such as wound care, medication management, catheter management or other clinical needs.

This process was the same for lifestyle, allied health and brokerage services.

Management acknowledged the budget was not an itemised account of the services provided.

The Approved provider’s written response details a commitment the finance department will review the current quote and budget process to include itemised entries detailing the care and services provided to consumers. A review has been commenced of all existing consumers’ approved budgets to ensure accuracy with funding arrangements. This process has been included in the service’s Continuous improvement plan with a date recorded for completion as 31 July 2021.

Care plans did not consistently include other brokered services and expenditures that were included in the budget. For four named consumers, care planning documentation was not inclusive of service including but not limited to, allied health, physiotherapy, gardening, continence aids, massage, cleaning, meal preparation and transport services.

Management acknowledged they were not consistently aware of the deficiencies brought forward. In the written response to the Quality audit report, the Approved provider has identified a service request form had been drafted to ensure care or services provided are in alignment with the consumers’ approved funding package This process was completed 31 May 2021 according to the service’s Continuous improvement plan.

While I acknowledge the actions taken or planned by the Approved provider in relation to deficiencies in this Requirement, at the time of the Quality audit information provided to consumers was not accurate or current. It is therefore my decision 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-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

The service did not have effective assessment and planning processes which included the consideration of risks to the consumer’s health and well-being or informs the delivery of safe and effective care and services. Assessment and planning for nine consumers did not include the consideration of risk.

The service did not demonstrate that assessment and planning was consistently occurring with effective communication between the consumer, representatives and other organisations and health professionals that were involved in the care of the consumer. The service did not understand the relevance of collecting clinical information and communicating effectively with consumers, representatives, heath practitioners and other organisations to identify consumers’ current and ongoing medical and health needs.

The service did not ensure care and services for consumers were reviewed regularly for effectiveness, or when circumstances have changed and have impacted on consumers’ needs goals or preference.

Overall consumers confirmed they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were involved in care planning and staff spoke to them about their care and services including advanced care planning and end of life wishes. Consumers and representatives said they had a copy of the consumer’s care plan available to them in their home file.

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

## Assessment of Standard 2 Requirements

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

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

The service did not demonstrate that assessment and planning processes consistently consider and identify risks to consumer’s health and well-being. Assessment processes were ineffective in identifying risks to consumers or had not been completed. Care planning processes did not provide adequate guidance to mitigate risks to consumers’ health and well-being where risk has been identified.

While Management stated nursing assessments, care plans and the home safety checklist identified risks to consumers, were completed by qualified staff guided by valid assessment tools, consumer files did not include a nursing assessment or a completed assessment. Missing information in assessments included consumer diagnosis, medical history and medications. Where assessment had not been undertaken information was not reflected in care planning documentation to identify or inform risk or discussion with the consumer and representatives. When assessment processes had identified risk involved with consumer care and services, risk assessments had not been completed to facilitate strategies to mitigate the risk or discussion with the consumer. There was no guidance to staff in relation to consideration of what comprised a risk to the consumers’ health and wellbeing or incorporation of activities of daily living that may pose as a risk. There was no guidance to prompt an assessment or referral by the service.

For one named consumer who had an increase to the packaged care funding following assessments by a government assessment body, a nursing assessment had not been undertaken. Care planning for the consumer did not include diagnosis, status of health or prescribed medication, despite staff and management acknowledging the consumer was palliative. There was no information in the care planning documentation to identify assessment processes or to guide staff practice in understanding risks to the consumer’s health and wellbeing. The consumer has been provided with pressure relieving aids, however there was no validated assessment from commencement or ongoing to ensure effective management or monitoring of the consumer’s skin.

For a second named consumer whose funding level increased in December 2020, a nursing assessment has not completed since commencing with the service on 29 November 2019. Care planning documentation dated 20 August 2020 does not demonstrate assessments have occurred following the assessment by the government assessment body to include information relating to the consumer’s care needs relating to diabetes, continence, mobility and hygiene needs. There was no assessment of the consumer’s diabetes or continence management to identify risks that may impact on his safety and wellbeing. Changed mobility requirements for the consumer were absent in care planning despite a formal assessment completed by an allied health professional.

Assessments and care planning for five other consumers also identified assessments had not been undertaken when care needs changed for the consumers, therefore the risks involved with the consumers’ care were not identified or addressed in care planning documentation to guide staff in delivering safe and effective care.

The Approved provider’s response to the Assessment Team’s findings acknowledged care plans should align with other assessments, and care plans should contain information relating to assessed services refused by consumers. The Approved provider has committed to a review and update of care plans and associated risk assessment documentation. The service’s Continuous improvement plan identifies this process will be completed by 31 July 2021. A standardised letter is to be produced and sent to consumers’ medical officer requesting a medication list and medical history. External providers of care who manage consumers’ clinical conditions will be contacted to ensure communication has been provided in relation to consumer care needs. Education is scheduled for staff in relation to the development of consumer care plans. The service request form which was scheduled for implementation 31 May 2021, will document any changed or additional service requests to inform consumer care planning.

While I acknowledge the actions taken and planned actions by the Approved provider to address deficiencies in this Requirement, at the time of the Quality review assessment and planning processes were not inclusive of risks to consumers’ health and well-being. Therefore, it is my decision, this Requirement is Non-compliant.

### Requirement 2(3)(b) 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.*

### 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.*

Assessment and planning processes did not include effective communication between the consumer, representatives and other organisations and health professionals that were involved in the care of the consumer. The service did not understand the relevance of collecting clinical information and communicating effectively with consumers, representatives, health practitioners and other organisations to identify consumers’ current and ongoing medical and health needs.

While consumers and representatives stated they were involved in the assessment and planning of the services they receive, the service did not actively seek information from each consumer or their representative and the consumers’ health practitioner and others involved in the consumer’s care.

For one named consumer the service did not demonstrate communication with the consumer, their family and their health professionals occurred to complete a health summary or other information pertaining to the consumer’s health when they commenced services or on an ongoing process, despite the consumer’s health changing. While a nursing assessment was undertaken in September 2019, there was no request for a medical health summary including the medications taken by the consumer. The consumer was hospitalised in April 2021 and documentation does not support communication between the service and the hospital regarding the consumer’s wishes including her preferences for ongoing care of a relative.

A second named consumer with needs including oxygen therapy, health summary information was not obtained to support the need for oxygen therapy. A nursing assessment was not completed to communicate with the consumer or their family to inform decision making to support effective review of the consumer’s care. While progress note entries identify deterioration in the consumer’s condition, the service did not seek information from the consumer, their family or Medical officer to consider the need for assessment and review or assessment.

For a named consumer who experienced a hospital stay affecting their care needs in relation to fluid restrictions. Information relating to this care need was not included in care planning documentation to guide staff practice. Discharge information was not sought from the hospital to guide the ongoing care of the consumer.

A fourth named consumer’s care planning and assessment information did not demonstrate communication with health professionals to provide a complete health summary including all medications the consumer was taking or the assessment and management of the consumer’s health conditions, on commencement of services or in an ongoing manner. The consumer experienced a hospital stay requiring ongoing wound care. While wound care was delivered by the consumer’s medical officer, consideration had not been given to seek information via a discharge summary regarding the mobility needs of the consumer

Management and delegated staff did not have a consistent awareness of the importance of gathering medical health summary, and prescribed medications when consumers commenced services and on an ongoing manner as consumers’ needs changed.

The Approved provider in its written response to the Quality audit report has committed to a review and update of care planning procedures and associated risk documentation. While I acknowledge the actions planned by the Approved provider, these processes will take time to implement and to be evaluated for their effectiveness. Therefore, my decision is this Requirement is Non-compliant.

### Requirement 2(3)(d) Compliant

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

### 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 service did not ensure care and services for consumers were reviewed regularly for effectiveness, or when circumstances have changed and have impacted on consumers’ needs goals or preference. While the service undertook an annual review of consumer needs, goals and preferences, the review did not effectively identify changes in consumer’s circumstances, needs, goals or preferences. Consumer files were reviewed that identified they had mobility issues, required the use of a mobility aid to assist the consumer to maintain their independence and access to an emergency/personal alarm in the event of experiencing a fall. There had been no validated assessment by the service for the consumers from commencement with the service to identify the current needs and supports of each consumer. Subsequent reviews of the consumers did not identify their care needs.

For two named consumers who were identified as requiring assistive mobility devices following an Allied health assessment, a review of their needs, goals and preferences was not undertaken following this change in need or the underlying conditions which had influenced their change in mobility needs. Care planning was not been amended to reflect these changes. For one of the two named consumers continence had been identified as an issue during the assessment, however a review of their continence did not occur. For the second named consumer, chronic pain was identified as an underlying cause of their reduced mobility level, however further assessment of the consumer’s pain did not occur.

For a named consumer who is diagnosed with diabetes and suffered complications relating to their diabetes requiring surgery, there was no evidence of a review of the consumer’s diabetic management and their functional ability or care needs from commencement with the service or ongoing. Following surgery, a skin assessment was completed for the consumer, however no subsequent assessment had been completed despite the consumer requiring surgery and staff reporting concerns related to the consumer’s skin integrity.

Consumers who were identified as having cognitive impairment, the service has not completed assessments to identify the level of cognitive impairment and how this impairment affects the consumers’ ability to make decisions or participate in their care and service needs.

Consumers who had returned from hospital did not have documentation to support hospital discharge summaries were obtained to identify and changed care needs. For a consumer who was supplied pressure relieving devices, an assessment of their skin was not performed to gauge the effectiveness of the devices. The service did not consider information relating to changes in circumstances for consumers as a reason to assess or re-assess the needs of the consumer. This impacted one consumer by not receiving their medications when their primary care was hospitalised. For another consumer with progress notes indicating an increase in pain, there is no evidence to support an assessment of their pain was undertaken.

The Approved provider in its written response to the Quality audit report has acknowledged existing processes and tools were not effectively utilised for documenting and updating consumer documentation and improvements to these processes were required. The service has commenced daily review of progress note entries to improve escalation and management of risks for consumers.

While I acknowledge actions planned by the Approved provider to address the deficits in this Requirement, at the time of the Quality audit care and services were not regularly reviewed following changes of circumstances had impacted on the needs of consumers. Therefore, it is my decision this Requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers considered they received personal and clinical care that was safe and right for them. The service demonstrated that the needs, goals and preferences of consumers nearing the end of their life were recognised and addressed. The service generally demonstrated that referrals to individuals, other organisation and providers of other care and services were generally timely and appropriate. Processes for minimising infection related risks were effective.

The service did not have an effective risk management system to identify risks associated with the clinical care of consumers to inform choice and decision making. The service did not understand the relevance to identify and understand risks to manage high prevalence risks including risk of falls, risk of changes in health that impact on consumers’ safety, health and wellbeing.

Deterioration or changes in consumers’ mental health, cognitive or physical function, capacity or condition was not recognised or responded to in a timely manner.

Consumer’s condition, needs and preferences was not documented or communicated within the organisation, or with others where responsibility for care was shared.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team brought forward deficiencies in relation to consumers receiving safe and effective care. These deficiencies relate to a lack of care planning directives rather that a lack of care provided to consumers. Staff provided examples of care provided in relation to falls management, skin care management, pain management and oxygen therapy.

Consumers and representatives expressed satisfaction with the clinical and personal care they were provided. Consumers confirmed care was tailored to their needs and occurred in line with their needs, goals and preferences.

While the Assessment Team identified care planning strategies were not consistently recorded to guide staff practice, there is a lack of evidence to support safe and effective clinical and personal care was not delivered. A lack of assessments has been noted but it is my decision this information is more relevant to Standard 2 Ongoing assessment and planning with consumers, rather than Standard 3 Personal care and clinical care.

The Approved provider has committed to a number of actions to address deficiencies in assessment and planning as evidenced by its Continuous improvement plan. It is therefore my decision; this Requirement is Compliant based on feedback from consumers and staff knowledge of individual consumer’s care requirements.

### 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 brought forward deficiencies relating to a lack of clinical risk assessment processes to identify consumers with actual or potential risks involved in their care. I have considered this information and identified consumers with impaired skin integrity are provided pressure area care, however for one named consumer risk management processes have not identified their need for pain medication to be administered prior to hygiene cares and this has not occurred.

For a named consumer who requires pain relief prior to hygiene cares, progress notes evidence the consumer was not provided pain relief as per their requirements, as risk management processes did not identify the consumer is reliant on family members to administer medication and risk mitigation strategies were not implemented to consider alternate arrangements when the consumer was unable to receive their medication. The consumer did not receive medication for three days when their family member was unavailable to administer medication. Medication was also not administered to the consumer when supplies of medication were not available, the consumer was noted to be agitated at this time. Delays in hygiene cares occurred while the consumer was required to wait for medication.

A second consumer with impaired mobility and skin integrity does not have effective risk management strategies in place to address the risk of further skin breakdown. Preventative strategies which were in place have not been assessed as effective and despite a request by the consumer additional preventative strategies have not been sourced.

The Assessment Team brought forward concerns relating to consumers receiving nutritional supplements in the absence of assessments relating to malnutrition. As this Requirement relates to the management of high risk, it is my opinion the consumers were receiving supplements to address their weight loss and the deficit relates to the assessment of their need rather than the management of the high risk of malnutrition. It is unclear if weight monitoring was occurring through different processes than the provision of care by the service.

The Approved provider in its written response has committed to actions to address deficiencies noted in this Requirement, including the review of progress notes daily, education for staff regarding appropriate documentation and updating policies and procedures to ensure they are current and align with best practice guidelines.

This Requirement is Non-compliant as risk management processes were ineffective in ensuring consumers received their medication and preventative strategies to reduce the risk of further skin breakdown were not implemented.

### 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.*

Changes in consumers’ physical condition or capacity has not been recognised or responded to in a timely manner. Information was not gathered to inform care and service delivery when consumers’ health needs changed.

For one named consumer progress note entries indicated the consumer was experiencing changes in their health condition impacting on their ability to exercise their independence. The consumer was requesting extra services which did not prompt the service to respond to the changing in care needs for the consumer, despite the consumer undergoing investigations for infection.

A second consumer was experiencing changes in their health status including pain and swelling as noted in progress note entries. This information was not considered by the service as a deterioration in the consumer’s health and was not responded to in a timely manner. While the consumer attended regular appointments with their medical officer, the service did not seek information regarding the consumer’s ongoing deterioration.

While a third consumer was requesting additional equipment to assist with their mobility as evidenced in progress notes, this decline in the consumer’s mobility status was not actioned in a timely manner. The consumer also had changes to their continence needs, however this change in health status was not recognised by the service.

Consumers with identified changes in their cognitive status were not recognised or their deterioration in mental status actioned in a timely manner. The capacity for these consumers was not considered relating to their safety in remaining at home.

While the service had policies and procedures to recognise and respond to changes and/or deterioration in the consumer’s condition, response and recognition to changes in consumers’ condition did not occur. The service did not collect clinical information from other sources to identify risks to the consumers’ health and well-being to understand or recognise changes or deterioration for each consumer.

The Approved provider in its response to the Assessment Team’s findings has committed to actions to address deficiencies in this Requirement. Actions include ongoing and regular review of consumer needs. A standardised introduction letter will be developed to ensure communication between the service, medical officers and external providers.

While the service is committed to actions to address deficiencies in this Requirement, these actions will take time to be implemented and tested for their effectiveness. Therefore, it is my decision 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 consumers’ condition, needs and preferences was not documented or communicated within the organisation and with others. Support plans did not detail information to guide staff in the delivery of care and services.

While consumers and representatives advised care and service needs were provided in line with their needs and preferences. However, deficiencies have been identified relating to information processes to inform service delivery.

For consumer s diagnosed with diabetes, information in service plans did not contain directives regarding blood glucose monitoring, the type of diabetes relating to the consumers, care strategies to address diabetes related emergencies or who was responsible for the care of the consumers’ diabetes.

Consumers with impaired mobility needs did not have service plans relating to the level of assistance required with their mobility to direct staff practice. Hygiene routines were not inclusive of consumer’s wound care needs. Clinical observations were being recorded in the absence of guidelines to direct staff regarding acceptable observation ranges. For a consumer requiring oxygen as part of the care needs, information was lacking in their service’s plan in relation to specific care needs relating to the oxygen therapy including safety measures.

Information relating to two consumers who required continuous positive airway pressure therapy to support their breathing, there was a lack of information documented to guide staff practice, relating who was responsible for the cleaning and maintenance of the equipment or monitoring of the equipment for its purpose.

Information from other health professionals who provide services to consumers was not documented, including physiotherapy directives and remedial massage therapists. The lack of this information did not support staff are aware of the needs of consumers where care delivery is shared.

The Approved provider has acknowledged the need for information about consumers to be documented and shared. A revision of the electronic care alert system will occur to include alerts for each consumer including alerts and clinical conditions.

While I acknowledge the actions taken by the Approved provider, at the time of the Quality audit information was not documented or shared about the consumers’ conditions or needs. Therefore, it is my decision this Requirement is Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers through interviews and reviewing documentation. Consumers and representatives were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers confirmed they were supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who were important to them.

Services and supports for daily living provided by the service covered a wide range of options for consumers, should they choose, to support them to live as independently as possible, enjoy life and remain connected to their local community.

Care planning documentation included information about consumers’ emotional, or psychological well-being, staff could describe the emotional, and psychological support provided to consumers. Information about the consumer’s condition, needs and preferences relating to services and supports for daily living was generally communicated with the organisation, and with others where the responsibility for care was shared. Management and staff described how they referred consumers to other service providers and how the consumer was actively involved in decisions about referrals and consent was obtained. Management and staff reported that equipment was purchased for consumers through their package funds. They described processes for the purchase of equipment should this occur, including assessment by the service to allied health professionals to ensure the equipment is fit for purpose.

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

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

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

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

### Requirement 4(3)(f) Not assessed

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the Feedback register and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to give feedback and make complaints, and that appropriate action is taken following their feedback or complaint. Consumers and representatives explained the process to follow when raising a concern and or a complaint. Consumers and representatives felt key personnel and management were approachable with any concerns they had and were able to give examples of times they had raised issues that were resolved for them in a timely manner.

Consumers had complaint information in their personal folder located at their home and received an information kit on commencement of services which contain the complaints policy. Consumers received a copy of the Aged Care Charter of Rights and had phone contact numbers and forms to fill out if they wish. Consumers confirmed they were provided information for raising and resolving complaints, including access to external complaint mechanisms such as the Aged Care Quality and Safety Commission.

Staff had training in being able to assist in the complaints process, including applying an open disclosure approach based on the service’s open disclosure policy. Complaints were monitored through meetings and addressed through the Feedback register and any identified improvements were included in the Plan for Continuous Improvement.

The Feedback register demonstrated the collection of complaints/concerns and the actions taken by the service to address these. All issues had a planned action, persons responsible and evaluation of the consumer’s satisfaction of the response following the complaint. The complaints register was monitored by the Director and the Board.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

Consumers indicated they received quality care and services when they needed them and from people who were knowledgeable, kind, capable and caring. Consumers responded that staff treat them with respect. Consumers reported that staff generally show up on time and are ready to work, and if there was an instance where they may be late then they are generally advised ahead of time. Consumers responded that staff had a good knowledge of the cares and services that they required and had time to talk to them during their work.

Review of staff rosters show that essential service shifts were filled and that other services were rescheduled in consultation with the consumer if required. Staff received education and training on a constant basis, responding to the identified needs of consumers and received feedback on their performance through ongoing annual performance appraisals which guided staff education.

Staff and management had a shared understanding were aware of their roles and responsibilities and staff performance was monitored.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### 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) Compliant

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The organisation did not demonstrate it had effective risk management systems and practices. The organisation did not demonstrate it had effective clinical governance systems to ensure consumers were assessed to identify their service needs. Where clinical care was provided clinical governance policies and procedures did not support the service to monitor the provision of clinical care.

Consumers indicated that the service was well run, and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they were asked to provide feedback on the services they received and were provided avenues by the service to process this feedback. Consumers felt they were part of how things are done and could influence improvements to their services.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) 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.*

### 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.*

While the organisation has systems and processes to manage identifying abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system, the system to identify, minimise and manage risks for the safety and wellbeing of consumers was not effective. The service did not have effective risk management systems and practices and high impact/high prevalence risks associated with the care of consumers were not identified or managed, to support consumers to live the best life they can.

The service’s policies and procedures do not provide adequate guidance and provide support to delegated staff responsible for assessment and planning to inform the delivery of safe and effective care. Assessments and care planning directives were not completed for each consumer and did not effectively identify health or medical risks.

While consumers’ choices were respected, management and staff did not understand when a consumer’s choice was possibly harmful to the consumer and did not understand the service’s responsibility to help the consumer understand the risk or how the risk could be managed and the requirement to document these discussions.

The service had not established a risk management system to effectively identify and manage risks, to identify risks to inform delivery of care. The service’s assessment processes did not consistently consider or identify risks. The service did not identify the relevance of identification of risks through collection of clinical information. Clinical information was not considered to inform, identify and manage risks to consumers.

The service had not reviewed their assessment processes to identify and understand health risks, medical and/or external risks that were present and may impact on consumers’ health and well-being. Assessments used by the service did not provide relevant information to comprehensively identify risks, nor guidance to staff for actions to occur when risks are identified. Review of the assessments undertaken by the service did not comprehensively consider risk of falls, risk of pain, risk of pressure injuries, risk of oxygen use and risk of malnutrition.

The service did not apply a risk management approach to incorporate information obtained from other agencies and/or organisations to identify risks to consumers. The service did not effectively communicate with the consumer, representatives or other health practitioners involved in the consumers’ care to identify, respond and manage risks. The service has not developed a clinical risk assessment process and established protocols to ensure use of validated assessments to identify actual or potential risks that may impact on the safety and well-being of the consumer.

While the service did collect data from witnessed adverse events, such as falls, skin injuries and missed medications when the service was responsible for the provision of care and services. The service did not collect data or analyse information reported of adverse events that have impacted on consumers when the event was not witnessed by the staff during service provision. As a result, the service was not using feedback to inform and identify risks and had not established processes in relation to the consideration of risks to consumers.

Staff confirmed they had received training in identifying abuse and neglect in the elderly and outlined how they would communicate these concerns to key personnel in the service. A review of training documentation confirmed that staff had completed mandatory training including identifying abuse and neglect in the elderly. Staff interviews, and a review of documentation confirmed there were protocols to follow when there was nonresponse from a consumer when a service was delivered. The service had identified vulnerable consumers during the COVID19 lock down periods to ensure that essential services were still being delivered. Risk management plans were evident for the continuity of services during local disasters or emergencies.

The Approved provider in its written response refutes the information brought forward by the Assessment Team and stated the organisation had a comprehensive risk management framework and resources. The Approved provider has acknowledged however that the process of documenting and reporting risk requires improvement. Daily review of progress notes had commenced to improve the identification, escalation and management of risk to consumers.

While I agree the organisation had a risk management framework, through Non-compliance identified in Standards 1, 2 and 3, it is my decision this framework was not effective in identifying and managing risks for consumers. It is therefore my decision 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.*

While the organisation provides guidance in relation to antimicrobial stewardship, minimisation of restraint and open disclosure, the organisation did not have effective clinical governance systems and processes to ensure assessment and planning processes were effective in identifying current care needs of consumers, risks associated with the care of consumers or identifying deterioration of consumers’ capacity or condition.

As evidenced in Standard 2, and the decision three Requirements in this Standard are Non-compliant, assessment and planning processes were not reflective of an effective clinical governance framework. Risks to consumers were not identified, the current needs of consumers were not taken into account, care and service plans were not reviewed flowing changes in consumers’ circumstances and information from other service providers was not taken into account during assessment and planning processes.

As evidenced in Standard 3, and the decision three Requirements in this Standard are Non-compliant, care provision was not reflective of an effective clinical governance framework. High-impact, high- prevalence risks for consumers was not managed effectively, the deterioration of consumers was not acted upon in a timely manner and information regarding consumers’ condition needs and preferences was not documented or communicated.

The Approved provider in its response to the Quality audit report notes the service had a suite of procedures and guidelines relating to the provision of care. Staff received education relating to identifying, managing and escalating risk. The Approved provider has acknowledged assessment tools, policies, procedures and guidelines were not performing consistently and a review of the document management framework was underway and tracked through the Continuous improvement plan.

While I acknowledge the actions taken by the Approved provider to rectify deficits in this Requirement, given the extent of Non-compliance relating to assessment and planning procedures and provision of care to consumers, this reflects a Clinical governance framework which is not effective. Therefore, it is my decision 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.

* Consumers are to be supported to take risks to enable them to live their best life
* Information provided to consumers is required to be current, accurate and timely
* Assessment and planning processes are required to be inclusive of risks to consumers
* Assessment and planning processes are required to include the consumer and other individuals that are involved in the care of the consumer
* Care and services are required to be reviewed regularly for effectiveness
* Consumers with high-impact or high-prevalence risks involved in their care are required to be managed effectively
* Deterioration of consumers needs to be recognised and responded to in a timely manner
* Information regarding consumers’ needs is required to be documented and communicated
* Effective risk management systems need to include high-impact and high-prevalence risks to consumers
* A clinical governance framework must be effective including assessment and planning processes and service delivery.