Geelong Barwon Simply Helping

Performance Report

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**Commission ID:** 300905

**Provider name:** Jatoch Pty Ltd

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**Date of Performance Report:** 6 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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) | 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) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | 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 19 April 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

## Consumers and representatives confirmed they are treated with dignity and respect and provided examples of what this meant to them. Staff consistently spoke about consumers in ways that conveyed respect and an awareness of consumers’ culture and diversity.

## Consumers indicated in various ways they feel safe and were satisfied with the support they receive to exercise choice, retain independence and maintain relationships important to them.

## Information provided to consumers is comprehensive and in an easy to read format. However, while staff could demonstrate the need for consumer privacy and how to keep personal information confidential, not all consumers’ information is confidential.

The Quality Standard is assessed as Non-compliant as one (1) of the six specific requirements have been assessed as 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 1 Requirements

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 1(3)(d) Compliant

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

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 1(3)(e) 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

While staff could demonstrate the need for consumer privacy and how to keep personal information confidential, not all consumers’ information is confidential.

A staff member expressed concerns that consumer’s information could be viewed by other consumers, indicating that on completion of care shifts, consumers sign staff timesheets and have access to other consumers’ names and care details.

The timesheet template evidenced by management requires staff to add consumers’ initials and surname, service type and total hours of care. All consumers’ details are on the same page, giving visibility to other consumers of the names and services of other consumers. Management confirmed this process was in place for end of shift requirements. In addition, a care staff member commented on the use of an electronic private group used by a small group of care staff to discuss other consumers’ care.

In its response the provider noted that both practices had been ceased (and that it did not believe privacy had been breached by use of the electronic private group, but acknowledged there was potential for this to occur), that staff had been instructed on the new/correct processes and systems to be used and that these improvements would be monitored.

I acknowledge these improvements, which the provider noted had now been fully implemented. However, I consider that the provider requires time to demonstrate these improvements are fully embedded and are sustained.

I consider this requirement to be Non-compliant.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service did not demonstrate all relevant information regarding consumers assessed needs, risks and related strategies to manage these have been identified and recorded in care plans and related documentation provided to support workers.

While all consumers and/or their representatives confirmed taking part in assessments with the service, none confirmed being given supported opportunities to talk about dying and make their advanced care wishes known to the service.

The service demonstrated that assessment and care planning is completed in partnership with the consumer and others the consumer wishes to involve in their care, including other organisations and providers of other care and services. However, issues were identified with the quality and comprehensiveness of information provided to support workers responsible for delivering services.

The service demonstrated care and services are reviewed for effectiveness when consumers’ circumstances change and when incidents occur.

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

### The Assessment Team identified that not all relevant information regarding consumers’ assessed needs, risks and related strategies to manage these are populated in the final care and service plan or in documentation provided to care staff. Care staff responsible for delivering care do not have access to consumers’ care plans, rather a more basic document which often includes minimal information about the consumer, their risks, or strategies to manage and monitor these. Management confirmed care staff do not have access to consumers’ care plans.

In its response the provider stated that staff are sent each consumer’s plan electronically with each shift and that not all care plans contain all information due to privacy concerns when that information is not required for the care or services being provided. However, it noted it had since the Quality Audit updated care plans and reviewed the process for providing information to care and support staff to ensure they have information to provide safe and quality services. It further stated care plans are now being emailed with shift documentation.

I acknowledge that consumers interviewed expressed satisfaction with their care and that staff demonstrated a thorough understanding and knowledge of the consumers they care for. However I note that staff also commented that they do not have access to consumers’ care plans.

I consider that while assessment and planning processes support the identification of risks to the consumer’s health and well-being, the process is not consistent or effective. While I acknowledge the improvements being implemented, and the provider’s strong engagement with the issues, I consider that at the time of the Quality Audit the results of assessment and planning were not effectively documented in a care and service plan that has sufficient information to guide staff practice and safeguard consumers. These improvements will take time to become embedded.

I consider this requirement to be Non-compliant.

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team found that while assessment and care planning processes generally identify consumers’ care and service needs, this does not include advance care planning and end of life planning. The services processes for advanced care planning and recording consumers’ preferences and wishes for end of life is not effective. While all consumers and/or their representatives confirmed taking part in assessments with the service, none confirmed being given supported opportunities to talk about dying. Management confirmed there is currently no policy framework or education component to support staff to engage in conversations with consumers about advanced care planning.

In its response the provider stated it sends information about advance care planning to consumers with their initial pack, which I accept is the process, and that discussions about advance care planning are conducted by case managers and documented on their full care plan, however the Assessment team reported that management confirmed the process does not involve speaking with or supporting consumers to complete this documentation. It also stated that professional organisations recommend that consumers be referred to their medical practitioner to assist them to complete their directives. However, I do not consider the organisation’s processes are sufficiently focussed on advance care planning and end of life planning. The provider stated it is scheduling training for case managers to undertake advanced care planning and would incorporate advanced care discussions at care plan reviews.

I acknowledge these improvements but note they are yet to be fully implemented. I consider these improvements will take time to become embedded.

I consider this requirement to be 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

While all consumers and/or their representatives confirmed they receive a copy of the care and service plan, information is not consistent, accurate and reflective of current care requirements. The Assessment Team observed that care plans and related care documentation did not always include all relevant information described by the consumer in their self-assessment. In addition, staff providing care do not have always have access to consumers’ care plans and the care documentation available to them is not a reflective summary of the broader suite of assessments and care planning documents.

In is response the provider stated it was reviewing all care plans with a Registered Nurse to oversee the process. Relevant training to care managers is being arranged. In addition, the provider stated care plans are now being emailed with shift documentation.

I acknowledge these improvements and the provider’s engagement with the issues. However, I consider that these improvements will take time to become fully embedded and for the provider to demonstrate their sustainability.

I consider this requirement to be Non-compliant.

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

Based on the information reviewed I consider this requirement to be 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

While the service demonstrated consumers receive safe personal care and clinical care that is tailored to their needs, the service was unable to demonstrate high impact or high prevalent risks to consumers is consistently planned for to mitigate risks. For example, care plans and related documentation does not consistently identify individual consumer’s risks. Further, care documentation does not adequately describe risk management strategies.

The needs, goals and preferences of consumers relating to advanced care planning and end of life care are not identified or recorded by the service. The service does not have a policy, procedure or guidance relating to how consumers could be supported to die in their own home, if this was their preference.

Where consumers receive services through contracted networks, management could not demonstrate effective communication channels are in place to effectively monitor consumers.

The service demonstrated when deterioration in a consumer’s health is observed that it is responded to in a timely manner. It also demonstrated appropriate referrals to individuals, other organisations and providers of other health related services occur in a timely manner, and showed how it minimised infection related risks to consumers, including during COVID-19 pandemic.

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

Based on the information reviewed I consider this requirement to be 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 did not demonstrate effective risk management process are in place to ensure the safety of each consumer. The service’s risk management policy states the service will conduct individual risk assessments however, this does not always occur. While the service generally identifies individual consumer’s risks, processes for planning, monitoring and reviewing these are not robust to minimise and mitigate the risks.

In its response the provider stated that the concept of its home care services being active in all aspects of consumer’s health and risk does not support their independence, choices of working with their medical or other health practitioners. It noted that not all its consumers require clinical support. It also provided clarity on the identification of some risks for consumers, such as swallowing. However, I do not consider it was able to generally showeffective management of high impact or high prevalence risks associated with the care of each consumer.

### In its response the provider set out a number of measures it had or would implement to address the issues identified, including a Registered Nurse to oversee all high risk consumers, establishing regular contact with those consumers, discussion at staff meetings and specialised training for staff, use of validated risk tools, inclusion of risk assessments in care plans and improved communication with external providers of services.

I acknowledge these improvements and the provider’s strong engagement with the issues. However, I consider that these improvements will take time to become fully embedded and for the provider to demonstrate their sustainability in the effective management of high impact or high prevalence risks.

I consider this requirement to be 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 Assessment Team found that the service’s process for advanced care planning involves the handover of an Advanced Care Directive document to the consumer and/or their representative to complete and return. Management confirmed this process does not involve speaking with or supporting consumers to complete this documentation. Where consumers had returned a copy of their Advanced Care Directive document to the service, the Assessment Team observed these were incomplete, with the section regarding their wishes and preferences left blank, and the needs, goals and preferences of consumers relating to advanced care and end of life care are not identified or recorded by the service. Not all consumers confirmed being given supported opportunities to discuss end of life care.

Management advised that the service has never had occasion to support a consumer to die in their own home, but that if such a case arose it would encourage the consumer or their family to contact their GP or a community palliative service. However, no defined process for referral of consumers to palliative care services was observed. Management said the service does not have a policy or procedure relating to how end of life care will be delivered and how consumers who wish to be supported to die in their own home, could be accommodated if this was their preference.

In its response the provider stated it sends information about advance care planning to consumers with their initial pack, which I accept is the process, and that discussions about advance care planning are conducted by case managers and documented on their full care plan. However, I note that the Assessment Team observed returned copies of Advanced Care Directives to be incomplete, and that the needs, goals and preferences of consumers relating to advanced care and end of life care was not identified or recorded by the service.

While I acknowledge the statement of management that it never had occasion to support a consumer to die in their own home, and what its processes would be should that arise, I do not consider that the service could demonstrate that should the need arise it was currently equipped to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

In its response the provider also stated it is scheduling training for case managers to undertake advanced care planning and would incorporate advanced care discussions at care plan reviews. It noted it had been in contact with the local health unit to develop a memorandum of understanding. I acknowledge these improvements however I consider that the provider requires time to demonstrate that these improvements have become fully embedded and are sustainable.

I consider this requirement to be Non-compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

### The Assessment Team found that overall consumers and/or their representatives were satisfied staff who attended the consumer knew their care needs and they did not have to repeat information or direct them in what to do, unless that was their preference. However, the service did not demonstrate that information about the consumer’s condition, needs and preferences is documented and communicated with others where responsibility for care is shared. Where consumers receive services through contracted networks, management could not demonstrate effective communication channels are in place to effectively monitor consumers. In addition, the Assessment Team found that that not all relevant information regarding consumers assessed needs, risks and related strategies to manage these, are populated in care and service plans.

### In its response the provider stated it was reviewing all care plans, with a Registered Nurse to overseeing the process. Relevant training to care managers is being arranged. In addition, the provider stated care plans are now being emailed with shift documentation and it was improving its communication with external providers of services.

I acknowledge these improvements however I consider that the provider requires time to demonstrate that these improvements have become fully embedded and are sustainable.

I consider this requirement to be Non-compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

*Minimisation of infection related risks through implementing:*

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

Based on the information reviewed I consider this requirement to be 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

The service could demonstrate consumers are getting effective supports for daily living that enhance their independence and improve their quality of life, and consumers interviewed were satisfied they can participate within their community, do the things of interest to them and have social and personal relationships.

However, the service could not demonstrate information about the consumer’s condition, needs and preferences relating to their supports for daily living are documented in care plans and effectively communicated within the organisation.

The service demonstrated where meals are provided and prepared, they meet consumer’s individual needs, and showed it was responsive to maintenance requests raised by consumers relating to their personal equipment.

Staff provided examples of how they assist consumers to maintain their independence and how they promote consumers’ wellbeing. Consumers interviewed commented on the availability of emotional support should they need this. Staff demonstrated a good understanding of the consumers they care for and how to meet their emotional support needs.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as 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 4 Requirements

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

The Assessment Team found that information about the consumer’s condition, needs and preferences relating to their supports for daily living are not documented in care plans and not effectively communicated within the organisation. Some care plans and related care documentation reviewed included little information regarding what is important to consumers regarding their supports for daily living, such as social activities or things that are important to consumers, details of recent loss and emotional support needs, interests, such as gardening.

### In its response the provider stated that information record in progress notes clearly demonstrated that the organisation and its staff are aware of the specific needs of consumers. However, it noted that it had reviewed care plans and added information to all full care plans and electronic care plans, which was overseen by a Registered Nurse. Relevant training to care managers is being arranged. In addition, the provider stated care plans are now being emailed with shift documentation and that it was improving its communication with external providers of services.

### I acknowledge these improvements but note it is an ongoing process requiring time to be demonstrated as effective.

I consider this requirement to be Non-compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 4(3)(f) Compliant

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

# 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

While the service has feedback and complaints processes, the service could not evidence this was consistently effective and timely action following a complaint occurs. The use of open disclosure was not evidenced when services did not go to plan. Not all complaints are actioned and captured in the services’ feedback and complaints system. This has resulted in consumers’ and representatives’ dissatisfaction.

Open disclosure was not documented in the services’ policies and procedures, including feedback and complaints documents and was not evidenced following multiple complaints from a representative.

The service could demonstrate that feedback and complaints are encouraged and consumers and others supported to do this and that they are made aware of and have access to various means for raising and resolving complaints. The service has feedback and complaints processes which is generally reviewed and used to improve care and services.

The Quality Standard is assessed as Non-compliant as one (1) of the four specific requirements have been assessed as 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 6 Requirements

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be 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.*

The Assessment team found that while the service has feedback and complaints processes, the service could not evidence this was consistently effective and timely action following a complaint occurs. The use of open disclosure was not evidenced when services did not go to plan. Not all complaints are actioned and captured in the services’ feedback and complaints system resulting in consumers’ and representatives’ dissatisfaction.

### In its response the provider stated that while it gets very few complaints and overall consumers are satisfied and in fact are happy with their services, it acknowledged that complaints management is an area for improvement. It set out the measures it had or would take to address the issues identified, including education on complaints, discussion of complaints at staff meetings and reviewing the organisation’s handbook. It noted that open disclosure is mentioned in its complaints and feedback policy but acknowledged that the specific process for open disclosure has not been outlined.

### While I acknowledge these matters, it will take the provider time to demonstrate improvements in responding to complaints and using an open disclosure process.

I consider this requirement to be Non-compliant.

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

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

Based on the information reviewed I consider this requirement to be 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

The workforce was seen to be planned to enable, and generally did enable safe and quality care and services. Workforce interactions were reported to be kind, caring a respectful, and the workforce competent. Regular assessment, monitoring and review is undertaken but improvements were identified. However, the workforce is not equipped and supported to complete ongoing education. While the service provides online education on induction, ongoing training modules are inconsistently completed by the workforce.

The Quality Standard is assessed as Non-compliant as One (1) of the five specific requirements have been assessed as 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 7 Requirements

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 7(3)(c) Compliant

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

### The Assessment Team found that the workforce is not equipped and supported to complete ongoing education. While the service provides online education on induction, ongoing training modules are inconsistently completed by the workforce. While consumers and representatives spoke positively about care staff however, four consumers/representatives indicated care delivery could be improved with additional staff training. The Assessment Team also found that management did not know and were unable to evidence the numbers of staff who have received training and what training modules were completed from the training register.

In its response the provider stated it had now made all training modules mandatory and was monitoring completion of same. It further stated it was now providing staff with up to date information about consumers and sourced materials and presentations to assist staff.

I acknowledge these improvements, and note that the Assessment Team reported that the service had recently employed a human resource officer who will focus on training requirements and a client care coordinator is to commence observation assessments of staff. The Assessment Team also reported that the services’ plan for continuous improvement has identified that ongoing education and training is to be reviewed for care staff. However, I consider that the provider requires time to demonstrate the effectiveness of these improvements.

I consider this requirement to be Non-compliant.

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

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

The Assessment Team found that the service does not regularly assess and monitor the performance of staff outside of an annual performance review. Management advised they rely on feedback and complaints from consumers/representatives to initiate contact with staff to discuss their performance. Not all reviews of performance are documented. Management and staff advised there are no formalised care staff meetings, and management does not provide supervision of staff performance in relation to consumers’ care. Contracted staff do not have performance assessments and training provided by the service and do not provide evidence of training completed elsewhere.

In its response the provider indicated that having annual performance reviews and relying on feedback to monitor staff performance was an acceptable practice. It noted it had recently employed a client care coordinator to commence observations of staff. It acknowledged that staff performance and reviews are not always well documented. It indicated improvements it was implementing.

On balance I consider that the provider could demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken but that improvements are required. I consider these improvements will be supported by the steps the provider is taking in relation to equipping and supporting the workforce to deliver the outcomes required by these standards.

I consider this requirement to be 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 was unable to demonstrate and evidence how consumers are engaged with service development, delivery and evaluation.

The service does not have effective systems in relation to regulatory compliance and in particular in relation to a financial statement system that clearly itemises and specifies all services for consumers and monitors expenditure, and workforce governance, in particular in relation to relation to provision and monitoring of education for its workforce.

While the service has risk management systems and policies used to identify and manage risks associated with the care of consumers, these are ineffective resulting in consumers’ risks not being identified, documented and/or reviewed.

While the service has relationships and processes in place which are designed to support the provision of clinical care, it does not have clinical governance frameworks in relation to minimising the use of restraint and open disclosure.

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

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

The service was unable to demonstrate and evidence how consumers are engaged with service development, delivery and evaluation. Corporate documentation and information did not show consideration of, or input and engagement of consumers, in service development and delivery.

In its response the provider detailed the measures in process to address these matters, including meeting with consumers, reviewing its strategic plan and developing a consumer survey.

These improvements are acknowledged however I consider that at the time of the Quality Audit consumers were not adequately engaged in the development, delivery and evaluation of care and services or supported in that engagement.

I consider this requirement to be Non-compliant.

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

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

Based on the information reviewed I consider this requirement to be 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 Assessment Team found that the service does not have an effective financial statement system that clearly itemises and specifies all services for consumers as per User Rights Principles 2014. Expenditure from consumer’s home care package funds was not effectively monitored, although the service’s plan for continuous improvement documented the need for review of expenditure before costs are incurred.

In addition, the Assessment Team found that staff have not completed any formal education in the Aged Care Quality Standards (the Standards). While management stated it talks about the standards during meetings this was not otherwise evidenced. Management did not know what training staff have received or require to ensure quality care and services. No adequate system was in placeto evidence the numbers of staff who have received training and what training modules were completed from the training register. The service was unable to demonstrate oversight of the quality of care and service, relying on feedback from consumers and representatives.

In its response the provider indicated it was updating its software and a detailed monthly budget was now provided for each consumer. It will be documenting the reasons for purchases for consumers. It also stated it had now made all training modules mandatory and was monitoring completion of same. It further stated it was now providing staff with up to date information about consumers and sourced materials and presentations to assist staff.

While no evidence was available that staff had completed any formal education in the Standards, the balance of the evidence indicates staff had an awareness of the principles of the Standards. Further, on balance I consider that the provider could demonstrate a system for regular assessment, monitoring and review of the performance of each member of the workforce is undertaken, but I consider some improvements are required in this regard. However, I am not satisfied the service could demonstrate effective governance systems supporting adherence to regulatory compliance, particularly regarding itemisation and specification of services and monitoring of expenditure, and workforce governance in relation to provision and monitoring of education for its workforce.

I consider this requirement to be 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.*

The provider was able to demonstrate the existence of appropriate risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can the provider.

However, the Assessment team found that while the service has risk management systems and policies used to identify and manage risks associated with the care of consumers, these are ineffective resulting in consumers’ risks not being identified, documented and/or reviewed. The service’s risk management policy states the service will conduct individual risk assessments however, this does not occur. Validated risk assessment tools are not used by the service. While management could identify what it considered to be its high risk, high prevalence risks, consumers with identified risks associated with their care and services are not being effectively monitored. Not all incidents are logged by use of an incident report, rather they are documented and followed up using progress notes. The Assessment Team observed the incident register did not clearly evidence outcomes or trending of incidents following analysis for example, of consumers’ falls.

### In its response the provider set out the measures it had or would implement to address the issues identified, including putting risk assessment information in care plans, training for staff and case managers on reporting on and actioning incidents, analysis and trending on a monthly basis and a draft/trial incident report.

I acknowledge these improvements and the provider’s strong engagement with the issues. However, the systemic and practical improvements will take time to show improvements and to demonstrate sustainability.

I consider this requirement to be 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 Assessment Team found that the service does not have a formal clinical governance framework and use referrals, health advice from external providers, peak bodies and consumers’ medical practitioners to guide their approach in delivering safe and effective care and services.

The Assessment Team also found that the service has an infection control policy which includes ‘staff and care managers are to be aware of antimicrobial stewardship’ however, training in antimicrobial stewardship has not been provided. It also found that the service has documented elder abuse information inclusive of physical abuse/restraint, but had no policy on minimising restraint or open disclosure.

### In is response the provider indicated that open disclosure is included in its feedback and complaints policy. However, I am not satisfied this was sufficiently prominent so as to inform practices, noting the Assessment Team’s finding that the use of open disclosure was not evidenced when services did not go to plan, and the provider’s acknowledgement that the specific process for open disclosure has not been outlined. In its response the provider noted that a management policy had been implemented which covers open disclosure, and that a revised incident report prompts open disclosure practices.

The provider also stated staff are aware of issues in relation to over prescribing antibiotics and the need to complete full courses of antibiotics, and stated it had authoritative resources on antimicrobial stewardship. I note that this, combined with the Assessment team’s finding regarding the content of the service’s service infection control policy, indicates a framework is in place, however the provider is encouraged to continue with its plans improvements in this area.

In addition, the provider stated that while there is no specific requirement to have a policy on minimising restraint, it had now implemented that a management policy that covers minimisation of restraint. Although the Assessment Team found that the service has documented elder abuse information inclusive of physical abuse/restraint, I do not consider this shows that a framework in relation to this area was sufficiently developed.

While I acknowledge that the service has relationships and processes in place which are designed to support the provision of clinical care, I have identified that the service does not have governance frameworks in relation to minimising the use of restraint and open disclosure. On balance I consider such a framework exists in relation to antimicrobial stewardship.

# 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.

# Standard 1

### Requirement 1(3)(f)

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

* Ensure the personal information of consumers is kept confidential, and that processes or practices which may lead to breach of privacy are identified and acted upon.

# Standard 2

### Requirement 2(3)(a)

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

* Ensure that assessment and planning include consideration of risks to the consumer’s health and well-being, has sufficient information to guide staff practice and safeguard consumers and is available to staff providing care.

### Requirement 2(3)(b)

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

* Ensure that assessment and planning identifies and addresses consumers current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes and, in particular, that staff have adequate guidance to initiate and follow through discussions with consumers about advance care planning and end of life planning.

### Requirement 2(3)(d)

*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.*

* Demonstrate that the information contained in care and services plans is consistent, accurate and reflective of current care requirements and based on the assessment and planning undertaken
* Ensure that a care and services plans, which contains the information referred to above, is readily available where care and services are provided.

# Standard 3

### Requirement 3(3)(b)

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

* Implement a system and practices that supports the identification of high impact or high prevalence risks and that undertakes effective planning, monitoring and review to minimise and mitigate the risks
* Monitor the effectiveness of this system and these practices on an ongoing basis

### Requirement 3(3)(c)

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

* Implement a system and practices that recognise and addresses the needs, goals and preferences of consumers nearing the end of life, and that maximises their comfort and preserves their dignity.
* Monitor the effectiveness of this system and these practices on an ongoing basis

### Requirement 3(3)(e)

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

* Ensure thatinformation about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared, and in particular that care staff are aware of consumer’s assessed needs, risks and related strategies to manage these, and that there is effective communication with contracted providers of services.

# Standard 4

### Requirement 4(3)(d)

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

* Ensure that information about the consumer’s condition, needs and preferences in relation to services and supports for daily living, particularly social and other interests, activities and areas for emotional support, is communicated within the organisation, and with others where responsibility for care is shared.

# Standard 6

### Requirement 6(3)(c)

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

* Demonstrate that the complaints process is consistently effective in providing timely and appropriate action in response to complaints, and includes the use of open disclosure.

# Standard 7

### Requirement 7(3)(d)

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

### Implement a system that ensures the workforce is equipped and supported to complete ongoing education, which monitors the completion of that education and which follows up areas for improvement.

* Monitor the effectiveness of this system and these practices on an ongoing basis.

# Standard 8

### Requirement 8(3)(a)

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

* Implement systems and practices to engage and support consumers in the development, delivery and evaluation of care and services
* Monitor the effectiveness of this system and these practices on an ongoing basis.

### Requirement 8(3)(c)

*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.*

* Implement effective organisation governance systems which support supporting adherence to regulatory compliance, particularly regarding itemisation and specification of services and monitoring of expenditure, and workforce governance, in relation to provision and monitoring of education for its workforce.
* Monitor the effectiveness of this system on an ongoing basis.

### Requirement 8(3)(d)

*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.*

* Implement a risk management systems and practices which effectively manages high impact or high prevalence risks associated with the care of consumers
* Monitor the effectiveness of this system and these practices on an ongoing basis.

### Requirement 8(3)(e)

*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.*

* Implement a clinical governance framework which supports the use of open disclosure and the minimisation of restraint
* Monitor the effectiveness of this system and these practices on an ongoing basis.