HCR - Home Care Packages

Performance Report

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**Commission ID:** 300494

**Provider name:** Argent Nominees Pty Ltd

**Assessment Contact - Site date:** 30 June 2020

**Date of Performance Report:** 28 July 2020

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 responses to the Assessment Contact - Site report received 6 July 2020 and 22 July 2020.
* The provider’s current history of non-comliance as identified in performance reports for Assessment Contacts 20 – 21 January 2020 and 22 August 2019.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The organisation has implemented a number of changes to their processes since the Assessment Contact visit conducted on 20-21 January 2020 where Standard 2 requirement (3) (a) was found continuing non-compliant. Whilst the provider has commenced to implement changes to address identified issues, the Assessment Team found through a review of 18 consumer files that staff are not consistently following the new assessment and care planning processes. Assessments were not always evident or current in consumers’ files reviewed. Information gathered during consumers’ assessment is not always transposed to consumers’ care plans or explored further to minimise risk to consumers. Care plans reviewed recorded generic consumer goals and did not always document how these goals would be achieved. Assessment information, care plans and care instructions are not consistently provided to external contractors if the consumer is self-managed.

The Quality Standard is Non-compliant as five of the five specific requirements have been found 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 Assessment Team found that the provider could not demonstrate that assessment and planning processes, including consideration of risks, are tailored to the individual needs of consumers.

* Consideration of risks to the consumer’s health and wellbeing is not consistently investigated and used to inform safe and effective care. Review of four consumer files identified that consumer requests and concerns have not been responsed to and known risks such as falls risk not identified in care plans
* The definition of personal care is broad and covers personal assistance, assistance with shopping, social support, transport, companionship and meal preparation. Care plans may include shopping or transport however, details such as frequency, time and day were not documented for self-managed consumers. Services in place were identified from invoices submitted by consumers, unless there had been contact with the consumer.
* Discussions with management identified the clinical manager conducts random consumer file audits, around twenty percent per month to see if care managers are completing assessments and care plans as per the organisation’s processes. The Assessment Team and the clinical manager identified consumer files recently reviewed by internal and external care managers had not followed the new processes and the care plans were still generic.

The response submitted by the provider outlines the development of a comprehensive set of new policies and procedures for self managed consumers including the development of task plans for all consumers. Staff training has taken place and internal care plan audits will also continue.

While the provider had reviewed assessment and care planning processes following the identification of continuing Non-compliance in thie requirementat an Assessment Contact visit conducted on 20-21 January 2020, the changes made have not been consistently implemented by staff. While internal organisational auditing processes are in place these have not identified issues and/or have not ensured action is taken to address identified issues related to assessment and care planning processes including the consideration of risks to each consumer. The provider has commenced further review of the assessment and care planning process including a review of the process for self managed consumers and the development of task plans for each consumer.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement 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 assessment and care planning records reviewed did not provide adequate information to ensure consumers’ individual needs are consistently reflected in care plan goals.

* While the 18 files reviewed contained consumer care plans, information in these care plans was at times inconsistent with assessment information and care plans did not contain sufficient detail to assist staff to provide individualised and safe care and services to consumers.
* Management advised, and documentation provided identified staff were provided assessment and care planning training in April 2020.

The response submitted by the provider disputes some of the findings of the Assessment Team in relation to individual consumers and outlines a new unspent funds policy and a new allied health register procedure that has been introduced, with training provided for staff.

However, the evidence provided by the Assessment Team indicates that assessment and planning does not identify and address consumers’ current needs, goals and preferences. Care plans are generic and do not provide strategies to provide individualised care and services.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that the provider was unable to demonstrate that assessment and planning of care are conducted in partnership with consumers and others involved in their care. Evidence in the Assessment Team’s report demonstrated that assessment and care planning processes do not support informed decision making by consumers and do not provide a coordinated approach to bring together other organisation’s or individuals involved in consumers’ care to ensure care and services are focused on identified needs.

The response submitted by the provider refutes the Assessment Team’s evidence in relation to invidual consumers and does not agree that the requirement is Non-complaint. However, on balance, and taking into account evidence from Standard 2 requirements (3) (a), (3) (b) and (3) (d), I find that the processes to document consumers’ and relevant family members’ input into assessment and care planning process are not consistent and robust and there is limited evidence of coordination with other service providers involved in consumers’ care.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

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

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

The Assessment Team found that the outcomes of assessment and planning are not effectively communicated to the consumer and documented in a care and services plan that is readily accessible.

* Care plans are available to consumers and representatives when requested.
* Assessment information, care plans and care instructions are provided to external services for case managed consumers, and allied health services such as physiotherapy, again on request.
* Care and service risks identified in initial and ongoing consumer assessments for self-managed consumers are not always provided to external contractors and care staff providing care.
* Self-managed consumers are required to source initial and ongoing care and services and as a result information may not consistently be shared with services responsible for care provision. The quality of care and services is dependent on the external contractor’s assessments and/or the ability of consumers and/or their representatives to supply appropriate care and service information. External contractors’ staff may not be alerted to potential risks to consumers as assessed by the referring organisation, such as supervision in the shower or close supervision when taking a consumer, at risk of falls, shopping.

The response submitted by the provider notes the need to strike a balance for self manged consumers to be given choice and to be afforded the dignity of risk on the one hand and the requirement of appropriate oversight of care and services by the provider. The response outlines the changes commenced to the assessment and care planning process for self managed consumers and also discusses a new overview document introduced which will be provided to external service providers and contain relevant information about the consumer.

While I note the provider’s concerns relating to consumer choice, I do not agree that this reduces the need for appropriate communication and the requirement for a care plan that is accessible to all consumers and to all staff who provide care and services.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

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

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

The Assessment Team found that consumer care files reviewed demonstrated care plans had been reviewed in the last 12 months. However, when change or incidents impacted consumer care this did not initiate reviews of care and consumer wellbeing.

* One of 18 files reviewed contained a summary comparing the previous year for the consumer to current needs. Other care assessments and care plans had minimal changes to the previous care plan.
* The organisation has implemented a monitoring process to ensure all care plan reviews continue to be undertaken in a timely manner. An electronic report identifying all care plan reviews to be done for the month is generated and the status of all annual reviews discussed at the manager’s meeting. Management provided a list of 161 consumer care plans due for review in June 2020.
* A process to monitor whether assessed care and service needs of the consumer are being provided by an external service provider was not evident.
* Staff need to review invoices received or use their memory to confirm the actual services consumers are receiving.

The response submitted by the provider commits to complaint consumer care plan reviews due in June 2020 in July 2020 and note staff training in care plan reviews was conducted on 3 July 2020. The response also outlines the development of a comprehensive set of new policies and procedures for self managed consumers and plans to develop task plans for all consumers. Staff training has taken place and internal care plan audits will also continue.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The organisation has implemented a number of changes to their processes since the Assessment Contact visit conducted on 20-21 January 2020 where Standard 3 requirement (3) (d) was found continuing non-compliant. While the provider has provided information sessions to staff on deterioration of health and recruited clinical liaison officers, the Assessment Team found that staff are not consistently sharing information to ensure appropriate care and service delivery. Information reviewed by the Assessment Team also identified that personal care and clinical care is not always documented in consumers’ care plans. A review of the incident, hazard and injury report and consumer files identified not all incidents are escalated and recorded in the report.

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

### Assessment of Standard 3 Requirements

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

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

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

* The Assessment Team found that while the organisation has processes in place to provide consumers’ care, not all consumers receive safe and effective personal care or clinical care which is tailored to their needs. If the consumer chooses to self-manage their package it is the consumer’s or representative’s responsibility to initiate and coordinate all services. This does not always occur. The model relies on the abilities, awareness and willingness of the consumer and/or representative to make safe arrangements. Consumer files reviewed by the Assessment Team indicated that assessed issues such as swallowing problems and pain are not followed up and requests for allied health support not followed up. These consumers at times had large budget surplus.
* Management discussed the role of the clinical and quality team and that consumers with clinical care needs are monitored via a clinical and complex care monitoring register.

The provider response acknowledges the the self managed program is not suitable for all consumers and notes the work commenced on development of a comprehensive set of new policies and procedures for self managed consumers and allied health access.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

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

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

* Following the previous assessment contact the provider has implemented some strategies to improve the recognition and response to deterioration in a consumer’s health, including an information session for staff on deterioration of health, recruitment of a number of new clinical liaison officers who are responsible for managing consumers including consumers with deterioration of health and to monitor the clinical and complex care register.

* However the Assessment Team found changes in a consumer’s care needs were not always identified and responded to in a timely manner. One consumer who had a fall and sustained a fracture requiring hospitalisation had not review or follow up on return from hospital. It was unclear whether a request for physiotherapy was followed up.
* A process to monitor whether the services being provided by external service providers meets consumers’ needs was not evident. Staff rely on invoices received, unless contact is made by the consumer.

The provider response acknowledges that the case of the consumer referred to by the Assessment Team was an oversight and notes the consumer’s circumstances would now be dealt with through the Allied health register procedure. The submission also notes that the review of procederes relating to self managed consumers will address deficitis relating to ongoing monitoring and review of these consumers.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

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

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

The Assessment Team found that the provider could not demonstrate information relating to the consumers, needs and preferences is consistently communicated and shared within the organisation and others where responsibility for care is shared. Continuity of care is not consistently maintained.

* A consumer’s care plan review identified that the consumer required a referral to an occupational therapist. A review of the consumer’s case notes and other records could not confirm whether the referral had been made.
* Another consumer’s occupational therapy report and recommendations from were recorded in their file however, there was no follow up or communication with the consumer to confirm the modifications had been arranged or completed.

The provider’s response indicates that the new Allied health register procedure will address the identified deficits.

Based on the information provided by the Assessment Team and having considered the response from the provider I find this requirement Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

## Assessment of Standard 8 Requirements

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found that:

* The provider has implemented a number of changes to organisational processes since the Assessment Contact visit conducted on 20-21 January 2020, including the storage of progress notes that are now saved in the electronic database. However not all consumers’ communication and information is saved in the electronic database nor documented, leading to gaps in the record of service and care delivery.
* While staff have received training in assessment and care planning as identified on the continuous improvement plan, these changes have not been implemented and consumer files reviewed by the Assessment Team had deficitis in assessment and care planning records.
* The finance team is responsible for monitoring external contracts. However, there does not appear to be a structured monitoring system as the Assessment Team found a number of external providers’ information was out of date, not all providers had current police certificate information recorded and insurnances had expired.
* Proceses to manage allegations of abuse of consumers by staff member are inadequate.
* When contracting family members to provide care and services to consumers the provider was unable to demonstrate that factors to mitigate the risk in approving such contracted service provisions had been considered. These risk factors include elder abuse safeguards, the home care provider’s responsibility for service quality, ensuring that police check requirements are met,insurance requirements, workplace health and safety, and qualifications and training required to provide certain types of care.

The provider submitted a response addressing a range of these issues. However, I do not find the information submitted by the provider compelling and find 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.

* Implement a process to ensure assessment and planning, including consideration of risk to the consumer’s health and wellbeing is undertaken, recorded and is used to inform the delivery of individualised, safe and effective care and services for all consumers, including self managed consumers.
* Implement a process to ensure assessment and planning identify and address all consumer’s, including self managed consumers, current needs, goals and preferences.
* Implement a process to ensure assessment and care planning processes demonstrate the ongoing partnership with consumers, their representatives and also other organisations and providers of other care and services to each consumer.
* Implement a process to ensure the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to all involved in providing care and services.
* Ensure care and services are regularly reviewed for effectiveness and when circumstances change or when incidents impact on the needs of each consumer including self managed consumers. Ensure referrals to other service providers are made as required and followed up to ensure recommendations for consumers’ care from other service providers are implemented.
* Implement a process to internally monitor and review the effectiveness of the assessment and planning process for all consumers including self managed consumers.
* Implement a process to ensure each consumer, including self managed consumers, gets safe and effective personal care that is beast practice, tailored to their needs and optimisies their health and well being.
* Implement a process to ensure deterioration or change of a consumer’s, including self managed consumers’, mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* Implement a process to ensure information about each consumer’s condition, needs and preferencences is documented and communicated to all involved in the provision of care to that consumer.
* Implement a process to internally monitor and review the effectiveness the provision of personal and clinical care for each consumer including self managed consumers. Monitor and review the effectiveness of the response to changes in each consumers’ condition including involvement of other service providers as required.
* Implement a process to ensure compliance with regulatory requirements, particularly in the areas of:
  + Monitoring of staff record keeping in relation to assessment and care planning requirements for each consumer.
  + Contractor management including staff training, qualifications, incident management, police check processes and insurance cover.
  + Use of paid family care workers.
  + Processe to manage allegations of abuse of consumers by staff members.