Inhome Care SA

Performance Report

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**Commission ID:** 600580

**Provider name:** Inhome Care SA Pty Ltd

**Assessment Contact - Site date:** 15 June 2021

**Date of Performance Report:** 7 October 2021

# Publication of report

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

# 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 |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 response to the Assessment Contact - Site report received 9 July 2021.

# 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

A recommendation of Not Met in one or more requirements results in a recommendation of Not Met for the Quality Standard. The Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

## 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.*

In coming to a decision on compliance for this Requirement, I have considered the information brought forward by Site audit report and the written response from the Approved Provider, under this and other Quality Standards, including Standard 3. The service was not able to adequately demonstrate that assessment and planning consistently included consideration of risk to the consumers. The service did not demonstrate consumers, and/or their representatives were informed about end of life planning or that this information was included as part of the consumers’ initial assessment process on entry to the service.

The Site audit report identified that for three named consumers, validated or comprehensive assessments were not consistently occurring and assessments completed did not always identify risks to the consumers health and wellbeing. Information brought forward in the Site audit report for one consumer reflected mobility assessment information was inconsistent; there was an error documented in the consumer’s diabetes diagnosis and gender preference for staff providing care, assessment of the consumers pain needs had not been adequately completed on entry and/or monitored following reports of pain by the consumer (recorded in progress notes), and the consumer’s risk of falls was not assessed following the consumer experiencing two falls. The Approved Provider in its written response to the Site audit findings advised that as part of its quality improvement process the service is transitioning from a manual consumer record management system to an electronic record management system; this may have resulted in difficulty in accessing some records on the day of the audit. The Approved Provider provided additional information that demonstrated the consumer had been assessed correctly in relation to their mobility needs. The Approved Provider reported the consumer’s diabetes diagnosis and gender preference for staff have now been corrected on care documentation; this was shown to have had no impact on the care that had been appropriately delivered to the consumer. In relation to the consumer’s reported pain needs, the Approved Provider acknowledged that while the consumer or their family did not advise of continuing or exacerbated pain over this period, there had been a lack of documentation by the service following the consumer’s reports of pain; this has now been raised with staff and addressed. The Approved Provider further acknowledged that exploration of possible causative factors relating to the consumer’s falls such as risk of pain and/or infections, was not documented and a falls and a continence assessment was not undertaken; a process is being developed by the service to mitigate future risk.

Information brought forward in the Site audit report for another consumer reflected there had been no documented functional assessment of the consumers activities of daily living; no assessment of the consumer’s risk of falls, pain and ability to manage their own medication, no assessment of the consumer’s transfer needs and use of mobility aids, and no assessment of the consumer’s home regarding home cooking and related risks. In its response, the Approved Provider provided additional information about referrals and assessments completed by an occupational therapist and physiotherapist in 2018/2019 in relation to the consumer’s home and mobility needs; with home modifications completed during this time. However, while I acknowledge the completion of these assessments, I note they occurred 2 to 3 years prior and might no longer be contemporaneous. The Approved Provider stated the consumer’s service plan (which has not been provided) included information in relation to the consumer’s pain, their mobility needs and strategies to prevent falls; an assessment (which has not been provided) of the consumers footwear was conducted in January 2020 and a falls clinic appointment in March 2021 was rescheduled due to Covid-19 restrictions to July 2021. The Approved Provider noted concerns regarding the consumer’s ability to self-manage their medication was discussed with the pharmacy and the consumer’s primary carer (in May 2021) and is being monitored by staff; a medication self-assessment will be completed if further deterioration is noted by staff. The Approved Provider advised of further actions to be taken in relation to this consumer which included a family conference was set to occur in July 2021; a referral has been initiated for a full physiotherapist assessment, ongoing liaison is to occur between the Coordinator, physiotherapist and the medical officer, follow up is to be conducted after the falls clinic appointment scheduled in July 2021, referral to be sent for a functional capacity assessment to be completed by an occupational therapist, and referral to be sent to the community geriatrics team.

The Site audit report brought forward information in relation to a further consumer that reflected the consumer had not been assessed regarding their risk of falls, including after the consumer experienced a fall; and initial assessments of the home including the consumer’s ability to use the front entrance stairs, had not identified risks that might impact the consumer’s health and well-being. While a new shower chair had been acquired for the consumer in May 2021, no functional assessment had been conducted at the time. The Approved Provider in its response provided additional information and acknowledged, that while the consumer can mobilise with a walking stick and while the consumer’s home has railings on both sides of the front steps, due to functional weakness the consumers is unable to use one rail, and this was not initially identified as a risk. The Approved Provider also acknowledged that while a heated blanket was provided to assist with the consumer’s pain management, a sensory skin assessment had not been completed at the same time, and a functional review of the new shower chair had not occurred following its delivery.

As part of its response the Approved Provider provided an Action/Improvement Plan, which has been discussed with and agreed to by management and staff of the service on 1 July 2021. The Approved Provider undertook to freeze new consumer entries to the service for 4 weeks (to be reviewed at 6 and 8 weeks), to enable the Coordinators to conduct an initial self-audit of current consumer files. The proposed completion of the audit was 30 July 2021, with the Coordinators compiling results, facilitating corrective actions and retaining the audit tools for ongoing use; the consumer entry freeze discontinuation date was set for 2 August 2021. In relation to assessment and planning for consumers, the Approved Provider undertook to map and revise the service’s current assessment and review process, which included a review of policies, liaising with the software provider to implement safeguards to trigger risk assessments and use of validated tools, and to identify any training or support needs.

In relation to incident/accident reports, the Action/Improvement Plan noted all consumer incident and accident records are to be reviewed and signed off by a registered nurse prior to close off, to ensure any follow up assessments are completed in a timely way and results actioned, which are to involve or are to be articulated to staff. All areas of identified risks for consumers are to be identified, assessed, addressed and reviewed; including falls, pain, pressure injury, mobility and skin integrity. An action and review plan will be put in place for each identified risk, copies of validated assessments are to be retained on the consumers’ file, and checks are to be in place in line with the level of risks and all key staff are informed and involved.

The Site audit report found the service did not consistently gather information relating to end of life preferences and advance care planning for consumers on entry; management had said this was not part of the culture of the (Greek) consumers. Staff had not documented when discussions had occurred to record the consumers’ wishes or their preference to discuss later. The Approved Provider in its response advised they are reviewing end of life planning processes at the service to ensure appropriate information is provided to consumers, end of life planning is discussed with consumers and documented, and all clinical staff receive palliative care online training.

I acknowledge the improvement actions taken and/or planned by the Approved Provider, and its commitment to address the deficiencies identified. However, it is my decision that at the time of the site audit, assessment and planning did not consistently include consideration of risk to the consumers, and consumers and/or their representatives were not informed about end of life planning or that this information was included as part of the consumers’ initial assessment process on entry. Therefore, this Requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

A recommendation of Not Met in one or more requirements results in a recommendation of Not Met for the Quality Standard. The Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

### 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.*

In coming to a decision on compliance for this Requirement, I have considered the information brought forward by the Site audit report, and the written response from the Approved Provider, under this and other Quality Standards, including Standard 2. The service was not able to demonstrate that all consumers got safe and effective care; the services had not accessed or incorporated best practice guidance in relation to falls and pain management.

The Site audit report identified that for three named consumers the service did not use validated assessment tools to monitor consumers’ pain and develop interventions for the management of their pain and/or falls. Care planning documentation did not detail consumers’ wishes regarding the management of their pain including the use of alternative strategies; and care planning did not identify specific mobility aids used by the consumers, support required by the consumer with their mobility or identify the consumer’s risk of falls. The Approved Provider in its written response to the Site audit findings and through the provision of an Action/Improvement Plan, reported to ensure tools used represent best practice and tools are being used by appropriately trained staff it will request all contracted allied health professionals to list the validated tools used; the service will review the validated tools and clinical risk assessments tools used against best practice and provide additional training and support for Coordinators and nursing staff in use of the current/new tools as required. To ensure consistent understanding and response to consumer pain across all levels of consumer support, all care staff will be enrolled in online pain education modules. The Approved Provider noted that care plan reviews for the named consumers are underway and will be followed up with valid assessments as indicated. In relation to consumers’ mobility care needs, the Approved Provider referred to care plan excerpts (care planning documentation has not been provided) for two of the named consumers to demonstrate information on these consumer’s mobility, falls and equipment had been documented and made available to guide staff practice.

The site audit report identified that for the three consumers care planning did not include information related to management of, or risks to the consumers skin integrity; including in relation to wound management, compromised skin integrity issues as well as consumers personal skin care needs or preferences. In its response the Approved Provider referred to care plan excerpts for one consumer (care planning documentation has not been provided) to demonstrate the consumer’s skin integrity needs had been documented. While the Approved Provider advised another consumer’s wound had healed, no further information has been provided.

The site audit report identified both service and brokered staff delivered services to consumers. However, the service was not consistently aware when service delivery had not occurred unless a complaint was received. The Approved Provider in its response advised improvements are being implemented to ensure management are informed of service cancellations and are enabled to take appropriate follow up action; this included liaising with the service’s software company to initiate reports on uncovered shifts so senior staff are aware.

Through the provision of an Action/Improvement Plan the Approved Provider further noted that to ensure the quality of consumer/coordinator relationship, the service is to recruit an additional Consumer Services Coordinator. To enhance the Coordinators access to clinical support, to expand clinical care capacity, and to enhance assessment and reporting processes, the service is to recruit a Team Leader/registered nurse. To enhance capacity to provide ongoing compliance training, monitoring and support the service is to expand the Operations Managers role from part time to full time.

While I acknowledge the improvement actions taken and/or planned by the Approved Provider, and its commitment to address the deficiencies identified, it is my decision that at the time of the site audit the service was not able to demonstrate that all consumers got safe and effective care, that optimised their health and wellbeing, and incorporated best practice guidance. Therefore, this Requirement is Non-compliant.

### Requirement 3(3)(e) 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 service was able to demonstrate information about the consumers’ needs and preferences are generally documented and communicated, within the service and where responsibility for care was shared with others.

Consumers and/or their representatives expressed satisfaction with the sharing of information about the consumers’ care needs, within the service and with others responsible for the care of the consumers. Feedback regarding the provision of brokerage service delivery was positive and the service had responded to feedback when this had been provided. Consumers/representatives confirmed they had a copy of the consumers’ care plan in the consumers’ home file.

While the Site audit report identified some information is not regularly recorded in the service’s electronic information system between consumers’ service delivery, information about consumers’ changed care and services needs was communicated effectively via other mechanisms such as telephone calls, emails and text messages. Although care plans did not consistently document information about the consumer’s needs and preferences, staff said they accessed updated consumer information through communication they received on their mobile devices. Deficiencies in consumers’ care documentation has been considered further under Requirement 3(3)(a).

Management reported consumers’ condition, needs and preferences were initially communicated to new staff via buddy shifts; staff confirmed they had a buddy shift where they were introduced and became familiar with consumers’ needs and preferences. The Coordinators said regular contact was made with all consumers/representatives, either by telephone, email and they conducted in home visits with consumers. Staff advised when they identified changes in the consumers’ needs or preferences, they informed the Coordinators and recorded this in the home file. Management stated they communicated with other health professionals following consent gained by the consumer/representative.

It is my decision this Requirement is Compliant.

# STANDARD 4 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 Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

## Assessment of Standard 4 Requirements

### 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.*

The service was able to demonstrate that information about the consumers needs and preferences was communicated within the service and with others where responsibility for care was shared. Consumers and/or their representatives expressed satisfaction that staff providing consistent services were aware of the consumer’s needs and preferences.

Staff said while they received verbal handover and had access to an in-home consumer file, consumers or their family would let staff know if the consumer wished to do other activities on a day to day basis. Staff demonstrated an awareness of consumers’ current condition, needs or preferences. This included being aware of the consumer’s culture, activities of daily living of importance to the consumer, and any safety or health considerations to be aware of when supporting the consumer in these activities both in the home or in the community.

Care planning information was available in the consumers home, in the in-home file, and an electronic copy was able to be accessed by relevant staff at the service. Staff, including brokered care staff, also had access to information for the consumer when delivering services via an application on their mobile device.

It is my decision this Requirement is Compliant.

# STANDARD 8 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 Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

## Assessment of Standard 8 Requirements

### 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.*

The service was generally able to demonstrate effective organisation wide governance systems.

In relation to information management the Site audit report identified that key personnel could access and update consumer electronic files; files were password protected and hard copy files were stored in a locked cabinet. Consumers were notified how their information is accessed and stored, and staff signed confidentiality and code of conduct agreements when they commenced employment. Meetings were held at all levels of the service and information was disseminated to appropriate key personnel and staff; management met six-weekly to discuss, monitor and action complaint and incident trends at the service. However, the Site audit report also identified deficiencies in consumers’ care planning information; management advised that information in care planning and service plans will be reviewed to ensure consistency of this information. This has been considered further under Requirement 3(3)(a).

Opportunities for continuous improvement were gathered from a variety of sources such as surveys, feedback forms, audits, staff meetings, staff and consumer/representative feedback, and reporting of incidents and events. Items requiring changes and/or improvement were monitored and actioned through the service’s Plan for continuous improvement; improvements implemented and completed were communicated to staff and consumers when relevant.

A review of the service’s financial policies and procedures was being undertaken including the financial delegations for specific positions in the organisation. Management advised Coordinators refer to the Department of Health guidelines regarding the purchase of items from consumers funds; these conversations with consumers were documented. Budgets and unspent funds were discussed at monthly management meetings and Coordinators were responsible for discussing unspent funds with the consumer. Management had received feedback about consumers’ monthly statements being received late; management advised additional finance staff had been employed to review invoice processes to enable consumers to receive their monthly statements on time by the beginning of the financial year in July 2021.

In relation to workforce governance, the Site audit report identified the service was reviewing the human resource management framework including policies and procedures in line with the service’s reviewed organisational structure. Sufficient staffing levels were monitored, and the service had brokerage arrangements with several providers to deliver services to consumers. New staff had buddy shifts until they were deemed competent and went through a probationary period; all staff had an annual performance appraisal. The service monitored staff training requirements, which included training on the Quality Standards. The Site audit report identified the service was not always aware when service delivery had not occurred until a complaint was received; management advised they had liaised with their software company regarding a report to identify when unfilled shifts occurred, to ensure consumers care needs were met as required. This has been considered further under Requirement 3(3)(a).

The service maintained up to date information on legislative, funding and relevant guidelines through various methods, which included media releases, funding bodies, government websites and various aged care peak bodies. Information was collated and disseminated to staff by key personnel through email alerts and staff meetings. Compliance was reviewed at each management meeting, with actions being taken to address concerns at the service level. Staff confirmed they had education on elder abuse and were familiar with the reporting process for suspected elder abuse. Regulatory compliance was monitored by the service through internal audits and reports on regulatory items, such as staff qualifications, was provided to Management.

In relation to feedback and complaints the Site audit report identified the service had processes that identified improvements for the service delivery to consumers; this was detailed in a register. The service responded to feedback or complaints using an open disclosure process and feedback was discussed at staff and management meetings when required. Consumers confirmed they had received information on providing feedback and complaints, which included access to external agencies, translation services and advocacy groups. Staff including brokered care staff were able to describe how they would raise complaints or feedback on behalf of the consumer by speaking to their supervisor.

It is my decision this Requirement is 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.

* Assessment and planning is to include consideration of risks to consumers.
* Consumers are to receive safe and effective care that optimises their health and well-being.