Ipswich Community Care

Performance Report

15 Robertson Road
EASTERN HEIGHTS QLD 4305
Phone number: 07 3281 8444

**Commission ID:** 700766

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Quality Audit date:** 1 December 2021 to 3 December 2021

**Date of Performance Report:** 3 February 2022

# Performance report prepared by

M Murray, delegate of the Aged Care Quality and Safety Commissioner.

# 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 2038.

# Services included in this assessment

**Home Care:**

* Ipswich Community Care, 18023, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* Ipswich Community Care, 18069, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* Ipswich Community Care, 18070, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* Fassifern Community Care, 18054, 10A Macquarie Street, BOONAH QLD 4310

**CHSP:**

* CHSP - Nursing, 4-7ZSOX21, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Allied Health and Therapy Services, 4-2517PJE, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Domestic Assistance, 4-251CE7J, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Personal Care, 4-25258DR, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Specialised Support Services, 4-253WGRZ, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Nursing, 4-7ZSOX21, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Allied Health and Therapy Services, 4-2517PJE, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Personal Care, 4-25258DR, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Social Support Group, 4-252593P, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Social Support Individual, 4-253WGQT, 10A Macquarie Street, BOONAH QLD 4310

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 1(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(d)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(f)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 2 Ongoing assessment and planning with consumers |
|  | HCP  | Non Compliant |
|  | CHSP | Non Compliant |
| Requirement 2(3)(a) | HCP | Non Compliant |
|  | CHSP | Non Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(d) | HCP | Non Compliant |
|  | CHSP | Non Compliant |
| Requirement 2(3)(e) | HCP | Non Compliant |
|  | CHSP | Non Compliant |
| Standard 3 Personal care and clinical care | HCP  | Non Compliant |
|   | CHSP | Non Compliant |
| Requirement 3(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 3(3)(b) | HCP | Non Compliant |
|  | CHSP | Non Compliant |
| Requirement 3(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(d)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(f)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(g)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 4 Services and supports for daily living |
|  | HCP  | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

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| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 5 Organisation’s service environment |
|  | HCP  | Compliant |
|  | CHSP | Compliant |
| Requirement 5(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 5(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 5(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 6 Feedback and complaints | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 6(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(d)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 7 Human resources | HCP  | Non Compliant |
|   | CHSP | Non Compliant |
| Requirement 7(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |

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| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(d) | HCP | Non Compliant |
|  | CHSP | Non Compliant |
| Requirement 7(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 8 Organisational governance | HCP  | Non Compliant |
|   | CHSP | Non Compliant |
| Requirement 8(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(d) | HCP | Non Compliant |
|  | CHSP | Non Compliant |
| Requirement 8(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, 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 approved provider’s response to the Quality Audit report received 20 January 2022.

# STANDARD 1 Consumer dignity and choice

#  HCP Compliant CHSP Compliant

### 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

Overall consumers and representatives interviewed considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and representatives interviewed said that consumers are treated with respect and their culture and diversity valued.
* Consumers interviewed said that they are encouraged to do things for themselves and that staff know what is important to them.
* Consumers and representatives said they receive information about care and services and they can easily understand this information.
* Consumers interviewed said their personal privacy is respected and their personal information is kept confidential.

The organisation has policies and procedures in place that have an inclusive, consumer-centred approach to organisational practices and care and service delivery; and how the organisation protects privacy and confidentiality. Staff described how they support consumers to make informed choices about their care and services and make decisions about when others should be involved in their care and decision making.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP  | Compliant |
|  | CHSP  | Compliant |

*Information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Non Compliant CHSP Non Compliant

### 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 Assessment Team found deficits in Requirements 2(3)(a), 2(3)(d) and 2(3)(e) in relation to Standard 2 Ongoing assessment and planning, for consumers receiving services through the Home Care and Commonwealth Home Support programs. The approved provider accepted the findings of the Assessment Team.

In relation to other Requirements of this Standard, consumers and representatives interviewed for both programs said they are involved in care planning and said staff talk to them about their care and services. The service demonstrated assessment and planning includes other organisations and health care professionals and includes conversations on advance care and end of life planning.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP  | Non Compliant |
|  | CHSP  | Non Compliant |

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

The service did not demonstrate assessment and care planning adequately considers risk. Care plans reviewed for Home Care and Commonwealth Home Support program recipients did not always include enough detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services. In some cases, staff relied on their own knowledge of the consumer to manage risk. Replacement or new staff in either program would not have full visibility of risks to the consumer for whom they are providing care. Specific deficits in Home Care were risks in relation to mobility and falls, oxygen therapy, management of behavioural symptoms of dementia and medication management. Specific deficits in Commonwealth Home Support were risks in relation to choking, mobility and falls and management of seizures.

The approved provider accepted the Assessment Team’s findings and submitted a continuous improvement plan to address the deficits identified.

Actions undertaken and planned include a review of assessment and care planning processes including an assessment of all high-risk consumers, with ongoing scheduled reviews. Periodic monitoring of care review processes through ‘Care Connection’ reports and daily monitoring of progress notes are occurring.

The Clinical Care Coordinator is providing additional clinical oversight and monitoring of the assessment processes and undertaking audits to ensure compliance. Training workshops on Standard 2 have commenced. One on one staff coaching is occurring as needed.

While acknowledging the continuous improvement actions of the approved provider, based on the evidence summarised above, the service does not comply with this Requirement for both the Home Care and Commonwealth Home Support programs.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP  | Non Compliant |
|  | CHSP  | 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 while consumers and representatives receiving Home Care and Commonwealth Home Support said they have a copy of their care plan, care plans reviewed for both these programs were not consistently reflective of consumer’s current needs so are not effective in communicating the outcomes of assessment and planning.

The approved provider accepted the Assessment Team’s findings and submitted a continuous improvement plan to address the deficits identified.

Assessments have been undertaken and care plans have been updated to reflect current care needs for those consumers identified in the Quality Audit report, the process is ongoing.

While acknowledging the continuous improvement actions of the approved provider, based on the evidence summarised above, the service does not comply with this Requirement for both the Home Care and Commonwealth Home Support programs.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP  | Non Compliant |
|  | CHSP  | 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 in both the Home Care and Commonwealth Home Support programs the service did not demonstrate care and services are reviewed for their effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. In Home Care, plans are not always updated when an incident occurs, and services are no longer supporting effective management of care needs, particularly in relation to medication incidents. In Commonwealth Home Support plans are not always reviewed by the agreed date and were found to be inaccurate.

The approved provider accepted the Assessment Team’s findings and submitted a continuous improvement plan to address the deficits identified.

Incident management training covering incident identification, reporting, follow up and risk management has been undertaken with positive feedback received from staff. Further training is scheduled. An audit process is in place to ensure staff adhere to the incident management process and that reviews of care plans occur as scheduled.

While acknowledging the continuous improvement actions of the approved provider, based on the evidence summarised above, the service does not comply with this Requirement for both the Home Care and Commonwealth Home Support programs.

# STANDARD 3 Personal care and clinical care

#  HCP Non Compliant CHSP Non Compliant

### 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 Assessment Team found deficits in relation to Requirement 3(3)(b), of Standard 3 for consumers receiving services through the Home Care and Commonwealth Home Support programs. The approved provider accepted the findings of the Assessment Team.

In relation to other Requirements of this Standard, overall consumers considered that they receive personal and clinical care that is safe and right for them and they have access to a medical officer or other health care professionals when they need one. Changes in the consumer’s condition or health status are responded to in a timely manner. 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 has systems and processes to minimise infection related risks.

The service did not demonstrate consistent reporting of high impact and high prevalence risks or monitoring to ensure effective management of those risks for each consumer. Risks in Home Care include relate to medications and falls. Risks in Commonwealth Home Support relate to poor nutrition, risk of choking and management of seizures.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP  | Non Compliant |
|  | CHSP  | Non Compliant |

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

Consumers and representatives receiving Home Care Services and Commonwealth Home Support said risks are not always managed.

The Assessment Team’s report notes deficits in the management of risks in Home Care relate to medication and falls management. Deficits in management of risks in Commonwealth Home Support relate to poor nutrition, risk of choking and management of seizures. Further, the Assessment Team found relevant assessments were not undertaken.

Staff said they were not specifically trained in managing relevant risks and the service acknowledged training has not always been undertaken.

The approved provider accepted the Assessment Team’s findings and submitted a continuous improvement plan to address the deficits identified.

The consumers noted in the Assessment Team’s report have been reviewed in consultation with the consumer and/or their representative. Referrals have been made to relevant allied health providers.

Staff have completed a range of online training relevant to risk management in line with the care and services they deliver. Additional monitoring services have been offered to consumers.

While acknowledging the continuous improvement actions of the approved provider, based on the evidence summarised above, the service does not comply with this Requirement for both the Home Care and Commonwealth Home Support programs.

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| --- | --- | --- |
| Requirement 3(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

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| --- | --- | --- |
| Requirement 3(3)(d) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP  | Compliant |
|  | CHSP  | Compliant |

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 Services and supports for daily living

#  HCP Compliant CHSP Compliant

### 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

Consumers said they are supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them. Consumers who receive meals said they are satisfied with the meals provided and they meet their nutrition and hydration needs and preferences.

Staff gave examples of providing emotional and other support to consumers and understood referral pathways to other support services.

The Assessment Team found information systems are effective.

The Quality Standard for the Home care packages service is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

# STANDARD 5 Organisation’s service environment

#  HCP Compliant CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service delivers centre based activities programs from their premises. The service demonstrated effective systems and processes in place to ensure that the service environment, furniture and equipment at each location support consumer’s quality of life, independence, ability and enjoyment. Consumers interviewed said they feel welcome when they visit the service environment and that they feel safe and comfortable. Consumers said in various ways they feel a sense of belonging and the environment supports them to be independent and to do the things they enjoy.

The Assessment Team observed the service environment and found it welcoming, safe, clean and easy to access. Consumers were observed to be moving freely and safely, both indoors and outdoors. Staff described systems and processes in place to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers to use.

The Quality Standard for the Home care packages service is assessed as Compliant as three of the three specific requirements have been assessed as Complaint.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as three of the three specific requirements have been assessed as Complaint.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

#  HCP Compliant CHSP Compliant

### 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

The service demonstrated there are mechanisms for consumers, their family, friends, carers and others to provide feedback and make complaints.

Consumers discussed actions taken and the use of open disclosure when they have raised a complaint and said improvements were made to their care and services as a result of their complaints.

Staff described how they support consumers and representatives to provide feedback and how consumers can be supported to understand the role of advocates. Staff said they try to resolve issues identified by consumers immediately or report the issue up through the feedback process.

Management discussed processes to ensure consumers have access to advocates and language services as required, and consumers are made aware of other methods for raising and resolving complaints. Management described the service’s processes for managing complaints and how the service records, acts and analyses complaints to inform systemic improvements.

The complaints register was viewed by the Assessment Team; it was noted that the responses were timely and the satisfaction with the outcome of the issue from the complainant’s perspective was sought. Complaint documentation demonstrated open disclosure is used as part of the complaint management process.

The Quality Standard for the Home care packages service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

# STANDARD 7 Human resources

#  HCP Non Compliant CHSP Non Compliant

### 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 Assessment Team found deficits in Requirement 7(3)(d), in relation to Standard 7 Human resources, for consumers receiving services through the Home Care and Commonwealth Home Support programs. The approved provider accepted the findings of the Assessment Team.

In relation to the other Requirements of Standard 7, most sampled consumers and representatives considered that consumers receive quality care and services when they need them and from people who are kind, capable and caring. Consumers were satisfied overall with the availability of staff.

Management undertake workforce planning and staff are suitably qualified for the scope of their role. Where performance issues arise, the service has an established management process.

The service did not demonstrate the workforce is suitably trained. Training deficits in both the Home Care and Commonwealth Home Support programs include incident management, risk mitigation and medication management. Staff said they had requested medication management training. Management said this was in progress.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP  | Non Compliant |
|  | CHSP  | Non Compliant |

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

The Assessment Team’s report notes systems and processes are not always effective in identifying the training needs of staff to support them to protect against risks and improve the care outcomes for consumers.

In both the Home Care and Commonwealth Home Support programs, staff had either not received relevant training or had not translated training they had received into their day to day practices.

The approved provider accepted the Assessment Team’s findings of deficits in Standards 2, 3, 7 and 8 in Home Care and Commonwealth Home Support programs and submitted a continuous improvement plan to address the deficits identified. A number of training activities have taken place, face to face training on specific risks has occurred and audits to establish the effectiveness of training undertaken have been scheduled.

While acknowledging the continuous improvement actions of the approved provider, based on the evidence summarised above, the service does not comply with this Requirement for both the Home Care and Commonwealth Home Support programs

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

# STANDARD 8 Organisational governance

#  HCP Non Compliant CHSP Non Compliant

### 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 found deficits in Requirement 8(3)(d), in relation to Standard 8 Organisational governance, for consumers receiving services through the Home Care and Commonwealth Home Support programs. The approved provider accepted the findings of the Assessment Team.

The service was not able to demonstrate it has effective risk management systems and practices to safely manage risks, manage and prevent incidents. It does not use the incident management system to improve its performance in how it delivers care and services. The Assessment Team identified some consumers assessed with high impact or high prevalence risks, do not have those risks effectively managed by the service to ensure the delivery of safe and effective care and services. Incidents are not consistently reported and analysed through the incident management system, to support consumers to live the best life they can.

In relation to other Requirements of Standard 8, overall sampled consumers considered the organisation is well run and that they can partner in improving the delivery of care and services.

The service’s governance framework is based on systems that regularly report key information from the service to the governing body for them to review and provide directives to the service’s management and staff.

The service has effective governance systems and a clinical governance framework.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP  | Non Compliant |
|  | CHSP  | Non Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service was unable to adequately demonstrate sub-Requirements (i) and (iv) of this Standard, specifically risks related to the management of medications. Further not all staff are competent in the use of the incident management system, analysis of individual incidents had not generally led to the identification of actions for continuous improvement.

The Assessment Team did not find failure in sub-requirements (ii) and (iii) of this Requirement.

The approved provider accepted the Assessment Team’s findings and submitted a continuous improvement plan to address the deficits identified. Training workshops have been rolled out for relevant staff to provide confidence to the governing body that they can meet their obligations under Standard 8.

While acknowledging the continuous improvement actions of the approved provider, based on the evidence summarised above, the service does not comply with this Requirement for both the Home Care and Commonwealth Home Support programs.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP  | Compliant |
|  | CHSP  | 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.*

# 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.

**Improvements in the following areas are required**:

* Ensure staff have the relevant training to undertake their roles
* Establish an effective system so that relevant assessments are undertaken for each consumer in a timely manner. Prioritise high risk assessments and take actions as indicated by the outcome of the assessment in a timely manner
* Monitor consumers’ needs and ensure that when changes require reviews that re-assessments are undertaken, and new care strategies and/or services are implemented
* Ensure the governing body has visibility to any risks; including the risk that care plans are out of date and do not reflect the current care and services that the consumer needs
* Provide accurate and informative care plans to consumers
* Ensure relevant clinical staff are aware of their accountabilities in the management of assessment and care planning and delegation of care
* Make relevant staff aware of their accountabilities in the management of any incident that occurs, including what an incident is, how it is to be reported, escalated and acted upon
* For any incident (or near miss) that occurs consider the risk of reoccurrence for the same consumer or another similar consumer and mitigate any risk of harm to the greatest extent possible / agreeable with others involved
* Ensure the governing body has visibility to high risk individual incidents and trends in other incidents that occur so they can lead the service’s response and meet their governance responsibilities
* Undertake the actions outlined in the continuous improvement plan submitted in response to the Quality Audit and monitor and report on the effectiveness of corrective actions to the relevant committee / governing body member.