Just Better Care Hume & Southern Riverina

Performance Report

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**Commission ID:** 301047

**Provider name:** Just Better Care Australia Pty Ltd

**Quality Audit date:** 15 April 2021 to 16 April 2021

**Date of Performance Report:** 20 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Not Assessed |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not Assessed** |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Quality Audit report received 12 May 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives confirmed they are treated with dignity and respect and provided examples of how this is reflected in care and services. Consumers indicated in various ways they feel safe and were satisfied with the support they receive to exercise choice, retain independence and maintain relationships important to them.

Consumers and representatives were generally satisfied with information provision and indicated in various ways their information is kept confidential and staff maintain their privacy.

Staff consistently spoke about consumers in ways that conveyed respect and an awareness of what was important for the consumers. Staff could describe how they communicate with consumers and support them to make informed decisions about their care and how to encourage consumers to retain connections with others.

Whilst care staff were familiar with the needs of consumers, documentation provided to staff did not consistently capture any cultural considerations of consumers.

Care and service information provided to consumers at commencement of service is comprehensive and in an easy to read format.

The Quality Standard 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) Compliant

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

### Requirement 1(3)(e) Compliant

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

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

### Requirement 1(3)(f) Compliant

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers stated generally that they receive the care and services they need; however, the service did not demonstrate assessment and care planning informs the provision of safe and effective care and services. Care plans were not consistently reflective of assessed needs and contained limited detail of consumers needs, goals and preference. Care plans contained limited strategies and guidance for staff to deliver care and services according to needs.

Consumer care plans did not consistently contain details of consumers preferences in how care delivery was to occur where care needs were identified. Consumers confirmed taking part in the care planning process.

Consumers had their care and services reviewed on a routine basis, however the service was not able to demonstrate effective review and reassessment of care needs where there was an incident or change in consumer condition.

The service could demonstrate assessment and care planning is undertaken in partnership with consumers, their nominated representatives and other individuals and organisations involved in the care of consumers. Consumer care files identified ongoing communication with other care providers critical to the care of consumers.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the information gathered through the initial assessment process is not reflected in consumer care plans. Care plans contain limited detail and do not include all relevant information regarding identified needs, risks and related strategies to manage risks. Information included:

* One consumer receiving a level 4 Home Care Package (HCP) did not have information in their care plan concerning their diagnosis of dementia, pain condition, medication requirements, social support needs, personal care requirement and details of walking exercises. The consumer’s representative has provided written instruction to staff on care needs, including medication administration, personal care and meal preparation as this is not included in the care plan. The consumer has not had a reassessment of care needs, goals and preferences since August 2018 when at the time was receiving a level 2 HCP.
* One consumer receiving a level 4 HCP identified with a history of cancer and terminal diagnosis, enteral feeding requirements (nasogastric tube), a falls risk, significant pain condition and is an insulin dependent diabetic did not have this information documented in their care plan.
* One consumer receiving a level 4 HCP did not have their falls risks, advanced dementia, incontinence, personal care supports or enteral feeding needs identified in their care plan. Limited detail is provided to staff on this information in their roster documentation.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving assessment and care planning processes. A plan for continuous improvement was submitted identifying the following action items:

* Staff responsible for undertaking assessments and developing care plans will be required to review and undertake the organisation’s comprehensive training program.
* The service will audit all agreements, assessments and care plans of all HCP consumers commencing with Level 4 packages to:
  + Determine last assessment date;
  + ensure relevant assessments occur as per diagnosis and identified care needs, goals and preference;
  + ensure clinical assessments are undertaken for consumers with clinical needs and those receiving HCP level 3 and 4.
  + Identify staff training needs and deliver training to upskill and support staff to assess and deliver care outcomes; and

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit care planning documentation did not include sufficient information of risks to consumer’s health and well-being and had relevant strategies and guidance to deliver care in respect of those risks.

In relation to the above I find the service non-compliant with this requirement.

### 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 assessment and care planning processes to be effective to assess and plan for consumer needs, however did not focus on individual goals and preferences. Information included:

* One consumer receiving a level 3 HCP which required personal care and medication assistance did not have any preferences identified in respect of care and service delivery. No goals of care were identified. There was no guidance to staff to support safe and effective personal care and medication assistance. Staff interviewed could describe personal care preferences for the consumer that were not identified in care planning information.
* One consumer receiving a level 3 HCP did not have social support or domestic services preferences identified. The consumer’s representative described the social support preference to the assessment team, however none of this information was contained in the care plan to support staff to deliver relevant services. One staff member could describe domestic service preferences for the consumer.
* There is an advanced care directive template available for use, however the service’s assessment framework does not indicate this should occur. Six consumer files reviewed did not contain evidence of advanced care planning. Management confirmed this is not routinely completed with consumers.

The Approved Provider in their response acknowledged the Assessment Team’s findings and advised the existing assessment process has a component to enquire as to end of life and funeral considerations and this should be occurring. The Approved Provider outlined their commitment to improving assessment and care planning processes in respect of identification of care goals, preferences and advanced care preferences. A plan for continuous improvement was submitted identifying the following action items:

* Training to be provided to Package Managers, Coordinators and RNs to support assessment of care goals and preferences;
* Additional monitoring to occur to ensure care provided is consistent and meets goals and preferences;
* Ensure advanced care discussions are had with consumers and if further information is sought, connect consumers with appropriate services;
* Improve the assessment form to ensure information is captured for advanced care planning and end of life preferences.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit assessment and care planning documentation did not identify details of care and service goals and preferences and identify advance care planning preferences.

In relation to the above I find the service non-compliant with this requirement.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

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

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

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

The Assessment team found consumers and/or their representatives have access to their care plan, however the information in the care plan is not always reflective of the consumer’s current care needs, goals and preferences. Information provided to staff about care and service provision is not always reflective of consumer care needs. Information included:

* Six consumer care plans reviewed identified assessed care needs, goals and preferences were not always documented in the care plan or have sufficient guidance to ensure safe and effective care and service delivery.
* Staff interviewed confirmed care plans had limited information about care needs, goals and preferences:
* One staff member said the information available through the rostering system would not support new staff to provide care for a consumer, but new staff would receive a verbal brief beforehand.
* One staff member who provides medication assistance to a consumer was unsure of medication requirements as they don’t physically assist the consumer, but monitor the consumer self-administering their own medication.
* Two care staff described care needs and preferences of consumers they provide care to however this information was not contained within the care plan.
* One consumer representative stated they need to write care instructions for the carer delivering services.
* One consumer representative described care needs and preferences relevant to service delivery that were not documented in the consumer’s care plan.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving assessment and care planning processes. A plan for continuous improvement was submitted identifying the following action items:

* All assessments (existing and new) will be completed through the service’s electronic care system to ensure staff can access all relevant care plans and other relevant information at point of care.
* The alerts functionality of the electronic care system will be utilised where there is a change in consumer condition to inform care staff of changes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit assessment and care planning documentation did not consistently contain relevant information pertaining to care needs, goals and preferences and the details of those accessible at the point of care delivery.

In relation to the above I find the service non-compliant with this requirement.

### 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 while the service has a routine review process of consumer care needs and services, review and reassessment of consumer care needs and services does not occur following an incident, change in condition or following a respite or hospital admission. Information included:

* One consumer had a new service implemented to prompt for showering in January 2021 as they were forgetting or avoiding this activity. No review or reassessment of care needs occurred. The service’s records indicate in March 2021 the consumer was in hospital following a fall in which the consumer sustained a fracture to their spine. There was no falls incident/hazard form completed and no analysis of the incident documented as per the services hazard, incident and injury reporting procedure to identify risks to care, health and well-being.
* One consumer who had numerous hospital admissions between November 2020 and April 2021, did not have a review or reassessment of condition or care and service needs following discharge. The consumer’s representative stated in respect of their most recent admission to hospital that the service has been working with the consumer and family to prepare for the consumer’s discharge.
* One consumer identified with a diagnosis of memory disturbance related to diagnoses of dementia, generalised pain, respiratory disease, falls risk and a range of other comorbidities has their last formal assessment documented as August 2018.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving review and reassessment processes. A plan for continuous improvement was submitted identifying the following action items:

* A schedule of annual reviews will be implemented to ensure all critical documents are reviewed in line with the service’s procedure.
* Staff will be retrained to ensure adherence to the service’s policy about undertaking review and reassessment where consumers experience a change in condition.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit review and reassessment of consumer condition did not always occur when incidents or other circumstances impacted the consumer.

In relation to the above I find the service non-compliant with this requirement.

# 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 service did not consistently demonstrate all consumers are receiving safe and effective clinical and/or personal care, particularly where this relates to care review and investigation following consumer incidents.

The service did not demonstrate effective risk management process for all consumers where devices such as bed poles are used, where consumers have conditions such as diabetes, seizures and asthma and for care activities that require supporting consumers with transfer equipment and their medication management.

The service demonstrated the needs of consumers requiring end of life care are recognised and networking with regional health services and medical officers occurs to support this process. However, the service did not respond to consumer deterioration or a change in their circumstances when events had impacted consumer health and well-being.

The service demonstrated referral processes are in place to connect consumers with other health and related services, however communication processes with these other organisations did not adequately communicate consumer condition or their needs, goals and preferences. Communication of consumer condition within the organisation did not consistently contain details.

The service demonstrated there were effective processes were in place to minimise infection related risks and practices to promote appropriate antibiotic prescribing.

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as 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 the service did not demonstrate all consumers receive safe and effective personal and clinical care. Information included:

* One consumer identified with a seizures condition did not have any guidance in the care plan to support staff to deliver care to the consumer in the event of a seizure. Staff advised the consumer has left sided weakness and is transferred via standing hoist for bed, showers and toilet. Staff delivering the care and management confirmed staff have not had training in the operation of a standing hoist. The care manager for the consumer was not aware of the transfer requirements.
* One consumer sustained two falls incidents, however there was no information to indicate appropriate post fall review occurred and monitoring of condition following the falls.
* One consumer was identified with shoulder pain following an accident, however there was no information to indicate follow up in relation to pain assessment and pain management needs for the consumer.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving the delivery of safe and effective care and services. A plan for continuous improvement was submitted identifying the following action items:

* The service will follow clinical governance policies and procedures to ensure comprehensive assessment is conducted annually or where circumstances change.
* Ensure health care plans are developed for consumers that require clinical support.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit personal and clinical care and services were not always safe and effective for all consumers in respect of transfer requirements and care assessment and delivery post falls and accidents to ensure consumers’ care needs were met.

In relation to the above I find the service non-compliant with this requirement.

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

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

The Assessment Team found the service does not effectively manage high impact and high prevalence risks associated with the care of each consumer. The Assessment Team found risk assessments were not undertaken to assess risk of use of bed poles, consumers living with diabetes, consumers with asthma and consumers with medication management needs. Evidence included:

* Three consumers were identified with bed poles in place and there has been no safety assessment undertaken, discussion surrounding the risk of using the equipment or strategies to monitor safe use of the equipment.
  + One consumer’s assessment in April 2020 identified the consumer uses a bed pole for assistance and had relevant diagnosis of vertigo and short-term memory loss. The consumer’s health was noted to have declined in recent months as they had experienced falls and sustained fractures from these. There was no evidence of any risk assessment associated with safe use of the equipment or strategies to monitor safe use of the equipment.
  + Two other consumers with bed poles in place did not have any safety assessments undertaken or strategies in their care plan to monitor safe use of the equipment.
  + Management confirmed ongoing monitoring and review of bed poles does not occur.
* Three consumers requiring medication administration assistance did not have clear information about their medications and preferences available to staff administering the medication and staff were noted to not have undertaken medication competency assessments.
  + One consumer requiring medication administration assistance had their last medication assessment undertaken in March 2019 and it was not clear which medications the consumer currently received.
  + One consumer had specific instructions about the timing of when a particular medication was to be administered, however there was no information concerning storage of medications or how it was to be administered.
  + Staff administering a pain patch to a consumer did not know the name of the medication.
* Two consumers with specialised nursing needs did not have their conditions identified in care plans to alert staff to the risks and strategies to manage the conditions.
  + One consumer assessment identified they are non-insulin dependent diabetic and has a history of asthma. The consumer’s representative stated the consumer has hypoglycaemia and asthma attacks are risks to their care and there were relevant sweet food and drink strategies and asthma pumps to manage these risks. Care plans did not contain information about any of the diagnosis or strategies to manage the risks.
  + One consumer assessment from November 2019 identified a consumer is insulin dependent diabetic and has moderate to severe swallowing risks. This information is not contained with the care plan to ensure risks to the consumer’s care can be managed.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving effective management of high impact and high prevalence risks associated with consumer’s care. A plan for continuous improvement was submitted identifying the following action items:

* Ongoing monitoring and review of staff feedback recorded through the services mobile application which includes consumer file notes to identify and ensure any potential hazards and incidents are managed appropriately.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not undertaken risk assessment of equipment that poses a safety risk to consumers if improperly used and has not developed strategies for safe use. There is insufficient information to safely support medication administration for consumers and there is limited information to support staff are competent to administer the medications where required. Key risks to consumers health in regard to diabetes management, asthma have not been identified in consumer care plans to ensure consumers are supported to manage these high risk conditions.

In relation to the above I find the service non-compliant with this requirement.

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

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

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

The Assessment Team reported that found consumers and representatives provided various examples of where staff have recognised and responded to consumer deterioration and health changes in a timely manner, however findings and evidence presented in other requirements of Standard 3 indicates the service did not demonstrate it meets this requirement. In coming to my decision I have considered the evidence available to me and I consider this requirement is Non-compliant. The service did not respond to consumer deterioration or a change in their circumstances when events had impacted consumer health and well-being. Evidence I have considered in coming my finding is as follows:

The Assessment Team identified in Standard 3, Requirement 3(a):

* One consumer that has had multiple admissions and discharges from hospital following falls and strokes events has not had a review or reassessment undertaken to understand and plan for any changed care needs, goals and preferences.
* One consumer identified as having hospital and respite stays has not had a review or reassessment post discharge to identify any changes to care and service needs.
* One consumer representative raised concerns about the consumer’s recent weight loss, increasing frequency of incontinence, increased frequency of leg skin tears and lost dentures. The representative was not aware of what the consumer was entitled to under their package but stated they may benefit from a dietician, dental and occupational therapy reviews. The consumer file identified the last assessment of needs occurred in December 2019 and there were only two progress notes for the last 6 months to identify changes to condition. There were no records of any of the clinical and personal care concerns raised by the representatives. Management were unaware of the issues and confirmed they would discuss with the representative.

In coming to my decision I have also considered the Approved Providers response in relation to these specific findings identified by the Assessment Team. I acknowledge the Approved Provider response and the plan for continuous improvement which outlines the following improvements to be made specific to the findings made by the Assessment Team:

* Care plans to be reviewed annually or when support needs change (whichever occurs first) and that they are updated according to the change in circumstances affecting the consumer including review following respite stays, hospital admissions and where incidents occur.
* The service will follow the organisation’s clinical governance processes and assessment procedures to ensure comprehensive assessment is conducted annually or when things change.
* Individual care plans will be developed in collaboration with consumers and tailored to individual support needs and preferences.

In relation to the above I find the service non-compliant with this requirement.

### 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 the service did not demonstrate information about the consumer condition, needs and preferences is documented and communicated within the organisation. Evidence included:

* One consumer receiving a variety of services did not have these identified in the care plan. Management advised there is correspondence with other service providers however there was no detail of this in the care plan.
* One consumer receiving transitional care had other care and services providers involved in their care, however there was no documented record of this. There was no reassessment following hospital discharge.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving communication about consumer condition, needs, preferences and associated documentation. A plan for continuous improvement was submitted identifying the following action items:

* Ensure the organisation’s processes for documentation is used and information about the consumer condition, needs and preferences is reflected in care plans and service requirements in their electronic consumer information system.

In coming to my decision, I have considered the evidence presented by the Assessment Team in Requirement 3(a) of this Standard, which confirms information about a consumer’s condition, needs, goals or preferences was not documented or communicated within the organisation. Evidence included:

* For one consumer there was no communication from staff providing care to the care manager and management in respect of the transfer requirements for that consumer. Staff described the requirement to use a standing hoist in the transfer as the consumer has limb weakness following a number of strokes. Management confirmed they were not aware of the transfer requirements. Staff confirmed they had not received training in the use of a standing hoist.
* One consumer representative reported that a consumer had a falls incident, however the consumer’s care file did not contain record of the falls incident or any detail of the consumer’s condition post fall. Management and staff confirmed they were aware of the incident, however there was no record available.

In relation to the above I find the service non-compliant with this requirement.

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that while the services had policies and procedures relating to minimisation of infection related risks, there was no COVID-19 management plan developed. The Assessment Team also found the service did not have a formal mechanism to monitor antibiotics when consumers are prescribed this therapy. Information included:

* The service has a COVID-19 outbreak management policy to guide their approach to managing consumers and staff during the pandemic, but does not have its own locally developed COVID-19 outbreak management plan which considers Commonwealth guidelines. Management provided examples of how consumers have been supported whilst in quarantine and isolation.
* All consumers and representatives confirmed they were satisfied with the service’s infection control measures during COVID-19 restrictions.
* All staff interviewed confirmed they had undertaken COVID-19 infection prevention ands control training. Staff responses confirmed they follow infection control practices.
* Management stated all staff had undertaken infection prevention and control training. Certificates of training were not able to be verified as they were located in individual staff files.
* There is no formal mechanism to monitor antibiotic therapy of for consumers, however management described an example of how they worked with a consumer and their medical officer to cease a long-term antibiotic therapy and implement new management strategies of their conditions.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving infection prevention and control processes. A plan for continuous improvement was submitted identifying the following action items:

* All staff are to complete mandatory infection control training and training to be documented in their staff electronic file system.
* Clinical oversight will occur where there are prescribed antibiotics for a consumer including review of prescriptions guidelines and monitoring of effectiveness and any adverse reactions.

In coming to my decision, I am not satisfied that the evidence indicated that the service’s infection control practices were ineffective to ensure minimisation of infection related risks to consumers. Consumers and their representatives reported satisfaction at the service’s infection control processes and examples were provided of infection control practices. All staff interviewed confirmed they had undertaken infection control training, and while the system of recording the training may not be efficient to identify which staff have been trained, findings did not indicate that staff had not received the relevant training. The Assessment Team found there was a COVID-19 policy in place to guide the service’s practice for infection control, but it was not a specific management plan, however there was no evidence to indicate why the existing policy was insufficient to support minimisation of infection related risk.

In relation to practices to promote appropriate antibiotic prescribing, the Assessment Team found there was no formal process in place, however there were examples of appropriate practices in place to support the service meeting this requirement. Further, there were no consumers identified with current infections requiring antibiotic therapy and therefore no indication that this would not occur for other consumers.

Based on the above information and reasons I find the service compliant with this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall, consumers and/or their representatives interviewed described getting the services and support for daily living that enhance the consumer’s independence and quality of life, enabling them to live in their own home for as long as possible. Staff were able to describe in detail the daily living support needs, and references of consumers they delivered care for.

All consumers and representatives interviewed confirmed satisfaction with emotional supports delivered. Staff provided detailed knowledge of consumers and how they support their emotional needs and preferences.

Consumers and representatives confirmed they receive services and supports for daily living that is consistent with their needs and preferences. Staff and management provided examples of how they engage consumers in programs and events to support social needs and preferences.

Consumer care files demonstrated there are identified care and service needs goals and preferences to support daily living. Some care plans contained limited information in social profiles, however consumers confirmed they receive supports relevant to them.

Referrals to other services were found to occur regularly and be consistent with consumer preferences.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 4(3)(d) Compliant

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

The Assessment Team found the service did not demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Care plans were found to have limited information regarding consumers’ life histories, interests or what is important to them regarding supports for daily living. Information included:

* one consumer’s care plan did not include details relating to interests or supports for daily living. Staff documentation for the consumer did include some detail about life history, family and some of their interests. Documentation reviewed identified the consumer’s spouse as their care giver, however the document also explains the consumer’s spouse passed away.
* One consumer care plan and related documentation includes limited information about interests, needs or preferences in relation to daily living supports. The Assessment Team identified through review about various interests held and life history.
* Three care staff stated they receive limited information in care plans for the shift.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving communication of consumer condition needs and preferences. A plan for continuous improvement was submitted identifying the following action items:

* Ensure all sections of the comprehensive assessment are completed which contains a section on the consumer profile and prompts to discuss and record life history, background, significant relationships.

In coming to my decision I have considered information presented by the Assessment Team in other requirements of this Standard which indicates that the service does communicate condition of consumers in respect of daily living as indicated by consumer and staff statements indicating knowledge of consumers needs and preferences regarding these matters.

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

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

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

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

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives are not actively encouraged and supported by the service to provide feedback and complaints. Not all consumers felt comfortable to provide feedback and complaints. Consumers and representatives did not know of options available to them including feedback forms, how they could provide confidential feedback or use external complaints mechanisms.

Not all consumers and representatives were satisfied with the services response, or lack of response when complaints were raised by the consumer. Complaints around changes in shift times and not being advised by the service were a consistent theme during consumer and staff interviews.

Staff could not demonstrate an awareness of the services complaints handling system, however the service could demonstrate that it provides provides information about advocacy services, language services and other complaints mechanisms. No staff had an understand of the meaning of ‘open disclosure.’

Staff information does not guide staff to encourage and support consumers with provision of a feedback form or how a consumer can provide a confidential feedback.

The service was unable to demonstrate feedback and complaints are reviewed and used to improve care and services for consumers. Feedback and complaints are not documented, and feedback is not used to inform continuous improvement for individual consumers and the service to prevent reoccurrence of the reported concern.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

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

The Assessment Team found the service does not encourage and support consumers and their nominated representatives to provide feedback or make complaints. Feedback from a sample of consumers indicated they were not supported to make complaints. Staff were not aware of complaints handling processes. Information included:

* Two consumers provided feedback that indicated consumers are not supported to make complaints.
  + One consumer stated they speak on behalf of other consumers as some consumers do not want to speak with the service.
  + One consumer stated they have not seen a feedback form and could raise concerns, but did not want to cause trouble.
* Staff did not demonstrate an awareness of the complaints handling system and consumers were not supported to make complaints by the service. For example:
  + One staff member stated they encourage consumers to ring into the office, but were not sure of other alternatives.
  + One staff member said they can call the office, write a letter or email and it can be confidential, but they find some are too scared to complain. The staff remind them they have rights.
* Management stated they have never received a written complaints and verbal complaints when reported and resolved are noted in consumer care files. A complaint extract report for the previous 6 months did not identify any complaints; however staff and management were aware of complaints made.
* The service has a staff handbook for complaints processes, but do not specifically outline processes to encourage and support complainants.
* One staff member was noted to have completed an online complaints course accessible to all staff.
* Consumer information packs include a complaint form and the complaints policy states all complaints should be recorded on these forms, however this has not occurred.

The Approved Provider in their response acknowledged the Assessment Team’s findings and advised the monthly newsletter also contains complaints handling information for consumers and outlined their commitment to improving assessment and care planning processes. A plan for continuous improvement was submitted identifying the following action items:

* As part of the annual consumer review cycle ensure consumers are reminded about the various ways to provide feedback and make complaints to the service or external bodies. Ensure all consumers receive physical complaints forms and remind of the other options available. Reassure consumers they will be free from reprisals following any feedback.
* Through the consumer survey provide de-identified responses and reports to each franchise accordingly.
* Ensure staff complete complaints handling training if not completed in the last 12 months

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not ensured consumers and their representatives are encouraged and supported to provide feedback and make complaints. Where complaints or feedback has been given, there is no record of the feedback or complaint.

In relation to the above I find the service non-compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate all consumers know options available to them to make complaints. Information included:

* In relation to complaint mechanisms, one consumer stated the agreement may contain information and another stated the care manager said they can raise things they’re unhappy with.
* Staff from two staff members stated they did not know of a confidential complaints process and advise consumers to contact the office. Staff handbooks included complaints processes.
* The consumer agreement included information on advocacy services and external complaints mechanisms, however the details for the Aged Care Quality and Safety Commission was not correct.
* Management confirmed access to interpreting services to translate information where required.

The Approved Provider in their response stated the Customer Handbook only forms part of a number of ways the service shares information with consumers. The Approved Provider also committed to ensuring the consumers were clearly informed during annual reviews.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this Requirement. Evidence presented by the Assessment Team indicates the service provides information about advocacy services, language services and other complaints mechanisms.

In relation to the above I find the service Compliant with this requirement.

### Requirement 6(3)(c) Non-compliant

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

The Assessment Team found the service did not always take appropriate action in response to complaints. Two representatives provided feedback about complaints of staff not attending for services and their dissatisfaction of the complaint outcome. Other consumers reported concerns about staff not attending services or arriving late. Staff feedback confirmed inconsistencies with service attendance. Open disclosure elements such as apologies to consumers and representatives were noted, however not in respect of corrective actions to prevent the issues from reoccurring. Information included:

* One representative advised the consumer, who has diagnosis of dementia, was left unsupervised for a 3 hour respite shift. The representative left the home assuming a staff member was coming and stated the consumer was distressed and was unable to call for help as she can’t use the phone or hear the doorbell. The service knew the staff member was not coming as they called in sick and nothing was done about it. Management stated they apologised for the issue, but there is no evidence of any complaint or continuous improvement actions taken in respect of the incident.
* One representative stated staff had not attended two services in the past few months and the service was aware, but there was no communication of the staff not attending. The representative confirmed they complained to the service and was advised that they had not read a post it note. The service apologised and the representative advised there should be a better system than post it notes. the representative stated staff had not arrived 40 minutes after a scheduled service and needed to call the service to follow up.
* A further representative confirmed there have been occasions where staff have not attended services and they have advised the service they must be notified, however they stated things seem to have improved.
* Two consumers confirmed there are occasions where staff are late or change times and they have not been advised.
* Staff feedback confirmed service services times change often and consumers don’t always know about change of times. Staff confirmed consumers have been unhappy when this occurs.
* Staff interviewed did not understand open disclosure processes.
* Management confirmed they were aware of the missed services and were unable to demonstrate if any actions had been taken to address the issues. Management stated it is the responsibility of staff to check their rosters for any changes to services.
* There were no records of these complaints noted in consumer files.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improving complaints resolution and open disclosure processes. A plan for continuous improvement was submitted identifying the following action items:

* Ensure relevant staff undertake online complaints training modules.
* Review and implement a complaints management process including using an electronic system to manage complaints, identifying responsible persons not manage and review completion and outcomes of complaints regularly.
* Ensure open disclosure practices are undertaken and ensure appropriate actions taken.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not taken appropriate action in response to complaints made by consumers and their representatives and has not practiced open disclosure in respect of these matters in relation to actions taken to address the issues and prevent further occurrences of these issues.

In relation to the above I find the service non-compliant with this requirement.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team found the service does not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Information included:

* The service does not have a plan for continuous improvement in place.
* The service does not document feedback and complaints which impairs ability to undertake analysis and trending of feedback and complaints.
* Feedback from consumers indicates complaints made have not resulted in improvement to services and management could not demonstrate actions had been taken to improve staff attendance for services.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to ensuring feedback and complaints are reviewed and used to improve care and services. A plan for continuous improvement was submitted identifying the following action items:

* Ensure the service documents, responds and manage complaints through a complaints register.
* Undertake regular review of complaints through the register to check for progress on complaints, investigate and analyse trends and undertake continuous improvement actions.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not reviewed and used feedback and complaints to implement improvements to care and services.

In relation to the above I find the service non-compliant with this requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives were generally satisfied with staff availability and were confident about their abilities although two consumers described the impact when staff are changed or in a hurry. Consumers and representatives confirmed staff are kind, caring and respectful when providing care and services.

The service was unable to demonstrate all staff are completing education modules, receive ongoing support and are equipped and supported to deliver care as required by the Quality Standards. While the service provides online education during induction and ongoing training opportunities, training modules are inconsistently completed by the workforce and completion is not monitored.

While staff confirmed completion of an annual performance review and performance reviews were evidenced, the service does not regularly assess and monitor the performance of staff outside of the annual performance review. Management advised they rely on feedback and complaints from consumers/representatives to initiate contact with staff to discuss their performance and were unable to evidence when this has occurred.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

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

The Assessment Team found the service was unable to demonstrate all staff are completing education modules, receive ongoing support and are equipped and supported to deliver care as required by the Quality Standards. While the service provides online education during induction and ongoing training opportunities, training modules are inconsistently completed by the workforce and completion is not monitored. Information included:

* Induction and training processes were not followed in regard to new staff undertaking mandatory training. Mandatory training modules include manual handling, professional boundaries, code of conduct, privacy and dignity, hazard reporting, and infection control. 10 of 67 staff were identified to have not completed mandatory training modules required during the induction process.
* Management were not aware of mandatory training requirements for staff as specified by the organisation’s clinical governance framework. Where staff deliver care to consumers with complex diagnosis additional mandatory training is required. The service could not verify if staff had completed relevant mandatory training at the Quality Audit.
* Staff delivering care to a consumer that required transfer via a standing hoist had not been delivered training in the operation of standing hoists.
* Inconsistent recording of incident, complaints and feedback data does not identify training needs for staff.
* Additionally, information presented by the Assessment Team in Requirement 7(3)(e) found staff administering or prompting consumer medication do not receive medication administration or prompting training from the service or undertake a relevant competency.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to staff training needs are identified to ensure staff have the relevant knowledge and skills to perform their roles. A plan for continuous improvement was submitted identifying the following action items:

* Review training reports to ensure staff are completing mandatory training modules by due dates.
* Undertake a review of employee skill requirements to provide safe and adequate support to consumers.
* Training gaps to be met by staff undertaking relevant training modules and where there are gaps the Registered Nurse will provide supplementary training.
* Use relevant reporting mechanisms such as incident reporting to identify training needs.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not ensured staff are trained relevant to the care and services being provided and there has been inadequate monitoring of staff completion rates of training modules.

In relation to the above I find the service non-compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate regular assessment, monitoring and review of performance of the workforce beyond an annual performance appraisal process. Information included:

* Care staff deliver medication administration and prompting services for consumers. Staff and management confirmed there is no mandatory medication administration training or competency assessments undertaken of staff skill, ability and knowledge to administer or prompt medications safely. Management advised staff receive this training through their Certificate III in aged care.
* Care staff using standing hoists to transfer one consumer have not received training in the operation of standing hoist equipment and had not been assessed as to their capacity to operate the equipment safely.
* Management stated they rely on feedback and complaints to inform them of staff performance, however evidence presented by the Assessment Team in other requirements indicate complaints and feedback are not captured and appropriate action is not taken in response to complaints as noted with staff attendance for service.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improve assessment, monitoring and review of staff performance processes. A plan for continuous improvement was submitted identifying the following action items:

* Review employee supervision processes and document staff progress.
* Ensure complaints systems are enhanced and effective to capture details of staff performance.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not adequately assessed, reviewed and monitored performance of each member of the workforce in relation to performance of their roles delivering care and services.

In relation to the above I find the service non-compliant with this requirement.

# 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

Engagement of consumers and consideration of consumer input in service development and delivery could not be evidenced by the service. While management take a direct and active role in consumers’ home visits, assessments and care coordination at the consumer’s care level, service systems are ineffectively used and followed to support the monitoring, promotion and provision of quality care and services for consumers.

The service did not adequately demonstrate effective service wide governance processes relevant to this Standard. Information systems were not effective to identify and convey critical consumer information. Itemised service statements were not evidenced. The service was unable to demonstrate feedback and complaints are encouraged, reviewed and used to improve care and services for consumers.

The service could not evidence they understand and set priorities to improve performance of the service against the Aged Care Quality Standards. A plan for continuous improvement is not in use by the service.

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

Clinical governance at the service does not maintain and improve the safety and quality of clinical care and services for consumers.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found the service was not able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services. Information included:

* Management could not provide examples of engagement with consumers that has resulted in, or influenced, service development or change.
* The service did not have mechanisms in place to capture consumer feedback. Complaints and feedback mechanisms were found to not capture relevant information.
* Consumers provided examples of where they had given feedback to improve care and service delivery, however this did not result in any changes.
* The service has no policies and procedures to engaged consumers in development, delivery and evaluation of care and services.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improve consumer engagement and care and service delivery. A plan for continuous improvement was submitted identifying the following action items:

* The service will use opportunities to engage with consumers to understand their satisfaction with the service.
* Staff note will be reviewed to ensure field staff feedback is captured to identify areas for improvement.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the service has not engaged consumers in a meaningful way in development, delivery and evaluation of their care and services.

In relation to the above I find the service non-compliant with this requirement.

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

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

The Assessment Team found the organisation’s governing body could not demonstrate it promotes a culture of safe and quality care and services and is accountable for their delivery. The service was not able to demonstrate it actively monitored care and services, there was not evidence of internal audits occurring to monitor care outcomes and there was insufficient management staff to ensure effective governance. Information included:

* The service has access to a broad range of policies and procedures provided by the franchisor to guide and support safe care and services however, these are not always followed by service management and staff. For example, in relation to formalised review of consumers’ care, collation of data from clinical events, incidents, feedback and complaints and the monitoring of staff education and practice.
* Management do not complete audits on care and services and were unable to identify how many incidents, complaints, wounds and falls had occurred at the service over a period of time.
* The service could not evidence they understand and set priorities to improve performance of the service against the Aged Care Quality Standards. A plan for continuous improvement is not in use by the service.
* Brokered or subcontracted staff did not always have relevant checks in place including police checks and copies of insurance documents.
* The owner has a significant portfolio of responsibility including coordination and rostering, client management and human resources and is supported by two rostering staff, two client management staff and three administration staff to manage 67 staff and 267 consumers including 66 home care package consumers. The owner intends to employ another staff member to take over some areas of responsibility.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improve business operations and improve organisational governance issues. A plan for continuous improvement was submitted identifying the following action items:

* The organisation will undertake a business health check in consultation with the service to develop further action plans in a reasonable timeframe to address governance issues and support the service to address action items in response to findings.
* Provide training supports to the service coordinator for the business operating systems, service operations and quality framework and use of information management system.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit organisation’s governing body did not demonstrate effective processes to indicate it is accountable for delivery of safe and quality care and services.

In relation to the above I find the service non-compliant with this requirement.

### 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 the service did not have effective governance systems in relation to information management, continuous improvement, regulatory compliance and feedback and complaints. Information included:

Information management systems:

* Not all information provided to consumers is reviewed for currency. For example, external complaints information in consumers’ service agreements, handbooks, consumers care documentation and staff roster information.
* Consumer’s financial statements did not consistently reflect service type.
* Consumer care information including incidents, feedback and complaints are not consistently recorded and reported.
* Consumers’ care information is not consistently reflected in documentation.

Continuous Improvement:

* The service did not have a plan for continuous improvement to assess, monitor and improve the quality of care and services
* The service is not effectively capturing and using other information inputs such as incident information or feedback and complaints to identify opportunities for improvement.

Regulatory compliance:

* The service does not have an effective consumer financial statement system that clearly itemises and specifies all services for consumers as per User Rights Principles 2014.
* The service uses a small number of contracted care staff, external nursing services, home maintenance and allied health. The service was unable to demonstrate oversight of the quality of care and service, relying on feedback from consumers and representatives.

Feedback and complaints:

The service was unable to demonstrate feedback and complaints are encouraged, reviewed and used to improve care and services for consumers as identified in Standard 6.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improve governance systems. A plan for continuous improvement was submitted and action items previously mentioned are relevant for improvements in this requirement.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the organisation’s governance systems were not effective to ensure appropriate oversight of quality care and services for consumers.

In relation to the above I find the service non-compliant with this requirement.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*

The Assessment Team found the service did not have effective risk management systems and practices to ensure consumer risks are identified, documented and reviewed. Information included:

* The service has policies and procedures in place to capture incident and hazard information, however incidents are not captured or not always completed to ensure appropriate review and actions are taken to address risks for consumers. As the service does not effectively capture incident information it is subsequently unable to effectively analyse and trend quality indicator information.
* Consumers with identified risks associated with care, such as bed pole use, did not have risk assessments undertaken to ensure risks associated with use of the equipment were assessed and relevant strategies developed to mitigate risks.
* Validated assessment tools to assess consumer personal and clinical care risks were not evidenced in consumer care files as required by the service’s policies and procedures.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improve business risk management systems and practices. A plan for continuous improvement was submitted identifying the following action items:

* The organisations governing body will work with the service to support it to comply with internal risk management systems and practices within the organisation.
* Ensure the service follows incident and hazard protocols. Ensure staff have relevant incident and hazard training. Extract incident and hazard registers and undertaken analysis to ensure incidents and hazards are reported, completed and closed.

### Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the organisation did not have effective risk management systems and practices in place to ensure risk associated with the care of consumers were identified and assessed with appropriate interventions put into place.

### In relation to the above I find the service non-compliant with this requirement.

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the service’s clinical governance framework does not maintain and improve the safety and quality of clinical care and improve outcomes for consumers. Information included:

* The service does not consistently collate and report clinical indicator data
* The service does not undertake clinical audits where consumers are receiving clinical care.
* An Antimicrobial stewardship policy was not evidenced however, the service does have a comprehensive infection control policy.

The Approved Provider in their response acknowledged the Assessment Team’s findings and outlined their commitment to improve the clinical governance framework. A plan for continuous improvement was submitted identifying the following action items:

* The organisation will review the infection control policy to include anti-microbial stewardship through providing clinical oversight where a consumer has been prescribed antibiotics, ensure the prescriber has provided appropriate information about the use and side effects and ensure discussion is had with the prescriber in relation to review and a management plan.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit the organisation did not have clinical governance systems and practices to ensure appropriate oversight of care and service delivery.

### In relation to the above I find the service non-compliant with this requirement.

# 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.

* Ensure assessment of consumer needs, goals and preferences considers relevant clinical diagnosis or concerns and there are appropriate further assessments undertaken to develop management strategies for identified care needs. Ensure staff are appropriately trained to undertake assessment of consumer care needs.
* Ensure care plans contain detailed information about the care to be delivered in respect of identified care needs, goals and preferences.
* Ensure care plans and information relevant to consumer care needs is available at the point of care.
* Ensure review and reassessment of consumer care needs, goals and preferences occur at regular intervals and where there may be a change in consumer condition or incidents which impact consumer condition.
* Ensure safe and effective care and services are delivered to consumers where there are risks identified to their care. Ensure staff are appropriately trained to undertake care to meet the care needs of consumers.
* Ensure consumers and encouraged and supported to make complaints and provide feedback about their care and services. Ensure complaints and feedback is appropriately captured and used to improve care and service delivery.
* Ensure there is an appropriate complaints resolution process to support quality care and services.
* Implement an appropriate system to ensure consumers are consulted and advised about changes to their services.
* Ensure staff training needs are appropriately identified and relevant training is developed according to those needs. Ensure staff using specialised equipment have been trained in use of that equipment.
* Ensure staff performance and competence is regularly assessed, reviewed and monitored, specifically where staff are delivering medication assistance.
* Ensure staff and management comply with the service’s risk management policies and procedures to identify and document consumer incidents to address key care concerns for consumers. monitor staff practice in relation to incident reporting practices.
* Develop mechanisms and processes to engage consumers in the development and design of their care and services.
* Implemented an ongoing plan for continuous improvement.
* Ensure effective monitoring and oversight of brokered and subcontracted service providers and monitor care and service delivery.
* Implement improved governance systems and practices to ensure appropriate oversight of care and service delivery.