Local Guardians Home Care

Performance Report

7/22 Albert Road
SOUTH MELBOURNE VIC 3205
Phone number: 03 9005 5711

**Commission ID:** 301040

**Provider name:** Local Guardians Pty Ltd

**Quality Audit date:** 30 June 2021 to 2 July 2021

**Date of Performance Report:** 15 September 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.

**Services included in this assessment**

**Home Care:**

* Local Guardians - Canterbury, 26442, 7/22 Albert Road, SOUTH MELBOURNE VIC 3205

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) |  Non-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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Not assessed |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Not assessed** |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) |  Non-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 Approved provider’s response to the Quality Audit report received 17 August 2021.

# STANDARD 1 NON-COMPLIANTConsumer 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 by Local Guardians and contracted service providers and their staff provided examples of how this is reflected in care and services.

Consumers indicated support workers who assist them are aware of their backgrounds and cultural needs and were satisfied with the support they receive to exercise choice and retain independence.

Contracted support workers discussed how they treat consumers with respect and empower them to be independent while maintaining their dignity. They also discussed ways they support consumers to live the best life they can.

The self-managed care model enables consumers and representatives to exercise choice and decision making.

While general care and service information provided to consumers and their representatives at commencement of the service is in an easy to read format, not all consumers and representatives could understand financial statements and budgets. Financial statements are not clearly itemised as legislatively required. The service was unable to demonstrate that when consumers’ abilities or circumstances change, processes are in place to ensure communication and information provision continues in a manner that is accessible to the consumer.

Local Guardians and contracted service providers have their own systems in place to protect the information of each consumer.

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

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

*Care and services are culturally safe.*

### 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.*

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

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

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

The Assessment Team found that while general care and service information is provided to consumers and their representatives at commencement, not all consumers and representatives could understand financial statements and budgets. Consumers’ statements are not itemised and do not comply with User Rights Principles 2014 requirements.

The majority of information provided is through email and or the internet. Information in the format of a booklet called the ‘Local Guardians Home Care Handbook’ is also available as a hard copy. However, a consumer, not able to use technology, also noted difficulties communicating with the service and accessing information

The Approved provider’s response refutes the Assessment Team’s finding that consumers’ financial statements do not meet legislative requirements and that they are not easily understood by consumers. The response provides information from a consumer survey undertaken subsequent to receiving the Assessment Team’s report, that indicates a high percentage of consumers find the financial statements easy to understand

The response also refutes the finding of consumers needing to use technology to access information and notes that computer access is only required for fully self-managed consumers and that other supported self-managed consumers also choose to use computers to manage the package.

Notwithstanding, the Approved provider’s response does outline a number of actions commenced to improve the clarity of consumers’ financial statements and notes statements are available as hard copy when required. The response also notes that all consumers will be requested to nominate their preferred form of communication which will be recorded on their care plan.

Having considered all available information I have given weight to the evidence provided by the Assessment Team and come to the conclusion that this requirement is Non-compliant. Whilst acknowledging the initiatives that the Approved provider has commenced to improve the clarity of consumers’ financial statements, at the the time of the Assessment’s Team visit statements were not clearly itemised as required. I also consider that the Approved provider was unable to demonstrate that when consumers’ abilities or circumstances change, processes are in place to ensure communication and information provision continues in a manner that is accessible to the consumer.

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

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

# STANDARD 2 NON-COMPLIANTOngoing 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

Assessment and care planning processes are ineffective and do not support safe care and services for consumers.

While the majority of consumers and/or representatives interviewed expressed satisfaction with assessment and care planning processes, their needs and/or risks were either not identified or not responded to.

Consumers and representatives confirmed they completed assessment and care planning either independently or with a staff member. However, the outcomes of assessment and care planning are not generally available to support workers of self-managed consumers.

Advance care planning and end of life wishes are inconsistently discussed with consumers and documented by Local Guardians

Consumers’ care and services are generally reviewed regularly according to the service’s policy. However, reviews are not consistently undertaken when consumers’ circumstances change or when incidents occur. Post incident analysis if it occurs, is limited and does not necessarily lead to improvements in care or mitigation of risk for the consumer.

Local Guardians’ management have limited awareness or knowledge of the needs and risks present for consumers managed by contracted service providers, or those self-managed by representatives. The service’s business model is an administrative one and the responsibility for initial and ongoing assessment and planning is given to consumers and representatives and contracted service providers with no oversight by Local Guardians.

The Quality Standard is assessed as Non-compliant as five 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 that all consumers complete initial assessment and care planning documents with varying levels of involvement by a case manager. Safe and effective assessment and planning is often reliant on the competence and awareness of the consumer and/or representative to recognise risks, safe care and service requirements.

While the majority of consumers and/or representatives interviewed expressed satisfaction with assessment, care planning, the Assessment Team found that consumers’ needs and/or risks are either not identified or not responded to. These included wandering away from home, weight loss, depression, poor balance, social isolation, falls, pressure injuries, mental health conditions and swallowing difficulties.

Local Guardians management have limited awareness of, or knowledge of the needs and risks present for consumers managed by contracted service providers or those self-managed by consumers/representatives.

The response submitted by the Approved provider accepts that there are some instances where consumers’ risks have not been adequately followed up. The response notes that a more comprehensive assessment and care planning process has been introduced in the last six months and indicates that some of the consumers reviewed by the Assessment Team still had the old format of care planning documentation. The response outlines action commenced to address the identified deficits including

* Updating of the formal agreements with partner organisations to include identification and reporting of consumers’ risks.
* Regular management meetings between Local Guardians and partner organisations and regular internal management meetings to review consumers’ risks.
* Review of the care plan guide for consumers.
* Employment of a Chief Client Risk Officer with a registered nurse background.

The response refutes that the service relies on the competence of consumers and/or representatives to identify and respond to risks associated with care and services and discusses a collaborative process between the consumer and care manager. The response acknowledges that current assessment and care plan documents do not consistently reflect this process.

The response also acknowledges the majority of issues identified by the Assessment Team in relation to individual consumers and outlines actions taken to address these.

I have reviewed all the information provided and find this requirement is Non-compliant as the Approved provider was unable to demonstrate that assessments consistently consider risk to consumers’ health and well being or that assessment information informs care plans and safe service delivery.

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

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

The Assessment Team found that Local Guardians require consumers and/or representatives and contracted service providers to complete consumers’ assessments and care plans.

Not all consumers’ assessments and care plans stored with Local Guardians are current and reflective of consumers’ care needs. The Assessment Team’s report identifies individual consumers whose assessments and care plans do not reflect current needs and preferences in relation to personal care preferences and support requirements, wound care, impact of neurological disorders and other medical conditions.

Advance care planning and end of life wishes are inconsistently discussed with consumers and not documented.

The Assessment Team found that Local Guardians was unaware if assessment and planning addresses the current needs of consumers, as it is the responsibility of contracted service providers and/or consumers and/or representatives to assess and keep Local Guardians informed

The response submitted by the Approved provider, while noting that assessment and care planning is conducted by the consumer in consultation with a case manager, acknowledges the issues identified by the Assessment Team and outlines new initiatives planned to address these deficits including:

* Updating and expanding the current service provider and partner agreements to enable greater sharing of consumer information.
* Developing a tool to discuss and record discussion around end of life planning.
* Improving the comprehensiveness and accuracy of consumers’ assessments and care plans.
* Providing additional training to case managers in relation to assessment and care planning processes. Enabling contracted case managers to also access this training.

I have reviewed all the information provided and find this requirement is Non-compliant as the Approved provider was unable to demonstrate that assessment and planning identifies and addresses consumers’ current needs, goals and preferences, including end of life planning if the consumer wishes.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that the service uses a self-managed model, based on agreements where consumers and representatives undertake assessments and develop care plans with varying levels of involvement by a case manager. The Assessment Team found that consumer documentation did not reflect the service’s policy of contacting all consumers monthly. Consumer records do not demonstrate input from other organisations such as allied health professionals involved in the consumer’s care. Contracted service providers reported that Local Guardians have limited involvement in consumers’ care and service. For example one consumer was admitted to a nursing home accommodation with no evidence of contact or involvement by Local Guardians. Local Guardian’s management were unaware of the circumstances for this consumer. Local Guardian staff are also unaware, unless information is provided by the consumer, of allied health or other health practitioner’s involvement in the consumers’ care. The Assessment Team noted that a recent process to improve communication between Local Guardians and contracted service providers has commenced, but noted that limited information was provided.

The Approved provider’s response outlines the service’s collaborative assessment and care planning process involving consumers and case managers, but again acknowledges that this approach is not clearly documented. The response acknowledges that the service has undertaken insufficient monitoring of the monthly consumer contact process and also acknowledges the need for greater visibility as the Approved provider in the management of consumers’ care and services. A number of improvement activities are planned including:

* A review of reporting processes for case managers and self managed consumers.
* Improved communication with and reporting from contracted service providers.
* Provision of information to self managed consumers about their responsibilities for sharing information.

I have reviewed all of the information provided and find this requirement is Non-compliant as the Approved provider was unable to demonstrate that assessment and care planning is based on ongoing partnership with the consumer and includes other organisations involved in consumers’ care. I note that the Approved provider has acknowledged that the service’s model of care while providing a high degree autonomy to consumers does not enable the Approved provider to fulfil their legislated accountability requirements, and that adjustments to this model of care are planned.

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

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

The Assessment Team found that while consumers and representatives confirmed they complete assessment and care planning either independently or with a contracted service provider, the outcomes of assessment and care planning are not generally available to support workers of self-managed consumers and representatives. These support workers rely on consumers’ representatives to advise them of consumers’ care needs.

Local Guardian’s process is to ask families of self managed consumers to update care plans if required. Care plans are held with the consumer and representative who are responsible for guiding support workers who attend the home. Under this model, the Approved provider has limited knowledge of the information support workers receive from consumers/representatives or contracted service providers and limited knowledge of care/service tasks that are completed by the support workers.

The response submitted by the Approved provider states that improvement activities have commenced to review the assessment and care planning process and to ensure that support workers have access to appropriate care plan information.

I have reviewed all the information provided and find this requirement is Non-compliant as the Approved provider was unable to demonstrate that whilst consumers have access their care plan, the care plan is not consistently accessible to support workers to enable them to provide individualised and safe care and services.

### 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 consumers and representatives who self-manage and contracted service providers are required to submit any changes to consumers’ care such as hospital admissions/discharges and incidents through the Local Guardians webpage. This inconsistently occurs, and consumers’ care file notes did not reflect regular contact or review. When, and if Local Guardians are notified of an incident, the post incident analysis is limited and does not necessarily lead to improvements in care or mitigation of risk for the consumer.

The Assessment Team’s report provided examples of consumers not being effectively reviewed on return from hospital, to enable care and services to respond to their changed needs. One consumer was admitted to hospital for eight days with no records of why they were admitted or welfare checks undertaken. The Assessment Team identified that the consumer was hospitalised when the contracted support worker called an ambulance and that the consumer is currently in post hospitalisation respite. Another consumer was hospitalised following a health deterioration. Local Guardians received the incident report five days later. A minimal review of the consumer was undertaken. The Assessment Team also provided an example of a consumer with current chronic venus ulcers having no reports to indicate that the wounds are being managed and reviewed.

The response submitted by the Approved provider accepts the deficits in reviewing the changing care needs of consumers identified by the Assessment Team and states that planned improvements in assessment, care planning and contact with consumers will address these issues.

I have reviewed all the information provided and find this requirement is Non-compliant as the Approved provider was unable to demonstrate that consumers’ care and services are reviewed when circumstances change or when incidents impact on their needs.

# STANDARD 3 NON-COMPLIANTPersonal 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

Personal and clinical care and services delivered to consumers are not effectively monitored, do not reflect best practice and are not tailored to their needs.

Local Guardians does not effectively identify and manage high impact or high prevalent risks associated with the care of each consumer. Not all falls are reported and incidents when reviewed do not initiate changes. The service has commenced collecting some clinical data, but was unable to demonstrate effective analysis and trending of clinical issues. As a consequence, the service is unaware of how many consumers have clinical needs such as wounds, infections, indwelling catheters, stomas, swallowing/choking risks, unstable diabetes or other complex care needs. The service is unaware of some consumers at high risk of harm.

While the service was unable to demonstrate how services are provided to consumers’ nearing end of life, the Assessment Team were able to verify consumers’ care and preferences in relation to palliative care are addressed by contracted service providers.

The service did not adequately demonstrate how consumers’ conditions, needs and preferences are documented and communicated with other services and where responsibility for care is shared.

Timely and appropriate referrals to other health service provider are not consistently completed for consumers and when they are occur staff are not always provided with updates to enable the delivery of safe care and services.

The service has completed improvements to the Disaster Recovery and Business Continuity Plan. The plan now includes references to COVID-19 and documents adherence to state and federal government health advice, with links to government electronic websites. Consumers report satisfaction with information provided regarding COVID 19 and staff receive infection prevention and control training and have access to and use appropriate personal protective equipment.

The Quality Standard is assessed as Non-compliant as five 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 that personal and clinical care and services delivered to consumers are not effectively monitored, do not reflect best practice, are not tailored to their needs. As a consequence of this lack of monitoring, the service is unaware of how many consumers have clinical needs such as wounds, infections, indwelling catheters, stomas, swallowing difficulties, incontinence, pain, unstable diabetes and consumers living with other complex care needs. The service is also unaware of some consumers at high risk of harm. The Assessment Team reported the following examples

* A consumer on a level four home care package has complex care needs including a tracheostomy, catheter, and feeding tube for meals. While the consumer’s representative manages the consumer’s care needs, there is limited information on assessments and care plans, minimal case notes and no plan in place to be able to support the consumer should the representative’s capacity to manage become compromised.
* A second consumer has an indwelling catheter. The representative discussed initial difficulties in sourcing a service provider to change the catheter and a recent incident requiring hospitalisation following the insertion of an incorrectly sized catheter. The service was unable to demonstrate any awareness of or monitoring of the consumer’s catheter care.
* A third consumer has chronic ulcers which require wound care and are managed by the general practitioner and hospital service. The service was unable to demonstrate regular monitoring or information about the current status of the consumer’s wounds to enable care workers to provide safe care.

The Approved provider’s response acknowledges the deficits identified by the Assessment Team and outlines a range of improvement actions commenced to ensure consumer’s clinical and personal care is managed and monitored effectively and safely. Actions include identifying consumers with clinical risks and implementing regular meetings with management and the nursing team to monitor these risks, providing training and support to ensure incident reports are completed and followed up with appropriate reviews, ensuring Local Guardians staff record case notes as required, having access to contracted service providers’ case notes as required, and reviewing the referral management process.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. Whilst acknowledging the improvement activities commenced, the Approved provider is unable to demonstrate that each consumer receives safe and effective clinical and/or personal care.

### 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 that the service does not effectively identify and manage high impact or high prevalent risks associated with the care of each consumer. Not all falls are reported and incidents are not consistently reviewed. When incident are reviewed they do not initiate change. Consumers with risks identified for example, falls, or weight loss are not consistently referred for further assessment and implementation of appropriate interventions to manage the risk.

The Assessment Team reported a series of incidents including consumers who wander from home, who have fallen, who have appeared unwell and in pain which have not been managed safely by staff, and which have not been effectively reviewed. The Assessment Team also reported a situation where a support worker initiated an activity with a consumer without an appropriate assessment undertaken prior to commencement and without effective monitoring strategies in place.

The response submitted by the Approved provider acknowledges the deficits identified by the Assessment Team and outlines a range of improvement actions commenced as outlined above in Requirement 3 (3) (a).

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. Whilst acknowledging the improvement activities commenced, the Approved provider is unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

### 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.*

### 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 found that the service is not responsive to consumers’ feedback around changes in care needs. The service does not have a procedure to guide staff in responding to consumers’ deterioration or changes.

Local Guardians request contracted service providers to supply them with a monthly performance report which includes any consumer changes, concerns and other service data. However, information in these reports is limited.

The Assessment Team report discusses s consumer whose changed needs were not appropriately responded to including a consumer who had requested additional supports following planned surgery which were not adequately provided and a consumer whose health deterioration due to a diagnosed condition was not responded to.

The response submitted by the Approved provider accepts the deficits identified by the Assessment Team and outlines improvement activities that have commenced to ensure sufficient information about consumers’ deterioration or other changes is communicated from contracted service providers in a timely manner and responded to effectively.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. Whilst acknowledging the improvement activities commenced, the Approved provider is unable to demonstrate that deterioration or change in consumers’ condition is recognised and responded to in a timely manner.

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

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

The Assessment Team found that the service did not adequately demonstrate how consumers’ conditions, needs and preferences are documented and communicated with other services and where responsibility for care is shared. The service does not actively seek current consumer information relying on reporting by exception and a monthly report recently commenced with contracted service providers. Assessment, care planning information and clinical care needs of consumers are not generally available to support workers of self-managed consumers and representatives. These staff rely on consumer’s representatives to advise of care needs.

A process of monthly communication with each consumer and representative has recently been introduced. However, this was not evidenced in consumers’ files or through consumer feedback. Local Guardians staff advised they do not record all telephone conversations with consumers.

The response submitted by the Approved provider accepts the deficits identified by the Assessment Team and outlines improvement activities that have commenced to strengthen information sharing with contracted service providers and others involved in each consumers’ care. A project to record information about each consumer and their preferences that will be shared with care workers is also planned.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. Whilst acknowledging the improvement activities commenced, the Approved provider is unable to demonstrate that information about consumers’ conditions, needs and preferences is documented and communicated with those involved in consumers’ care.

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

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

The Assessment Team found that timely and appropriate referrals are not consistently completed for consumers. When an assessed need is identified during consumers’ initial and ongoing assessments, this may lead to Local Guardians advising the consumer to make a referral. The service does not always know if referrals are completed. It is up to the family to provide any recommendations following a referral back to Local Guardians.

The service does not have a referral policy to support and guide staff.

The Approved provider response notes that Local Guardians will now support consumers to access other services of their choice for referral purposes and monitor to outcomes of referrals made.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. Whilst acknowledging the Approved provider’s undertaking to support and monitor referrals to other organisations as required, the Approved provider is unable to demonstrate that timely and appropriate referrals are made to other organisations as required.

### 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 the Approved provider has addressed previously identified deficits in relation to the service’s outbreak management plan and information about COVID-19 provided to staff and consumers. Consumers reported that workers ask consumers about their health status before entering their homes and wear appropriate personal protective equipment during service delivery. Staff described infection prevention and control training and discussed the strategies they use to minimise the risk of infection.

Based on the information provided I am satisfied that this requirement is Compliant.

# STANDARD 4 NON-COMPLIANTServices 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

Not all consumers receive other supports for daily living that are reflective of their current needs, goals and preferences for daily living. Supports provided do not consistently enhance consumers’ quality of life.

Consumers and representatives generally reported satisfaction with the emotional support consumers receive from staff. However, this area of support is not consistently recorded in assessment and care planning documentation.

Consumers and/or their representatives were satisfied with services and supports to assist them to access the community, maintain social and personal relationships and do things of interest to them.

Information about each consumer’s condition, needs and preferences relating to their supports for daily living is not effectively communicated within the service and to those involved in care and supports.

Local Guardians are generally not aware if equipment provided to the consumer is safe, suitable, clean and well maintained. Local Guardians is also unaware of specific equipment recommendations are unless the consumer/representative provides this information.

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

## Assessment of Standard 4 Requirements*.*

### Requirement 4(3)(a) Non-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.*

The Assessment Team found that while the service has made improvements to the ‘client personal assessment’ this document does not prompt consumers /representatives to consider social interests which may be important to the consumer other than ‘social situation’ which generally refers to whom they live with. The Assessment Team’s report provides examples of consumers who have not had required supports for daily living identified through the assessment and care planning process which has resulted in supports not being provided or supports suggested by the support worker with no assessment of safety or other risks.

The response submitted by the Approved provider outlines the assessment and care planning process undertaken by case manager in consultation with the consumer /representative and notes some additional prompts that will be included in the assessment tool.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. Whilst acknowledging the Approved provider’s undertaking to make adjustments to the assessment and care planning process to identify and provide supports for daily living that meet consumer’s needs and goals and optimises their independence, the evidence provided by the Assessment Team demonstrates that this is not consistently occurring.

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

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

### 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.*

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

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

The Assessment Team found that information about the consumer’s condition, needs and preferences relating to their supports for daily living is not effectively communicated within the service and to those involved in care and supports.

Assessment and care planning documentation varies between contracted service providers. Whilst some consumers’ information was detailed, others were incomplete and when social concerns were identified, these were not reflected in service supports provided. The Assessment Team’s report provides examples of consumers’ care plans and related care documentation that included little information regarding consumers’ life histories, interests or what is important to them regarding supports for daily living. Support workers provide care managers with information regarding changes to consumers’ interests and support needs. However, the Assessment Team noted this is not always updated on assessment and care planning documentation. The Assessment team also found that information from others involved in consumers’ care that may be obtained during assessment and care planning, is not consistently shared with staff providing services to the consumer.

The response submitted by the Approved provider states that the deficits identified by the Assessment Team will be addressed through improvement projects related to obtaining information about consumers’ stories, reporting and note keeping and assessments and care planning.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. The Approved provider was unable to demonstrate that 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) Non-compliant

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

The Assessment Team found that the service is unable to consistently evidence referrals to other organisations and providers of care and services such as mental health services, counsellors, social workers, religious groups or other services of interest to the consumer. The service relies on family members to arrange social supports. Assessments, care plans and documentation lacked evidence of referrals and connections that support consumers’ lifestyle and wellbeing needs. The Assessment Team observed referrals to My Aged Care advocating for a higher level package however, did not observe other referrals when a social support need was identified.

Management advised responsibility for referrals sits with the consumer and representative and contracted service provider.

The response submitted by the Approved provider states that the deficits identified by the Assessment Team will be addressed through improvement projects related to assessments and care planning and referral management.

I have reviewed all the information provided and am satisfied that this requirement is Non-Compliant. The Approved provider was unable to demonstrate timely and appropriate referrals to other organisations are supported for consumers as required.

### Requirement 4(3)(f) Not Assessed

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

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

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

The Assessment Team found that consumers and representatives source equipment for consumers. This can be done either through advice of an occupational therapist, medical practitioner, a local equipment supplier.

Local Guardians are generally not aware if equipment provided to the consumer is safe, suitable, clean and well maintained or what equipment recommendations are if the family do not supply the information. This has the potential to place consumers at risk of harm. Local Guardians staff indicated equipment supply and maintenance are the responsibility of the consumer/representative.

Local Guardians do not have a policy in relation to provision of safe and suitable equipment for consumers.

The response submitted by the Approved provider agrees that the management of equipment, regardless of the source needs to be improved and undertakes to address this through an equipment management project.

I have reviewed all the information provided and am satisfied that this requirement is Non-compliant. The Approved provider was unable to demonstrate that where equipment is provided it is safe, suitable, clean and well maintained.

# STANDARD 6 NON-COMPLIANTFeedback 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 generally feel encouraged and supported to speak up when they have concerns. However, consumers confirmed they normally provide this feedback to support workers or the care managers from contracted service providers, not to Local Guardians.

While consumers were not aware of advocacy services, they indicated an awareness of methods for raising complaints with contracted service providers and felt comfortable to do this. The Local Guardian’s Home Care handbook contains information on advocacy services to assist consumers to understand the role and have access to an advocate if required.

Consumers and representatives provided mixed feedback in relation to responses received following concerns they had raised with Local Guardians.

Local Guardians complaints documentation directs consumers to raise all complaints with their support worker or contracted service provider. There is no information directing consumers to provide complaints to Local Guardians.

It was not evidenced whether Local Guardians are aware of all feedback and complaints received by contracted services. They would therefore be unable to analyse all feedback and complaints to provide improvements in consumers care and services. However the Approved provider was able to demonstrate a continuous improvement process and broader actions taken in response to a consumers’ complaint to improve service delivery.

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

## Assessment of Standard 6 Requirements

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

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

### 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.*

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

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

The Assessment Team found that consumers and representatives provided mixed feedback in relation to responses received following concerns they had raised with Local Guardians. Complaints ranged from financial statements not being itemised, lack of transparency of charges on statements, office staff not being accessible, not having a local care manager and consumers having to complete their own care planning and budgets. Feedback about the process of complaint management focused on ongoing dissatisfaction due to lack of action or timely resolution and lack of the use of open disclosure.

Local Guardians complaints documentation directs consumers to raise all complaints with their support worker or contracted service provider. There is no information directing consumers to provide complaints to Local Guardians. It was not evident to the Assessment Team that Local Guardians are aware of all feedback and complaints received by contracted services.

While management at Local Guardians were able to describe the process of open disclosure only one example was provided.

The response submitted by the Approved provider notes that the service does have a complaint register in place which includes details of complaints and feedback as well as actions taken. However, the response recognises the weakness in the complaint management processes and outlines an improvement project commenced to strengthen this area including improved communication with contracted service providers, implementation of open disclosure processes and strengthened monitoring processes.

I have reviewed all the information provided and am satisfied that this requirement is Non-compliant. The Approved provider was unable to demonstrate that appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong. I do however, also acknowledge the actions commenced by the Approved provider to address the identified deficits.

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

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

# STANDARD 7 NON-COMPLIANTHuman 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

Local Guardians are unable to demonstrate that the workforce is planned to enable, the delivery and management of safe and quality care and services.

Management of Local Guardians advised they do not get involved with the human resource matters of contracted service providers that supply all services directly to consumers or the support workers employed privately (funded through the package) by consumers and representatives.

While consumers and representatives interviewed said staff from contracted service providers are kind, caring and gentle, the service could not demonstrate the contracted workforce is competent and has the relevant skills, experience and knowledge to meet the needs of all consumers, particularly those with complex care needs.

While consumers and representatives expressed confidence in the ability of staff from contracted service providers, the Assessment Team identified consumers at risk. Incidents such as consumers’ falls and change in consumers’ condition, which involve support workers are not always effectively reviewed, including consideration of the competence, experience and training needs of the support worker, to ensure the consumer and others receive safe care and services

Local Guardians do not recruit, train or equip external support workers. Current contract management processes do not provide sufficient information to demonstrate that contracted and private support workers’ training needs are identified and required training is completed.

Current contract monitoring processes do not provide the Approved provider with sufficient information to give confidence that staff assessment, monitoring and performance is regularly undertaken

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found that Local Guardians are unable to demonstrate the workforce is planned to enable, the delivery and management of safe and quality care and services. Local Guardians’ management advised they do not get involved with the human resource matters of contracted service providers that supply all services directly to consumers or the support workers employed privately (funded through the package) by consumers and representatives. Local Guardians do not know if the workforce is suitable and appropriate to deliver safe and quality care to their consumers.

The response submitted by the Approved provider acknowledges the deficits identified by the Assessment Team and outlines a series of improvement actions planned to address the issues. These include ensuring self managed consumers are aware of their responsibilities to share information about staff, recruiting a procurement manager to manage compliance and training, developing role qualification requirements and monitoring processes, improving ongoing staff training opportunities and requirements, reviewing contracted service provider agreements to include reporting and monitoring in relation to staffing issues.

I have reviewed all the information provided and am satisfied that this requirement is Non-compliant. The Approved provider was unable to demonstrate thatthe workforce is planned to enable the delivery and management of safe and quality care and services.

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

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

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

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

The Assessment Team found that the service could not demonstrate the workforce are competent and has the relevant skills, experience and knowledge to meet the needs of all consumers, particularly those with complex care needs.

While consumers and representatives expressed confidence around the abilities of staff from contracted service providers, the Assessment Team identified consumers at risk, and care workers making decisions in relation to consumers’ care and services that are beyond the responsibility of their role.

Management have not monitored, reviewed and evaluated staff competency, relying on other service providers and consumers/representatives to do this.

Consumers’ incidents such as falls and change in consumers’ condition, which involve support workers are not effectively reviewed by Local Guardians. The competence, experience and training needs of the support worker are not considered and reviewed to ensure the consumer and others receive safe care and services.

The service requests consumers and representatives to supply the police checks and insurances of support workers that they contract, before commencing services with their consumers. There is no system to monitor the ongoing compliance of these support workers and aged care experience is not a consideration or requirement from Local Guardians.

Other professionals such as allied health and nurses if employed privately do not have their registrations checked for currency.

Management have introduced a monthly performance report which is used to collect information including staff training from contracted service providers. Reports reviewed by the Assessment Team contained limited and generic information.

The response submitted by the Approved provider emphasises the benefits of consumer choice, but acknowledges the need to improve processes to ensure the workforce is competent and qualified to perform their role. Planned actions include improved incident reporting and follow up, implementation of processes to check and monitor staff qualifications and a review of contracted service providers’ agreements and reporting requirements.

I have reviewed all the information provided and am satisfied that this requirement is Non-compliant. The Approved provider was unable to demonstrate thatthe workforce is competent and has the qualifications and knowledge to effectively perform their role.

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

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

The Assessment Team found that Local Guardians do not recruit, train or equip external support workers. This is the responsibility of consumers, representatives and contracted service providers. Consumers and representatives are provided with information and pay a coaching fee to learn ‘How to find the right carer online’ and ‘How to find high quality care providers and keep them.’

Management were unable to demonstrate how they monitor contracted service providers’ staff and support workers employed directly by consumers and representatives. There is no system or process to monitor that contracted service providers assess the training needs and ensure completion of training for their staff. There is no process to ensure private support workers (funded through the package) have appropriate training.

While Local Guardian’s People and Training policy documents initial training, management did not provide evidence of the ongoing training register apart from office staff training.

Feedback from contracted service providers’ staff was positive around the training they received from the service they were employed by. Three contracted support workers had training in infection control, incident reporting and manual handling. However, two privately sourced support workers (funded through the package) had not completed aged care training and commented on learning on the job.

Management advised Local Guardians are developing an online education portal for support workers. This is in the development stages.

The response submitted by the Approved provider acknowledges the Assessment Team’s findings and outlines improvement activities commenced to enhance support worker selection, induction and ongoing training and to enhance reporting requirements regarding support worker training from contracted service providers.

I have reviewed all the information provided and am satisfied that this requirement is Non-compliant. The Approved provider was unable to demonstrate thatthe workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### 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 that Local Guardians could not evidence regular assessment, monitoring and review of members of the workforce as under the current care and service model this is the responsibility of contracted service providers. Support workers. who have been employed by consumers and paid for through the package, have no evidence of review of their performance.

The Assessment Team report provides examples of inadequate care worker performance, particularly in relation to the management of consumer incidents which have not led to a review of the competence and training requirements of the support worker, potentially placing the consumer and other consumers at risk of harm.

The response submitted by the Approved provider, while providing evidence of a consumer representative’s satisfaction with the support workers involved in service provision, acknowledges the improvement opportunity to monitor the performance of each member of the workforce with the cooperation of consumers and their representatives, without unreasonably increasing fees.

I have reviewed all the information provided and am satisfied that this requirement is Non-compliant. The Approved provider was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Current contract monitoring processes do not provide the Approved provider with sufficient information to give confidence that staff assessment, monitoring and performance review is regularly undertaken.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service could not demonstrate how they engage consumers in the development, delivery and evaluation of care and services. There are no formal avenues to actively seek input from consumers and representatives about their experiences, quality of care and services and how they may want to engage and have input into the development of the service.

While the service’s management team spoke about promoting a culture of safe, inclusive, quality care and services for consumers, this does not translate into safe care and services for consumers.

The service did not demonstrate effective organisation wide governance systems and processes. Local Guardians are unaware of care information provided contracted and private support workers (funded by the package) and whether care provision aligns with consumers’ assessed needs. Governance processes related to workforce and regulatory compliance are insufficient.

Local Guardians are not aware of all feedback and complaints received by contracted service providers and are therefore unable to analyse all feedback and complaints to provide improvements in care and services.

The service does not effectively identify, manage, analyse and monitor high impact or high prevalent risks associated with the care of each consumer.

The organisation could not evidence a clinical governance framework.

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 that the service could not demonstrate how consumers are engaged in the development, delivery and evaluation of care and services. There are no formal avenues to actively seek input from consumers and representatives about their experiences, quality of care and services and how they may want to engage and have input into the development of the service.

The service could not demonstrate a regular process for seeking and obtaining consumer feedback to inform service development, delivery and evaluation of care and services.

The response submitted by the Approved provider focuses on the one on one consumer care planning and review process as demonstration of this requirement. The response notes that the organisation’s processes have been designed around consumers and are approved by the Plain English Foundation. In response to the Assessment Team’s finding, the Approved provider has sent out a consumer survey. Results will be incorporated into a business redesign.

I have considered all the information provided and find that this requirement is Non-Compliant. While acknowledging the focus on individual consumer engagement in the management of their care package, the Approved provider was unable to demonstrate consumer engagement in the development, delivery and evaluation of broader processes related to care and services.

### 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 that while the service’s management team spoke about promoting a culture of safe, inclusive, quality care and services for consumers, this does not translate into safe care and services for consumers.

* Local Guardian’s management do not have an awareness of their service provider responsibilities. The organisation’s service model actively seeks to make other service providers, including consumers/representatives accountable for safe, care and services.
* Agreements are made with consumers to learn assessment, care planning, hiring of staff, staff training and reporting to Local Guardians. Consumers and representatives pay for coaching from Local Guardians when they commence a home care package. Safe and effective assessment, planning and services are reliant on the competence and awareness of the consumer and/or representative to recognise risks, safe care and service requirements.
* Management advised the organisation’s governing body consists of a chief executive officer and a director. All strategic and operational decisions are the responsibility of the governing body.
* The organisation has an advisory Board that discusses regulatory risk and ways to grow the business. Management said the advisory Board compliments the small Board. The last Board meeting was held on 19 October 2019.
* The Board have limited oversight of clinical, incident or other data to understand the quality of care and services provided to consumers.

The Approved provider’s response focuses on the assessment and care planning processes for self-managed consumers as demonstration of this requirement, but acknowledges that consumers would benefit from greater organisational oversight. The response outlines plans to review and strengthen incident analysis and risk management and also outlines a planned project focusing on diversity and inclusion.

I have considered all the information provided and find that this requirement is Non-Compliant. The Approved provider was unable to demonstrate that 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) Non-compliant

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

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

The Assessment Team found that the service could not evidence effective governance systems related to information management systems. For example, there are no policies and procedures for consumer assessment and care planning, identifying consumer change and deterioration or guidance for incident reporting. Management advised these things are embedded in all of their documents. Local Guardians are unaware of what care information is provided to contracted support workers and support workers sourced by consumers and representatives, and whether care provision aligns with the consumers’ assessed needs.

The service has a continuous improvement plan that contains mostly organisational improvements. Management discussed a recent improvement in the consumer admission process with the allocation of a dedicated contact person.

The Home Care handbook describe inclusions and exclusions for home care package consumers’ funds. However, consumers’ financial statements are not clearly itemised or easily understood by consumers.

The service uses a self-managed model to enable consumers to have a high degree of choice. Management of Local Guardians were unable to demonstrate how they have oversight of contracted service providers’ staff and support workers employed directly by consumers and representatives (funded through the package). Local Guardians do not know if the workforce is suitable and appropriate to deliver safe and quality care to their consumers.

Whilst the service requests copies of police checks and insurances of support workers (package funded) sourced by consumers and representatives before commencing consumers’ shifts, there is no system to monitor the ongoing compliance of these support workers. Other professionals such as allied health and nurses if employed privately do not have registrations checked for currency. Management require contracted service providers to sign a statutory declaration that their staff have current police checks. There is no further monitoring of compliance by Local Guardians. Management of Local Guardians and contracted service providers’ staff interviewed were not aware of the requirement for all staff who lived overseas since the age of 16 to complete a relevant statutory declaration.

Local Guardians are not aware of all feedback and complaints received by contracted service providers and are therefore unable to analyse all feedback and complaints to provide improvements in care and services.

The response submitted by the Approved provider refutes that there are no policies and procedures to guide staff and provides an overview of information available on the organisation’s intranet and public website that provides guidance to consumers, contracted service providers and staff to manage home care packages. The response acknowledges the need for greater organisational oversight of the management of each home care package and outlines a charter of self-management that is being developed with self-managed consumers.

The response also demonstrates that the service has a real time software system for tracking unspent funds, which is used by a large number of organisations across Australia. The response notes that work is underway to improve the clarity of consumers’ financial statements.

The response acknowledges the need to strengthen governance processes to monitor contracted service providers and staff, and associated regulatory requirements. It discusses a range of processes being developed to manage this more effectively. The response also acknowledges the need to review the service’s complaint process and supporting governance processes to enable greater oversight of consumer feedback and complaints.

I have reviewed all the information provided and find this requirement is Non-compliant. Whilst the Approved provider was able to demonstrate that the organisation has financial processes to manage home care packages and some guidance is available for consumers, contractors and staff, there are significant deficits in governance processes relating to information management, oversight of the workforce, regulatory compliance and complaints management that the Approved provider has commenced to address.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that the service does not effectively identify and manage high impact or high prevalent risks associated with the care of each consumer.

* When consumers were asked about the support they receive to live safely and independently at home, they indicated that the service supports them to live the best life they can. However, while consumers expressed satisfaction with their care and services, the service could not demonstrate an effective system to assess and monitor risks to the health, safety and well-being of consumers.
* Risk assessments are completed in assessment documents however identification of a risk does not lead to effective risk mitigation strategies to lessen the risk for consumers.
* Not all consumers’ falls are reported and incidents when reviewed, do not consistently initiate change. Ineffective analysis of risk was evidenced in incidents identified by the Assessment Team involving support workers.
* While Local Guardians staff could identify risks such as falls, infections and wounds these risks are not recorded and monitored by Local Guardians and the service does not understand why these risks need to be collated, analysed or trended.
* The training of contracted service providers’ staff and support workers (employed by consumers), is not monitored, therefore Local Guardians are not aware if training for example on elder abuse has been completed. Interviews with contracted support workers indicated that these staff had an awareness of the incident reporting requirements of their service.
* Management introduced an electronic incident reporting tool April 2021 for consumers, representatives and contracted service providers to use. Information provided to date is limited.
* There is no policy and procedure for incident management.

The response submitted by the Approved provider acknowledges the need to be more involved in ‘self-managed’ consumers and lists a number of planned improvement activities including consumer education, additional risk oversight at a corporate level and an incident tracking procedure to document practices that are currently occurring.

I have reviewed all the information provided and find this requirement is Non-compliant. The Approved provider was unable to demonstrate effective risk management processes and practices and has commenced actions to address this deficit.

### 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 could not evidence a clinical governance framework. There are no references to clinical care and open disclosure in organisational documents, policies and procedures.

* The service does not consistently monitor and evaluate incidents including clinical incidents as reported by contracted service providers or consumers/ representatives.
* The consumer assessment process does not always identify or respond to clinical issues. The service does not have records of clinical care services provided to consumers and when clinical care is provided, such as wound care, Local Guardians do not seek or monitor the status of the wound.
* When weight loss or gain is identified and a need for a referral is recommended the service does not monitor if the referral has occurred and seek the specialist’s recommendations, thereby placing consumers at further risk.
* Management discussed open disclosure processes. The service does not have an open disclosure policy.

The response submitted by the Approved provider acknowledges the need to develop a clinical governance framework and discusses some of the challenges to do this under the current model of care. The response undertakes to develop governance processes to improve monitoring and evaluation of incidents and clinical care.

I have reviewed all the information provided and find this requirement is Non-compliant. The Approved provider was unable to demonstrate a clinical governance framework and has commenced actions to address this deficit.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 1**

* Ensure communication with and information provision to consumers is undertaken in a way that is accessible to them and is adapted as consumers’ circumstances change.
* Ensure consumers’ financial statements are easy to read and itemised as required under current legislation.

**Standard 2**

* Ensure assessments undertaken with each consumer (self-managed, or managed by a contracted service provider) identify and respond to risks. These may include wandering behaviour, weight loss, depression, poor balance, social isolation, falls, pressure injuries, mental health conditions and swallowing difficulties. Ensure interventions to minimise these risks are included in each consumer’s care plans to inform the delivery of safe care and services.
* Ensure assessment and care planning identifies and addresses each consumer’s (self-managed, or managed by a contracted service provider) current needs, goals and preferences including end of life planning if the consumer wishes.
* Ensure assessment and care planning documents reflect the consultation and ongoing partnership with each consumer (self-managed, or managed by a contracted service provider) and/others that the consumer wishes to involve.
* Ensure assessment and care planning documents include information from other organisations that are involved in each consumer’s care, including consumers who are self-managed, or managed by a contracted service provider.
* Ensure care and services for each consumer (self-managed, or managed by a contracted service provider) are reviewed regularly and when circumstances change such as following an incident. Ensure reassessments are undertaken as required and care plans updated.
* Develop and implement an organisational policy and guidance material for staff and consumers that align with the requirements of this Quality Standard.
* Provide staff education and support them to undertake assessment and care planning as required under this Quality Standard.
* Implement internal oversight processes to ensure all consumers including consumers managed by contracted service providers and self-managed consumers, have assessments and care plans developed that align with the requirements of this Quality Standard.

**Standard 3**

* Ensure all consumers (self-managed, or managed by a contracted service provider) who require clinical and/or personal care receive care that is best practice, is tailored to their needs and optimises their health and well-being. In particular consumers who have wounds, infections, indwelling catheters, stomas, unstable diabetes or are living with other complex care needs should have these needs considered in their care and reflected in assessment and care planning documents.
* Ensure effective management of high impact or high prevalence risks for each consumer (self-managed, or managed by a contracted service provider). These risks may include but are not limited to falls, weight loss, skin integrity, swallowing/choking risks, social isolation. Ensure interventions for care staff are recorded and available at point of care and ensure all staff understand required escalation processes.
* Ensure deterioration or change in each consumer’s (self-managed, or managed by a contracted service provider) condition is recognised and responded to in a timely manner. Ensure all staff understand required escalation processes.
* Ensure information about each consumer’s conditions, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared*.* In particular ensure that all staff involved in consumers’ care and services have access to care plans that support the delivery of safe and best practice care.
* Ensure timely and appropriate referrals are made to other health providers as required. This may include but is not limited to allied health professionals and nursing services. Ensure recommendations made by other health providers are incorporated into the consumer’s care plan to promote the delivery of safe and effective care.
* Develop and implement an organisational policy and guidance material for staff and consumers that aligns with the requirements of this Quality Standard.
* Provide staff education and support them to undertake assessment and care planning as required under this Quality Standard.
* Implement internal oversight processes to ensure all consumers, including consumers managed by contracted service providers and self-managed consumers, have clinical and personal care provided when required that aligns with the requirements of this Quality Standard.

**Standard 4**

* Ensure each consumer gets safe and effective services and supports for daily living as identified through assessment and care planning processes, which meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.
* Ensure information about each consumer’s, including consumers managed by contracted service providers and self- managed consumers, conditions, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers as required including consumers managed by contracted service providers and self-managed consumers. Ensure recommendations from these referrals are incorporated into consumers’ care plans and inform care and service delivery.
* Where equipment is provided, ensure appropriate assessments are completed, and that equipment is safe, clean and well maintained.
* Develop and implement an organisational policy and guidance material for staff and consumers that aligns with the requirements of this Quality Standard.
* Provide staff education and support them to undertake assessment and care planning as required under this Quality Standard.
* Implement internal oversight processes to ensure all consumers, including consumers managed by contracted service providers and self-managed consumers, have safe and effective supports for daily living provided that align with the requirements of this Quality Standard.

**Standard 6**

* Implement processes and practices to ensure appropriate action is taken in response to feedback and complaints from all consumers, including consumers managed by contracted service providers and self-managed consumers. Include processes and practices for open disclosure when things go wrong, as an integral part of the organisation’s complaint management policy.

**Standard 7**

* Implement processes and practices to ensure the workforce is planned to enable the delivery and management of safe and quality care services. This includes sufficient workforce to coordinate and deliver care and services and sufficient workforce to provide clinical and other governance oversight.
* Implement processes and practices to ensure the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Implement processes and practices to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Implement processes and practices to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Implement internal oversight processes to ensure all contracted service providers’ human resource management processes and practices meet the requirements under this Quality Standard.

**Standard 8**

* Implement governance processes and practices to engage consumers in the development, delivery and evaluation of care and services and ensure that consumers are supported in that engagement as required.
* Implement governance processes and practices that support and promote a culture of safe, inclusive and quality care and services and accountability for their delivery.
* Implement effective governance processes and practices in relation to information management, particularly where consumers are managed through contracted service providers, workforce management, regulatory compliance, and complaint management.
* Implement an effective risk management system that includes processes and practices to:
	+ Identify consumers at risk.
	+ Incident management and analysis that mitigates recurrence of incidents and supports consumers to live the best life they can.
	+ Identification of and appropriate response to allegations of abuse and neglect of consumers.
* Implement an effective clinical governance framework, including an open disclosure policy. This needs to include processes and practices to identify and manage consumers’ clinical care needs and risks, to ensure appropriate reporting, escalation and analysis and action in relation to consumers’ clinical risks and incidents.