Mirae Community Care Services Australia HQ

Performance Report

Suite 833, Level 8, 25 Restwell Street   
BANKSTOWN NSW 2200  
Phone number: 02 72026841

**Commission ID:** 201321

**Provider name:** Stonebridge Global Consulting Pty Ltd

**Assessment Contact - Site date:** 8 February 2021 to 10 February 2021

**Date of Performance Report:** 13 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-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) | 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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 6 Feedback and complaints** | **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) | Non-compliant |
| Requirement 7(3)(b) | Non-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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 24 March 2021.

# STANDARD 1 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from consumer and staff interviews and the assessment of other Standards.

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

The organisation was unable to demonstrate how they ensure care and services are culturally safe and each consumer is supported to take risks to enable them to live the best life they can. Consumers and their representatives provided feedback that information provided to them is not always current accurate and timely.

The Quality Standard is assessed as Non-compliant as three 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.*

The Assessment Team found that the service demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the following improvements:

* The client handbook includes a statement about the "diverse team that can speak your language, understand your cultural differences and religious preferences…"
* Staff have been provided with information about the requirements of Standard 1.
* A range of information documents have been assembled in a package provided to all consumers. A consumer representative stated they have received the package but did not comment if this is helpful to them. The package includes a feedback form to encourage consumers to provide positive and/or negative feedback about the service they receive.
* Staff now have access to the policies and procedures via an online platform. Some staff said they have accessed the system however due to the volume of training they have been asked to complete they have not had time to investigate it.
* Consumers with specific language needs have staff who can speak their language and prepare meals which are culturally appropriate.

Consumers and their representatives provided feedback that staff are kind, caring, respectful and treat the consumer with dignity. A consumer representative stated they had been provided with the Charter of Aged Care Rights and they have signed a copy on behalf of the consumer. The Assessment Team observed copies of signed Charters in the computerised record system.

I am of the view that the approved provider complies with this requirement as they have demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team found that the service did not demonstrate that care and services are culturally safe.

The Assessment Team found the organisation was unable to demonstrate the provision of training to assist staff's understanding specific to this requirement. Staff were unable to explain and had no understanding of the concept of cultural safety and how it may apply to all consumers. The review of consumer records shows that accurate information about consumers is not always recorded. Care planning documentation is not being provided to support workers routinely, therefore they may be unaware of what is culturally important to a consumer. The organisation has had difficulty matching appropriate staff that are able to clearly communicate with certain non-English speaking clients. While the organisation has established an account with a translation service, they have not used the service as yet.

The approved provider submitted a response that provided further detail and clarified the difficulties they have encountered finding appropriate staff. The response also included several improvements that have since been implemented. I have reviewed and accept the approved providers assertion that they had a mandarin competent staff member to offer support. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 1(3)(d) Non-compliant

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

The Assessment Team found that the service did not demonstrate that each consumer is supported to take risks to enable them to live the best life they can.

The Assessment Team found the organisation is not always identifying risks and therefore is unable to support consumers to live the best life they can. Interviews with the case managers showed they have limited knowledge and understanding of identifying and managing risks for consumers. Therefore, risks are not always identified and documented in care planning documentation. In general assessments have been carried out over the phone and this has limited the identification of risks for consumers. Recent visits by the case managers have identified additional risks for consumers however the lack of expertise, including clinical knowledge has impacted on their ability to identify risks. While the organisation has identified some risks to consumers, they have not provided information to the consumer regarding the risk and how it could be managed to help them to live the way they choose. The organisation could not demonstrate how they managed consumer risk for those consumers who put their services on hold for a variety of reasons.

The approved provider submitted a response that provided further detail and clarified the difficulties they have encountered finding appropriate education providers to assist them to train staff in the standards, and how they apply to their cohort of consumers.

I have reviewed the information from the approved provider in relation to risk and note that while their case managers do have collective aged care experience, it is important to note that previously aged care providers tended to prevent consumers from undertaking any risks, to preserve their usually frail condition, and preventing them from choice. The intent of this requirement is to promote consumers choice, including to make potentially risky decisions. Dignity of risk supports a consumer’s independence and self-determination to make their own choices, including to take some risks in life. This is a relatively new concept to many in aged care.

The response also included several improvements that have since been implemented, however the approved provider has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 the service did not demonstrate that 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 the organisation has made improvements to the information provided to consumers and their representatives, there are still areas for improvement to ensure the accuracy and timeliness of the information provided. These include:

* Care plans were found to be inaccurate, and did not accurately reflect consumer care needs, their diagnosis and/or other personal information.
* Updated care plans had not been signed.
* Services available to consumers is only listed on the organisation’s website without consideration on how the consumers would have access or understand the contents.

The approved provider submitted a response that provided further detail and clarified some information in the report. I have reviewed and accept the approved providers assertion that all care plans have been signed. The response also included several improvements that have since been implemented, however the approved provider has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the requirements under this Standard, interviewed staff, and reviewed a range of records.

In general, consumers and representatives interviewed were satisfied that they participated in ongoing assessment and planning, and that care and services delivered were safe and assisted consumers to live at home and enhance their health and wellbeing. However, the Assessment Team identified a range of deficiencies across this Standard.

The Assessment Team found that care planning documentation did not contain sufficient formation for support workers to provide safe and effective services to the consumer. For example, care plans were not readily available to support workers and did not provide strategies/interventions of individual consumer needs and risks to inform and ensure safe care delivery. Care assessments did not consistently or comprehensively identify personal and clinical needs/risks. This was evident where clinical conditions posed a risk to consumers and these were not always identified, monitored or managed to enhance consumer outcomes. The service lacks timely clinical oversight to assist with assessment and care planning.

The provider has made a number of improvements since the last Assessment Contact to the processes of assessment and care planning. However, based on the information reviewed, the Assessment Team found that three out of five Requirements were not met.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the service did not demonstrate that 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 while the service had made several enhancements through the engagement of new case managers and the use of assessment tools, however this has not contributed to the accuracy of the consumer care plans or identify risks. Care Plans developed from assessments undertaken were largely based on services provided and did not include the risks or needs of consumers identified in assessments undertaken.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented and some have already been reviewed since the performance review. I am satisfied that the service has improved their care and services and have taken reasonable steps to meet this requirement. The approved provider in their response, has also supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate that 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 while the service has increased communication with consumers to ensure they identify, and address consumers general needs; lack of clinical oversight and clinical knowledge has precluded the service being able to clearly identify consumers clinical needs. It was also noted that while come consumers had their end of life wishes documented, others did not, and there was no consistent approach to documentation in consumers care plans as to what had occurred.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, such as the engagement of a registered nurse. The approved provider in their response, has supplied a plan for continuous improvement and has disputed some of the information from the Assessment Team’s report, they have not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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.*

The Assessment Team found that the service demonstrates that assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the case management team has met with all consumers in their home to review and update their care plans, and the implementation of regular phone calls and a two weekly health check of consumers.

However, it was noted in the Assessment Team’s report that there does not seem a consistent approach in ensuring how support workers, operations team and case management teams are involved in the assessment, planning and review of the consumers care and services. In this requirement when there are multiple parties involved in a consumer’s care; the organisation has a responsibility to help consumers understand how they fit together. And they know which area is responsible for different aspects of their care and services, and who to contact in different situations. The approved provider will need to monitor and evaluate this communication to ensure it continues to meet this requirement.

I am of the view that the approved provider complies with this requirement as they have demonstrated that assessment and planning 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.

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

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

The Assessment Team found that the service did not demonstrate that 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 changes in the assessment and planning process have resulted in all consumers now participating in this process and receiving a care plan. However, a care and services plan, which includes a person’s needs, goals and preferences, should be available to the consumer in a way they can understand. Some consumers did not appear to understand what was in their care plan with regard to identified needs or goals and preferences. Most consumers were able to describe the care and services they were receiving. Some consumers said they had not received an updated care plan at the time of the performance review. While relevant information must be available when and where it is needed, to support safe and effective care and services, some support workers were of the opinion that this didn’t always occur.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 2(3)(e) 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 the service demonstrates that 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 provided information that the service has made several improvements in response to the previous performance review. These include the implementation of a schedule whereby consumers care and services, are reviewed three monthly by the case managers. The electronic system generates a review date. The new case managers also follow up on any information provided by the support workers or by consumers and relatives. The Assessment Team noted that care and services are reviewed when circumstances change and when incidents impact on the needs of consumers.

I am of the view that the approved provider complies with this requirement as they have demonstrated care and services are reviewed regularly for effectiveness, and when circumstances change.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the requirements under this Standard, interviewed staff, and reviewed a range of records.

The service was unable to demonstrate that each consumer gets safe personal and clinical care that optimises their health and wellbeing.

The service could not demonstrate effective risk management strategies for high risk consumers with complex health and clinical needs.

Information about the consumers condition, needs and preferences were not always identified, documented or shared within the organisation or with those who had responsibility for delivery of care and services.

The Quality Standard is assessed as Non-compliant as seven 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 the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

The Assessment Team found that while the service has introduced weekly clinical governance and risk meetings, the service has not demonstrated how consumers' clinical needs are assessed and managed without a clinician involved in the assessment and review processes. Due to this lack, clinical needs and risks are not consistently being recognised or captured during the assessment process and therefore care and service delivery is not always tailored to individual consumer needs. There is a lack of interventions in care plans to address consumer's needs, particularly consumers who are at risk of falls or who have dementia.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found high impact and high prevalence risks associated with the care of each consumer was not managed effectively. The service was unable to demonstrate identification of high risks for consumers with complex health issues or have appropriate documented strategies/interventions. There was insufficient information to guide support staff in delivering care and services for the consumers who have high impact or high prevalence risks associated with their care. The service did not demonstrate clinical input to assist with the management of clinical risks for these consumers or to undertake further risk assessments.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

The Assessment Team found that service did not have a system in place that enabled them to reliably assess when consumers are nearing end of life, in order to ensure their comfort is maximised. Details of the needs, goals and preferences of consumers nearing end of life are not documented for those who do not wish to confront this stage of life; and the service was unable to demonstrate what steps they have taken for those consumers.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including the engagement of a registered nurse. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 did not demonstrate that 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 some consumers have experienced health conditions or impairments that could restrict their capacity or abilities, however the service was unable to demonstrate how they assess, respond or escalate these changes in a timely manner. The service was unable to demonstrate they have systems and processes in place to support staff to recognise, and respond to a consumer whose function, capacity or health condition changes or deteriorates.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including the engagement of registered nurse to identify and escalate clinical concerns so that the service can assess these situations and take appropriate action. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate that 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 information about the consumer’s condition, needs and preferences are not always documented accurately in care plans. The Clinical Governance and Risk Committee meet on a weekly basis and information in relation to consumer needs are discussed and actioned at the meeting. However, actions from the committee are not always documented in care plans or used to inform changes in care planning and delivery. Support workers cannot access care plans unless they specifically ask for them.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including access to care plans for all support workers. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 the service did not demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs.

The Assessment Team found that while most consumers interviewed were satisfied they had access to other organisations and services, the service did not have appropriately qualified staff to conduct clinical assessments, to advise case managers when to refer consumers when clinical issues are identified.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented including the engagement of a registered nurse to identify and escalate clinical concerns, so that the service can make appropriate referrals to other organisations and providers of other care and services as appropriate.

While the approved provider refuted some information from the Assessment Team’s report in relation to the clinical assessments and provided evidence of a consumer receiving referral to registered nurse and occupational therapist; from the evidence provided, I am unable to determine if this was timely. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 3(3)(g) Non-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 service did not demonstrate that minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and 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 service had both a policy on minimisation of infection risks, and an COVID-19 management plan, staff were unable to demonstrate or describe standard and transmission-based precautions to prevent and control infection. The service was also unable to demonstrate how consumers would continue to receive effective services if restrictions due to COVID-19 occurs.

The approved provider submitted a response that refuted some of the information in relation to staff wearing masks in the report. However, the service did not provide evidence that staff are fully trained and competent in the theoretical and practical aspects of standard and transmission-based precautions, including effective hand washing techniques. The response also included several improvements that have since been implemented and some have already been reviewed since the performance review. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 4 NON-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

Consumers generally provided positive feedback about the services and supports for daily living which they are receiving, stating the staff are supportive and the service is responsive to the requests for changes in their scheduling of services. Two consumer representatives stated they are leaving the organisation as they say they are not satisfied with the provision of services.

The organisation has made improvements to address previously identified gaps in the provision of services and supports for daily living. However, these improvements have not been comprehensive enough to address the ongoing deficits in the provision and management of the services and supports for daily living.

The Quality Standard is assessed as Non-compliant as five of the seven 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 the service did not demonstrate that 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 considerable improvements by the service has occurred, the service is unable to demonstrate that the services and supports for daily living is provided in line with the consumer's care and services plan. Care plans reviewed by the Assessment Team generally are written to the services being provided by the service. Where aspects of caring responsibilities are shared with family members and/or partners this information is not always captured in care planning.

The approved provider submitted a response that refuted several aspects of the Assessment Teams report, including that support workers are introduced to the client and are provided with appropriate information directing the care and services they are providing. However, there is no evidence attached that demonstrates that each consumer receives services and supports that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life. As opposed to receiving a general service.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

The Assessment Team found that while several consumers have built relationships with their support workers, staff do not have the support and strategies directly available to them to enable them to recognise and promote emotional, spiritual and psychological well-being. Staff when equipped with this information are enabled to minimise the risk of stress, depression or anxiety, and help consumers experience meaning and purpose.

The approved provider submitted a response that provided further detail and clarified some information in the report. While the approved provider has refuted that information on assessments used do include aspects of emotional, spiritual and psychological well-being of consumers, staff were unsure of how this information is utilised to meet this requirement. The response also included several improvements that have since been implemented, such as providing support workers with care plans. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 the service did not 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.

The Assessment Team found the organisation cannot demonstrate effective communication within the organisation and with others where responsibility for care is shared. While the organisation has been working to improve assessment and the development of care plans they are not routinely provided to staff and there is a lack of consultation with staff regarding the development of care plans and provision of care.

The intent for this requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective service and supports for daily living and understanding the consumer’s condition, needs, goals and preferences. The information the workforce has access to, should help them provide and coordinate services and supports that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. While the approved provider has refuted information in the Assessment Team’s report in relation to support workers communication with management, they have not provided why the support workers have communicated this information with the Assessment Team. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that where meals are provided, they are varied and of suitable quality and quantity.

The Assessment Team found the service is unable to demonstrate a coordinated approach to the provision of meals which ensures consumers are appropriately assessed and supported. It is a requirement that when the service provides meals, they need to ensure that consumers have enough nutrition and hydration to maintain life and good health and reduce the risks of malnutrition and dehydration. The service was unable to demonstrate that this occurs.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that where equipment is provided, it is safe, suitable, clean and well maintained.

The Assessment Team found that the service did not demonstrate there is a system to monitor equipment used in the provision of home care services.

The approved provider submitted a response that refuted the Assessment Team’s findings in relation to use of private vehicles and personally-owned equipment. I have accepted this evidence as suitable. However, in the response is no information in relation to equipment the service has purchased, is safe, and well maintained.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Several sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

* The service has avenues for consumers and representatives to raise a complaint. Information is provided through a consumer information pack. Several brochures have been interpreted into specific languages.
* The service's process for recording and actioning complaints is ineffective and does not provide for open disclosure.
* The service does not have a current effective feedback process to inform continuous improvement.

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

## Assessment of Standard 6 Requirements

### 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 that the service demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the service has provided information to consumers to provide them with avenues for complaint, such as:

* Advocacy services (Older Persons Advocacy Network – OPAN brochure) and information on translating and interpreter services.
* The Commission’s “Do you have a concern” brochures in language specific versions and translated Charter of Aged Care Rights has been included in a new consumer information pack provided to consumers/representatives through recent in-home visits by case managers to most consumers.

I am of the view that the approved provider complies with this requirement as they have demonstrated 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 the service did not demonstrate that 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 was unable to demonstrate that it has an open and supportive process to record complaints and feedback. The service was unable to demonstrate they use best practice system for managing and resolving complaints for consumers. When consumers provide feedback on negative events such as support workers attending late or failing to show up, the service does not record these negative events as complaints and follow processes to resolve these in line with open disclosure processes.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also refuted some information that was given by consumers to the Assessment Team in relation to food. While I have accepted this, it indicates that the service has been unable to ensure the consumer understands the limitations and/or options available to them in relation to food.

The response also included several improvements that have since been implemented including implementing open disclosure processes, and policy. However, the response indicates the approved provider does not understand the intent of this requirement in relation to ‘formal complaints’ and feedback indicating negative events. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found the service does not have an effective feedback and complaints process to improve the quality of care and services. Information regarding complaints are not always documented, are sometimes captured in different places and are not evaluated. The service does not have a current process for engaging with consumers and representatives to provide feedback regarding their care and services.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented and some have already been reviewed since the performance review. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, most sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

* The service is unable to demonstrate that it has reliable, skilled and trained staff to provide safe quality care and services.
* Staff are not always supported by the organisation through the provision of information to effectively perform their roles.
* The service does not have a system to effectively supervise or manage staff performance.

The Quality Standard is assessed as Non-compliant as five 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 the service did not demonstrate that 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 while the service has engaged additional staff since the previous non-compliance, and some consumers are reasonably satisfied with the services received, other consumers provided feedback that they were not. Consumers and representatives provided feedback that services were inconsistent, and staff were unreliable, or staff failed to attend. The organisation was unable to demonstrate how it is supporting consumers when services have ceased or not being provided according to consumer’s assessed needs.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented including the engagement of a registered nurse. The approved provider in their response have refuted some of the information supplied by the Assessment Team and I am satisfied with their welfare calls. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The Assessment Team found that most consumers and representatives interviewed stated that they are happy with staff, and said they are kind and respectful. However, the organisation does not support the workforce with up-to-date information, tools and resources to respond to consumers’ life experiences, culture and diversity for their day to day interactions with those consumers.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including supplying all support workers with care plans. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 did not demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team found the service was unable to demonstrate there are processes in place for monitoring or reviewing that all staff have the qualifications and knowledge to effectively perform their roles. While staff have received training in various subjects, and roles; the service was unable to demonstrate this is sufficient, as the service has failed to meet the Quality Standards.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including the engagement of a registered nurse and providing case management courses for staff. I have reviewed and accept the approved providers assertion the Melbourne case manager provides oversight of the Victorian consumers. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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 the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team found that while the service has undertaken many improvements in this area, the service is unable to demonstrate adequate processes for monitoring or review to ensure that all staff have been sufficiently trained and equipped to deliver required outcomes by these standards.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including the registered nurse training staff on the Quality Standards. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team found the service has commenced staff performance appraisal monitoring on 29 January 2021 for employed or sub contracted staff and two staff have had staff appraisals to date. The operations manager advised that an appraisal form has been developed and education will be provided to senior staff. The operations manager is developing an appraisal schedule and performance appraisals will be completed on 29 February 2021.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Several sampled consumers did not consider that the organisation is well run and that they can partner in improving the delivery of care and services.

* Consumers are not engaged in the planning and provision of care and services and are not involved in the management of their homecare packages.
* The organisation does not have systems in place to effectively monitor its performance against the Quality Standards.
* The organisation is unable to demonstrate that its governance systems are effective in information management, continuous improvement financial governance and regulatory compliance.
* Gaps in the organisation’s risk management systems and clinical governance framework have been identified in Standards 2 and 3.

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 did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team found the organisation has made some improvements in an effort to support consumer engagement in the delivery of their services. However, gaps identified in Standards 1 – 7 indicate that consumers are not supported by the organisation to engage in the development of their care and services.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate that 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 advised they have made improvements in its accountability for delivery of safe quality care and services. Whilst the organisation has made some progress towards improving care and services delivered at the service level, it has not yet been able to demonstrate how it ensures priorities and strategic directions are effective and monitors the Quality Standards are being met.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.

The Assessment Team found there is limited effective monitoring, documentation, reporting or centralised systems to demonstrate the organisation has effective governance systems.

Information management:

The client (consumer) handbook has recently been reviewed (16 December 2020) and distributed to case managers to give to consumers during face to face visits. However, information in the client handbook does not list services available to them.

* The approved provider submitted that this information is now available as an additional brochure included in the client information folder, along with online. However, the approved provider has not quantified this information on whether this had since been provided to existing clients who may struggle to navigate online material.

I have reviewed the approved providers response and agree with its other issues and commitment to further improvements.

Continuous Improvement:

I have reviewed the approved providers response and agree with its assertion and commitment to further improvements.

Financial governance:

Assessment Teams are aware when conducting assessments that various elements of confidentiality are preserved, so when viewing elements such as financial records is to validate they exist, not to evaluate their contents for accuracy.

Workforce governance, including the assignment of clear responsibilities and accountabilities

Refer to Standard 7

Regulatory compliance:

Several monthly statements reviewed were not sufficiently itemised as required. The general manager advised that “domestic” specified only domestic/cleaning services and provided examples of consumers receiving other services where services were itemised. However not all monthly statements were itemised.

* The approved provider has not addressed this issue in their response or committed to providing these itemised monthly statements as required.

Feedback and complaints

Refer to Standard 6.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

The Assessment Team found the organisation did not demonstrate adequate understanding and application of this Requirement or have processes for monitoring or review to ensure that risks to consumers are managed effectively.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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 that the service did not demonstrate a clinical governance framework, including but not limited to antimicrobial stewardship; minimising the use of restraint; open disclosure.

The Assessment Team found while the service has a Clinical and Corporate Governance Committee and a clinical governance framework policy, the organisation did not have appropriately qualified staff to provide effective oversight of clinical governance. The organisation does not have a policy or guidelines around appropriate antibiotic prescribing to support optimal care and reduce the risk of increasing resistance to antibiotics. The organisation has implemented a policy regarding open disclosure however, management were not able to provide examples of an effective open disclosure process in relation to complaints or feedback.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, including engagement of a registered nurse. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted all of the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have reviewed these findings and consider that the organisation is not 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.

**Standard 1**

### Requirement 1(3)(b)

*Care and services are culturally safe.*

Ensure during initial entry each consumer is identified for any special needs in relation to any cultural or special interest groups, and ensure staff are trained to recognise, respect and support the unique cultural identities of consumers by meeting their needs and expectations and recognising their rights. Ensure all staff have access to appropriate information to assist them to make those connections.

### Requirement 1(3)(d)

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

Ensure staff are trained and understand dignity of risk and supports consumer’s independence and self-determination to make their own choices, including to take some risks in life. If consumer choices are possibly harmful to them, staff are expected to help the consumer understand the risk and how it could be managed to help them live the way they choose.

### Requirement 1(3)(e)

*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.*

Ensure the service is providing accurate and timely information in an appropriate format, through different channels and in languages and ways that consumers understand, which will help consumers get the most out of their care and services.

**Standard 2**

### Requirement 2(3)(a)

*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.*

Demonstrate that assessment and planning considers all relevant information in relation to consumers and is incorporated into care processes to inform delivery of safe and effective care and services. Ensure they consider risk, and clearly articulate strategies to mitigate those risks.

### Requirement 2(3)(b)

*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.*

Demonstrate that assessment and planning identifies and addresses the consumers current needs, goals and preferences.

### Requirement 2(3)(d)

*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.*

Demonstrate that the results of assessment and planning are effectively communicated to consumers and this documentation is available to them.

**Standard 3**

### Requirement 3(3)(a)

*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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice in personal and clinical care as required.

### Requirement 3(3)(b)

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

Demonstrate that high impact and high prevalence risks are identified and monitored with staff competent, equipped and supported in best practice to support consumers with these identified risks.

### Requirement 3(3)(c)

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

Ensure that the demonstrated 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)

*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.*

Demonstrate 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. Ensure staff are able to identify and respond to deterioration or changes in consumers in relation to consumer’s mental health, cognitive or physical function, capacity or condition.

### Requirement 3(3)(e)

*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.*

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

### Requirement 3(3)(f)

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

Ensure staff with relevant expertise in conducting clinical assessments are involved in determining clinical care needs. Demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services, always occurs to assist staff provide effective care.

### Requirement 3(3)(g)

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

Demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services, always occurs to assist staff provide effective care.

*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.*

Ensure staff are trained, competent, and monitored for best practice in effective infection control. Ensure effective policies and practices to promote effective decrease in antibiotic resistance where appropriate for the service.

**Standard 4**

### Requirement 4(3)(a)

*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.*

### Demonstrate that consumers get safe and effective services and supports for daily living that are tailored and meet the consumer’s needs, goals, and preferences. Ensure that when caring is shared, this is also captured to ensure the consumer’s needs and preferences are met. Ensure support workers have this knowledge, and it is monitored and evaluated to ensure these needs and preferences are maintained.

### Requirement 4(3)(b)

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

Demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Ensure that changes in a consumers emotional, spiritual and psychological well-being is effectively communicated and documented.

### Requirement 4(3)(d)

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

Demonstrate information about the consumer’s condition, needs and preferences is effectively communicated within the organisation, is individualised and captures what is important to the consumer. Ensure all relevant information that is time important is shared at an appropriate time to assist staff meet the consumer’s needs.

### Requirement 4(3)(f)

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

Demonstrate that where meals are provided, the consumers have enough nutrition and hydration to maintain life and good health and reduce the risks of malnutrition and dehydration. Ensure staff are trained appropriately, information to consumers is clear, and consumers are monitored to ensure its effective.

### Requirement 4(3)(g)

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

Demonstrate there is a system to monitor equipment used in the provision of home care services. Ensure all equipment is safe, suitable, clean and well maintained.

**Standard 6**

### Requirement 6(3)(c)

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

Demonstrate that all feedback is captured, investigated, and resolved appropriately and feedback is provided to the appropriate person utilising open disclosure processes. Ensure feedback is part of the service’s continuous improvement processes.

### Requirement 6(3)(d)

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

Demonstrate that all feedback and complaints are reviewed and used to assist the service inform how the quality of care and services are improved. Ensure trends are identified and strategies as a result assist drive the continuous improvement program and assist staff and management eliminate or reduce incidents prompting feedback.

**Standard 7**

### Requirement 7(3)(a)

*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.*

Demonstrate the workforce is supported, and the correct number and mix of staff are available to deliver safe and quality care and services to consumers.

### Requirement 7(3)(b)

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

Demonstrate the workforce is supported with up-to-date information, tools and resources to respond to consumers’ life experiences, culture and diversity. Ensure staff utilise this information in interactions with consumers in a kind, caring and respectful way.

### Requirement 7(3)(c)

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

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

### Requirement 7(3)(d)

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

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

### Requirement 7(3)(e)

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

Ensure staff appraisals are conducted for all staff in line with policy, and these appraisals assist management in managing and educating staff.

**Standard 8**

### Requirement 8(3)(a)

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

Demonstrate the organisation’s schedules for consumer involved meetings occurs, with consumer inputs considered. Ensure that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b)

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

Demonstrate 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)

*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.*

Demonstrate effective governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

### Requirement 8(3)(d)

*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.*

Demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, and supporting consumers to live the best life they can.

### Requirement 8(3)(e)

*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.*

Demonstrate their clinical governance framework is effective in ensuring good quality care and results.