Muslim Care

Performance Report

2 Carrington Square   
CAMPSIE NSW 2194  
Phone number: 02 8011 0911

**Commission ID:** 201195

**Provider name:** Muslim Care

**Assessment Contact - Desk date:** 5 October 2021 to 13 October 2021

**Date of Performance Report:** 22December 2021

# Performance report prepared by

Gerard McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Muslim Care, 26453, 2 Carrington Square, CAMPSIE NSW 2194

The service provider’s CHSP services did not form part of this assessment contact.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 12 November 2021.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service was unable to demonstrate that existing assessment and care planning processes always included consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Not all information was consistently documented or had not been reviewed with either the consumer or their representative, or adequate assessments undertaken.

The Quality Standard is assessed as Non-compliant as the one (1) specific requirement of this Standard that was assessed has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

All consumer representatives interviewed confirmed taking part in an assessment and care planning process and overall consumers said they receive the care and services needed to support them at home. Care staff interviewed demonstrated a good understanding of consumers’ care and service needs and were able to provide an insight into the consumer’s care needs and the support they provide.

However, while the service has assessment and care planning processes, these processes are not robust or comprehensive. Important information collected regarding consumers’ needs, risks and related strategies to manage risks is inconsistently documented.

Care plans are mostly inclusive of the consumer’s goals and care staff generally receive care directives for the care and services they are providing to consumers. However, consumer assessments and care plans included outdated information that had been downloaded from the My Aged Care support plan. The information had not been reviewed with either the consumer or their representative. Assessments and care plans did not consistently include risks to the consumers health and well-being.

Assessments are not reviewed and updated as changes in a consumer’s health and care needs occur. For example, when a consumer is discharged from hospital there is no review of their care needs to identify any further risk.

Consumer risks such as high falls risks are documented however falls risk assessments are not conducted. Several consumers identified as a high or medium falls risk have not been assessed in this regard. Assessments of behaviours were not always undertaken.

In its response to this and other information gathered by the Assessment team the approved provider stated that the areas for improvement identified in the report are a result of COVID-19,and that the lockdowns in the past eighteen months might have contributed to reduce the capacity of the case managers to update documents and meet with their consumers for reassessment. It indicated their priority was to continue delivering service in a COVID-19 safe approach. I acknowledge this submission and the impact of COVID19, however I note that despite this context the approved provider did not dispute the findings of the Assessment team.

The approved provider also stated that the areas for improvement identified in the report are in its Continuous Improvement Plan (CIP) and that actions have or will be taken to address the issues identified. In relation to this requirement, this includes reviewing assessment and care planning template and process, developing a falls risk assessment tool, reviewing the care plans of consumers and rolling out training.

While I acknowledge the approved provider’s strong engagement with the issues and its focus on continuous improvement, I do not consider that at the time of the Quality Audit it demonstrated that assessment and planning included consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective care and services. These improvements and other improvements identified will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Through discussion with management, care managers, care staff and consumer representatives it was identified that noted that clinical care needs are not being assessed.

A review of consumer records including assessments and care plans identified there is personal care being provided to consumers but there is not always up to date or accurate guidance given to staff providing that personal care. There are limited clinical care assessments being conducted for consumers with high care needs.

The assessment and review and case management policies and procedures have no reference to clinical assessments or the involvement of nursing or allied health professionals in the assessment process.

Information about the consumer’s condition, needs and preferences whilst documented and communicated within the service, and with others where responsibility for care is shared, it is not always current and up to date.

The Quality Standard is assessed as Non-compliant as the two specific requirements of this Standard that were assessed has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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.*

### While consumer representatives interviewed believed consumers get safe and effective personal care, clinical care, or both personal and clinical care, a review of consumer records and discussions with management, care managers and care staff identified personal care to not always be safe and effective, and that clinical care is not consistently assessed, monitored or documented

For example, for one consumer their care directives has no reference to changes in their mobility or that they are bed bound or that they requires a shower chair when showering. Following that consumer’s discharge from hospital there were no updates or changes documented in regard to their care needs, and there has been no clinical assessment or clinical involvement other than hospital nursing staff for wound care, despite the consumer being cognitively impaired, bed bound with limited mobility and a high falls risk. For another consumer information from an assessment in 2018 has been transposed to a care plan from 2020 and did not appear to have been reviewed or updated. The care plan from 2020 was incomplete, not including any reference to two person assist for showering or the use of aids including a hoist and a shower commode. No clinical or allied health assessments have been conducted by the service provider, such as skin integrity and pressure injury risk assessment, swallowing and feeding assessment, continence assessment, non-verbal pain assessment or occupational therapist assessment of hoist and sling transfer to ensure the consumer is both safe and comfortable and risk of harm is mitigated during transfers.

Another consumer had a fall at home in August 2021 and a review of their file indicated a falls risk assessment had not been conducted nor did it appear that a referral to an occupational therapist had occurred for the home modifications and equipment.

The service provider has an assessment and review and a case management policy and procedure in place. Management advised that the service’s policies and procedures are currently under review. The assessment and review and case management policies and procedures have no reference to clinical assessments or the involvement of nursing or allied health professionals in the assessment process.

In its response the approved provider did not dispute the Assessment team’s findings but noted the restrictions placed on it by COVID19 and how this restricted its care team. It also noted a number of improvement activities in its CIP, and indicated it planned or taken a number of actions relevant to this requirement, including:

* Engage with a community nurse contractor
* Developing a clinical assessment tool.
* Integrating the clinical assessment to the client service assessment and including the clinical assessment in the care plan
* Including clinical assessment in the reassessment of the high care needs consumers; and
* Training staff with the updated care plan tool.

I acknowledge these improvements and the approved provider’s strong engagement with the issues, however I do not consider that at the time of the Quality Audit it demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

I find this requirement Non-compliant.

### 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 service provider did not demonstrate that information about the consumer’s condition, needs and preferences is consistently documented and communicated within the service, and with others where responsibility for care is shared.

Care plans reviewed identified information from the My Aged Care support plan is transposed to the consumer’s care plan. It appears this information is not reviewed or updated during the assessment process with the consumer and/or their representative. Some of the information is several years old and prior to the consumer receiving a home care package.

While case notes reviewed indicated that care staff report on the services they delivered, these case notes did not consistently provide feedback on changes in consumer’s care needs nor observations of the consumer’s overall health and wellbeing to support ongoing monitoring. A review of consumer care records evidenced changes in consumer’s care and care directives are not consistently documented or communicated with staff.

In its response the approved providerstated that aService exit policy and procedure was is in place as was the process of handling consumer information at any transition stage, such as coming out from a hospital or changing level is in place. It also stated that case managers provide information about the consumer to the relevant agencies while observing the organisation’s Care privacy and confidentiality policy. It also noted it had or would take the following actions:

* Review the process of data handling
* Create a streamlined system to document and communicate the condition of consumers; and
* Develop handover processes and tools to record the information about the consumer’s conditions and their preferences.

While I acknowledge these improvements, I am satisfied that at the time of the Quality Audit the approved provider could 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.

I find this requirement Non-compliant.

# 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

While there are policies, procedures and processes in place, the service provider did not demonstrate these are effective in ensuring accountability for the delivery of safe quality care and services.

The service provider does not have effective systems and processes in place to ensure compliance with information management and workforce governance, including that staff have the requisite knowledge and training to perform their roles effectively.

A full review of all policies and procedures is currently underway, underpinned by a range of internal audits, to identify improvements. Self-assessment against the Aged Care Quality Standards has not yet been completed. All staff have not yet been provided with training on the Aged Care Quality Standards.

The Quality Standard is assessed as Non-compliant as the one (1) specific requirement of this Standard that was assessed has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### 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.*

I am satisfied that, generally, the organisation could demonstrate effective organisation wide governance systems relating to continuous improvement, financial governance, regulatory compliance and feedback and complaints, however the approved provider is encouraged to continue improvements in the area of regulatory compliance in particular.

However, I am satisfied that it could not demonstrate compliance in the areas of information management and workforce governance, including the assignment of clear responsibilities and accountabilities.

In relation to information management, the Assessment team identified that the service provider did not demonstrate that information in respect of individual consumers is comprehensive, takes account of all their care needs, is current and accurate, is shared with all those involved in the consumer’s care and is managed effectively to ensure accountability for the delivery of safe quality care and effective risk management. The Assessment Team noted that information is contained across a range of documents, is inconsistent and is not consolidated to provide a single point of reference, such as a comprehensive plan of care which is available at the point of care.

In its response the approved provider did not dispute these matters and in its response identified improvements it had or would implement, including recently employing a new compliance officer and review of its systems and processes.

In relation to workforce governance, the Assessment team identified in relation to other requirements that staff are not always equipped with adequate information or support to undertake their roles, and in relation to this requirement that not all staff had been provided with training on the Aged Care Quality Standards.

In its response the approved provider did not dispute these matters and identified improvements it had or would implement, including improvements in assessment and planning and recording of information about consumers, and training to staff.

I find this requirement Non-compliant.

# Areas for improvement

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

### 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 includes consideration of risks, including emerging or developing risks, including but not limited to falls risks, to the consumer’s health and well-being to inform the delivery of safe and effective care and services, by ensuring effective and ongoing assessment and planning and the provision of proper guidance to staff in the delivery of care and services related to the risks identified
* Ensure processes are maintained and/or developed to monitor the effectiveness and sustainability of improvement activities.

### 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.*

* Ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care through the provision ofup to date guidance to care staff and current assessment of care needs, and undertaking clinical care assessments for all consumers, including but not limited to those with high care needs.
* Ensure processes are maintained and/or developed to monitor the effectiveness and sustainability of improvement activities.

### 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, through improved management of information about consumers, effectively documenting and communicating the condition of consumers, and improved handover processes and tools.

### 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.*

* Develop and implement effective organisation wide governance systems in relation to information management, particularly regarding the development, collection and management of information about consumers, and workforce governance, including the assignment of clear responsibilities and accountabilities, particularly regarding the provision of information and support to care staff.
* Monitor the effectiveness of these systems