New Home Aged & Disabilities Care

Performance Report

Suite 805, 89 York Street   
Sydney NSW 2000  
Phone number: 0415 223 433

**Commission ID:** 201420

**Provider name:** New Home Care Pty Ltd

**Assessment Contact - Site date:** 21 October 2020

**Date of Performance Report:** 21 December 2020

# 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 2 Ongoing assessment and planning with consumers** | | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant | |
| **Standard 7 Human resources** | **Non-compliant** | |
| Requirement 7(3)(d) | Non-compliant | |
| **Standard 8 Organisational governance** | **Non-compliant** | |
| Requirement 8(3)(d) | 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 13 November 2020

# 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 this requirement under this Standard, the Assessment Team interviewed the consumer and or/their representative, asking them about how they are involved in assessment and care planning, reviewed their care planning documents in detail, and interviewed staff about how they use assessment and care planning documents and review these on an ongoing basis.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements 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)(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 provided information that care planning and assessment documentation does not always identify or address each consumer’s current needs or preferences, including advanced care and end of life planning. The Assessment Team reviewed several care plans and while care planning documents generally detailed most consumer’s needs, goals and preferences; some areas for improvement were identified in most of the sampled consumer files. Care planning documentation does not identify and address consumers current needs, such as changes related to managing consumers during restrictions due to the pandemic. Care planning documentation does not contain information related to changes following incidents, how the service complements and supports the consumer in partnership with other stakeholders, and allied health professionals.

The approved provider provided a response that included correcting some information in the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, forecasted education, care plans being reviewed and updated, a new care document system purchased and being updated and a continuous improvement plan. I note the approved provider also refuted some information contained in the report and clarified their position on some matters. It submitted that management and staff at the service are aware and understand their responsibilities related to supporting the consumer in the purchase and supply of equipment and how allied health is engaged to assist in supporting the consumer. However, it indicated that it was developing documentation to show that this being actively done.

I have considered this information and acknowledge the improvements implemented or planned and recognise the approved provider’s engagement with the issues. However, I do not consider that this information demonstrated that the approved provider was compliant with this requirement at the time of the assessment contact. In addition, I consider that the improvements implemented will take time to become embedded and to be sustainable.

I find this requirement is non-compliant.

# 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 service provider understands and applies this requirement under this Standard, the Assessment Team interviewed consumers, asking about their experiences with the staff, reviewed policies and procedures, and interviewed management and staff about the initial orientation, ongoing training and support provided by the service and the adequacy of staff employed to complete tasks required.

Consumers and representatives interviewed provided positive feedback about the service and the staff who attend their home and their interactions with the office staff. Consumers currently speak Mandarin, Cantonese, Arabic or Korean, and the service engages staff to match each consumer’s preferences, in respect of communication needs and cultural considerations.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have 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 7 Requirements

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

The Assessment Team provided information that demonstrates that the approved provider is recruiting the workforce with suitable qualifications and aged care experience; however, the service does not train, equip and support their staff to deliver care and services as required by these standards. The Assessment Team identified information which indicated that clear lines of authority were still being established and roles and responsibilities still being defined. Education and training appropriate and required for their workforce has not been delivered or organised for the staff. Policies and procedures detailing communication protocols for consultation and communications with consumers and relevant stakeholders have not been established. Practical assessments to determine competencies, or staff appraisals have not been developed, and the staff handbook does not reflect the operations of the service.

The approved provider has submitted a response that includes their continuous improvement plan and education calendar, and which set out a number of activities it had or would undertake to address the issues identified, including reviewing and updating orientation documentation and the staff handbook, establishing policies and procedures for documentation of communication with consumers and reviewing the management structure.

I have considered this information and acknowledge the improvements implemented or planned and recognise the approved provider’s engagement with the issues identified. However, I do not consider that this information demonstrated that the approved provider was compliant with this requirement at the time of the assessment contact. In addition, I consider that the improvements implemented will take time to become embedded and to be sustainable.

I find this requirement is 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

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).

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have 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)(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 was unable to demonstrate their risk management systems and processes are in place and established to always effectively manage high impact and high prevalent risks for consumers.

The Assessment Team provided information that that the organisation structure, with roles and responsibilities clearly defined, is still being refined, and that policies are still being tailored for the service and staff are still being trained in their application. The service was not able to demonstrate that particular areas of support were available to it.

While the service has a policy on governance of consumer care risks and managing high-impact and high-prevalence risks, the service could not demonstrate consistent application of these policies in the daily operations of the service. These include maintenance schedules for equipment utilised, risk assessments, incident follow up, documentation of wounds and their review, incontinence management and impact on skin integrity, and identification and management of deterioration of consumers, or training for staff in elder abuse and neglect.

The approved provider has submitted a response that includes their continuous improvement plan and education calendar, and which set out a number of activities it had or would undertake to address the issues identified, including reviewing and tailoring policies and procedures to the organisation, preparing an organisational chart, implementing a client equipment logbook and undertaking staff training.

I have considered this information and acknowledge the improvements implemented or planned and recognise the approved provider’s engagement with the issues. However, I do not consider that this information demonstrated that the approved provider was compliant with this requirement at the time of the assessment contact. In addition, I consider that the improvements implemented will take time to become embedded and to be sustainable.

I find this requirement is 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)(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.*

### Ensure that all assessments are complete and identify and address the consumer’s current needs, goals and preferences, including consideration of the risks to their health and well-being. including advanced care and end of life planning.

### Monitor and review the assessment and planning process to ensure it is effective.

### Requirement 7(3)(d)

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

* Ensure that staff are supported in their roles through clear structures, definition of roles and responsibilities, education, practical training and staff appraisals.

### 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.*

* Implement robust and effective risk management systems and practices that identify, assess and manage risks to the health, safety and well-being of consumers.

### Monitor and review the effectiveness of these systems and practices.