Nextt Eastern CACP Program

Performance Report

Level 12, 520 Collins Street   
MELBOURNE VIC 3000  
Phone number: 0418 369 365

**Commission ID:** 300205

**Provider name:** AHC Care Services Pty Ltd

**Quality Audit date:** 20 January 2022 to 27 January 2022

**Date of Performance Report:** 7 March 2022

# Performance report prepared by

M Murray, 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 2038.

# Services included in this assessment

**Home Care:**

* Nextt Home Care Services - Hume, 22775, Level 12, 520 Collins Street, MELBOURNE VIC 3000
* Nextt Eastern CACP Program, 18882, Level 12, 520 Collins Street, MELBOURNE VIC 3000
* Nextt Northern CACP Program, 18883, Level 12, 520 Collins Street, MELBOURNE VIC 3000
* Nextt Southern CACP Program, 18884, Level 12, 520 Collins Street, MELBOURNE VIC 3000

**CHSP:**

* CHSP - Domestic Assistance, 4-226J0SQ, Level 12, 520 Collins Street, MELBOURNE VIC 3000

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Not Compliant | | |
|  | | | CHSP | Not Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Not Compliant |
|  | | CHSP | | | Not Compliant |
| Requirement 1(3)(b) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Not Compliant |
|  | | CHSP | | | Not Compliant |
| Requirement 1(3)(f) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Not Compliant | | |
|  | | | CHSP | Not Compliant | | |
| Requirement 2(3)(a) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |
| Requirement 2(3)(b) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |
| Requirement 2(3)(c) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |
| Requirement 2(3)(d) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |
| Requirement 2(3)(e) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |

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| --- | --- | --- | --- | --- |
| Standard 3 Personal care and clinical care | | HCP | Not Compliant | |
|  | | CHSP | Not Applicable | |
| Requirement 3(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 3(3)(b) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 3(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 3(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 3(3)(e) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 3(3)(f) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 3(3)(g) | HCP | | Compliant |
|  | CHSP | | Not Applicable |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 4(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 4(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 4(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 4(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 4(3)(e) | HCP | | Compliant |
|  | CHSP | | Compliant |

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| --- | --- | --- | --- |
| Requirement 4(3)(f) | HCP | | Not Assessed |
|  | CHSP | | Not Assessed |
| Requirement 4(3)(g) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Standard 5 Organisation’s service environment | | | | |
|  | | HCP | Not Assessed | |
|  | | CHSP | Not Assessed | |
| Requirement 5(3)(a) | HCP | | Not Assessed |
|  | CHSP | | Not Assessed |
| Requirement 5(3)(b) | HCP | | Not Assessed |
|  | CHSP | | Not Assessed |
| Requirement 5(3)(c) | HCP | | Not Assessed |
|  | CHSP | | Not Assessed |
| Standard 6 Feedback and complaints | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 6(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 6(3)(b) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 6(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 6(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Standard 7 Human resources | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 7(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 7(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement 7(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 7(3)(e) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 8(3)(b) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 8(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 8(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 8(3)(e) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Audit the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 25 February 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives said consumers are treated with dignity and respect from the care staff providing their care with most consumers saying, in various ways, they believe staff understand their background, culture and identity and generally respect their privacy. Feedback indicated that a consumer’s cultural needs and preferences are respected.

Consumers and representatives did not always know who their case manager was at the service. Consumers and representative spoke of the difficulty contacting the service to make requests or receive information related to their care and services. Consumers and representatives said they do not always receive information that enables them to make decisions about services included in their home care package.

Staff interviewed were able to demonstrate an understanding of what it means to be respectful, to ensure the dignity of consumers and maintain the privacy of the consumers they support through their care and services.

The Quality Standard for the Home care packages service is assessed as Non-compliant as two of the six specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as two of the six specific requirements have been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

Consumers and representatives expressed, in various ways, that there was a high turnover of staff; they did not always know who their case manager was; there was difficulty contacting and engaging with the organisation at a higher level and as a result they felt they were not treated with dignity and respect.

While a staff code of conduct, covering the value of treating consumers with respect, is part of the staff handbook, and consumers said care workers who come to their home are respectful, this did not extend to office based staff and management.

In relation to Home Care Packages:

* consumers felt their contribution to society was devalued and not recognised by the service as part of their identity
* consumers said in various ways, office based staff are ageist and minimise consumers’ abilities
* staff are disrespectful and dismissive when they do engage with consumers.

In relation to the Commonwealth Home Support Program:

* a consumer described a breach of the service’s code of conduct occurring, which included disrespectful behaviour and left the consumer feeling their trust had been breached.

The approved provider’s response accepts the Assessment Team’s findings and outlines that a review of the membership of its leadership team has occurred, the response notes a commitment to address the issues raised by the Assessment Team.

While I acknowledge the actions by the approved provider, however, planned changes are not yet fully implemented and the cultural shift which a new leadership team will bring will take some time to translate to improvements in the way staff engage with consumers and reach a point where all consumers feel respected and valued. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The service did not demonstrate that information is current, accurate and communicated clearly or in a timely manner, enabling consumers to exercise choice.

In relation to Home Care Packages:

* Information given to a consumer’s was inaccurate and their general practitioner had to ring the service to update the case manager on the consumer’s medical entitlements.
* Budgets for home care packages are not provided and as a result, consumers do not have the information to support them in making decisions about what they can afford with services
* There were numerous requests documented from consumers and representatives for clarification on the information they had received.

In relation to the Commonwealth Home Support Program:

* Most consumers and representatives, when asked, could not recall receiving information on how to make a complaint.
* All consumers and representatives interviewed indicated, to some degree, that the service does not respond to their queries for clarification of information in a timely manner.

The approved provider’s response accepts the Assessment Team’s findings and outlines that they have reviewed and implemented a new Home Care Package Administration process. The new process include ongoing training with operational teams in regard to client onboarding, client management, and client funds administration.

While I acknowledge the actions by the approved provider, however, not all processes are yet completed and newly embedded processes will take some time to translate to day to day practices for staff. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### 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 does not have a system to support consumers to be involved in and central to the assessment and planning of care and services. Validated assessment tools are not being used and gaps in the planning of care and services are evident. Consumers do not have plans in place to fully support their health and wellbeing.

The Quality Standard for the Home care packages service is assessed as Non-Compliant as five of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-Compliant as five of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The assessment and planning processes do not capture the complexity of consumers’ needs. Assessments and care plans lack detail and risks are not followed up with further specific assessments using validated assessment tools. The outcomes of assessment and planning do not inform staff on how to deliver care safely.

In relation to Home Care Packages:

* One consumer’s assessment simply states ‘nursing.’ The consumer is a diabetic who has experienced pressure injuries and is at risk of falls. The care worker delivering the service said they have not been given updated instructions on how to deliver care since the consumer’s mobility has decreased. The service could not provide the consumer’s care plan or falls risk assessment.
* A representative said a comprehensive assessment for the consumer she represents has never occurred. The representative has provided the service with details of the consumer’s complex health history which includes the risk of a bowel obstruction. The service could not provide assessments that correlated with the consumer’s clinical needs.
* Further file reviews identified incomplete or absent assessments for a consumer using a self-managed model of care requiring full assistance for activities of daily living, other consumers at risk of skin breakdown, and on complex medication regimes.

In relation to the Commonwealth Home Support Program:

* One consumer’s assessment simply states ‘diabetes.’ There is no detail in the care plan regarding how their diabetes is managed and no strategies or guidance to staff should a hypoglycaemic or hyperglycaemic episode occur while delivering care or services.
* Staff were unable to provide any assessment documentation for a consumer with a history of pain and a recent period in hospital following a fractured bone. There was no re-assessment of the consumer’s ability to navigate their environment while recovering and no consideration of any increased needs or changes of the approach to care due to new mobility limits and/or increased pain.

Management at the service said a recent audit of care related documentation has occurred and gaps have been identified.

The approved provider’s response accepts the Assessment Team’s findings and states an external consultancy has been engaged and is trialling a new assessment process. The service’s audit system is also being reviewed to ensure gaps in documentation are identified and addressed.

I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement.

Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

In relation to the identification of needs, goals and preferences for advance care planning and end of life planning, the service did not demonstrate that advance care planning or end of life planning is discussed during the assessment and planning stages for both the Home Care Packages program and the Commonwealth Home Support Program.

The service has policies and procedures describing advance care planning and end of life planning however there was no evidence in the care documentation that this is staff practice.

Consumers and representatives said, in various ways, that advance care planning and end of life planning had not been discussed with them by staff from the service.

Staff confirmed they do not discuss advance care planning and end of life planning with consumers and are not trained to do so.

The approved provider’s response accepts the Assessment Team’s findings.

Based on all the evidence (summarised above), I find the service does not comply with this Requirement as evidence supports that consumers, even if they wish are not provided with an opportunity to make known or develop their advanced care or end or life plans.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The service is not able to adequately demonstrate that assessment, planning and review of the consumer’s care and services are based on ongoing partnership with the consumers and others, including other organisations or individuals that are involved in the care of the consumer. Contact with consumers primarily relates to operational matters such as advising of shift staff changes, rescheduling or cancellations of shifts, invoicing and payments.

In relation to Home Care Packages:

* A consumer said he has been with the service 7 years and has had ‘probably about 20 case managers’ with minimal personal interaction or input into care planning.
* The representative for one consumer said that contact was minimal, to the point that she was surprised to learn that this service provider has taken over her mother’s care.
* A person holding an Enduring Power of Attorney reported minimal involvement in care discussions which have a financial impact despite the requirement for this to occur.

In relation to the Commonwealth Home Support Program:

* There was evidence in care documentation and from interviews that representatives the consumer wishes to be, are involved in decisions about care and services. However, both consumers and representatives expressed, in various ways, that the service does not actively partner with them in the assessment, planning and review of care and services due to the poor communication from the service and frequent staff turnover.
* A consumer stated that she has not had a visit in over two years and the service does not return her calls to discuss her scheduled services.

The approved provider’s response accepts the Assessment Team’s findings and states an external consultancy has been engaged and is trialling a new assessment process. The service’s audit system is also being reviewed to support staff to monitor that compliance with Standard 2 requirements is being achieved.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

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| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The service did not demonstrate 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.

In relation to Home Care Packages:

* Most consumers and/or representatives, when asked about their understanding of their care plan, could not recall being offered or having access to the document.
* Care plans do not consistently document the outcomes of the assessment and planning including details about the service to be delivered with preferred days, times and duration of service, equipment in use and tasks to be undertaken as part of service provision.
* Case management staff confirmed that the outcome of discussions with consumers and/or their representatives that result in changes to the care, such as increased services is not consistently documented in the care plan.

In relation to the Commonwealth Home Support Program:

* Most consumers and/or representatives, when asked about their understanding of their care plan, could not recall being offered or having access to the document.
* Feedback from consumers and representatives demonstrate that the service does not consistently communicate with them in a timely manner about their care and services. Consumers said they just repeat their needs to various staff who attend.

The approved provider’s response accepts the Assessment Team’s findings and notes a number of continuous improvement activities to address the gaps identified by the Assessment Team are underway with evaluations scheduled.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

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| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

Care plans are not consistently reviewed on the agreed review date and not always updated when a consumer’s condition or situation changes, or an incident occurs.

In relation to Home Care Packages:

* A consumer who has a review scheduled in February 2021 said this had not occurred nearly 12 months later, further the consumer recalled having a fall several months ago and being hospitalised, after which no review occurred.
* A representative reported the consumer she represents being in hospital following a fall. The representative requested an allied health review, which occurred, however the service took no other actions to ensure the services being delivered met her changed needs, such as checking her levels of pain.
* Three further care plans noted consumers with changed and increased care needs requiring a move to a higher package level. None of these consumers had a formal review of their care and service needs to ascertain if they were still effective.

In relation to the Commonwealth Home Support Program:

* Management said that care plans are reviewed at least annually. The Assessment Team noted this was not the case, for example when asked for the most recent care plan for a consumer staff provided a care plan that was sixteen months overdue for its review.

The approved provider’s response accepts the Assessment Team’s findings and notes a number of continuous improvement activities to address the gaps identified by the Assessment Team are underway with evaluations scheduled.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service did not demonstrate safe and effective care is being delivered. Reports of care being sub-optimal have not been acted upon for all consumers. Staff managing clinical care could not demonstrate they have been monitoring the quality of care to ensure it is in line with best practice that all consumers have the best outcome possible from clinical services.

The Quality Standard for the Home care packages service is assessed as Non-compliant as five of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service does not apply as personal and clinical care is not delivered as part of the programme.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The service’s clinical team and case management staff were not aware of whom within the service is receiving clinical care. The service could not demonstrate appropriate clinical care is delivered in line with each consumer’s assessed needs or that best practice treatment regimens are occurring.

In relation to Home Care Packages:

* A representative for a consumer who receives stoma care via a contracted nursing service has requested a clinical review of the stoma care on several occasions without any action by the service. The stoma care is not being provided as scheduled, clinical complications are not being addressed and the consumer’s skin has broken down. There is no evidence of the service having any clinical oversight to ensure best practice stoma care or wound treatment is delivered.
* A representative of a consumer outlined that nursing services are coming to manage the consumer’s chronic leg wounds. The service’s clinical team who has a role in clinical oversight, is not aware of the consumer’s treatment regime and, as such, the service could not demonstrate appropriate clinical oversight of wound care or pain management.
* The service’s clinical team could not identify consumers currently receiving clinical care.
* The clinical team said that communication with external nursing services in relation to the delivery of clinical care for consumers is not well defined except when an incident is being investigated by the service’s clinical team.

Feedback was provided to management on the lack of clinical oversight and understanding of consumer’s current clinical needs and treatments. This was acknowledged by management as an area for further work.

The approved provider’s response accepts the Assessment Team’s findings and notes it has engaged an external aged care consultancy to support the team to ensure clinical oversight occurs and best practice care is delivered.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

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

Findings

The service did not adequately demonstrate high impact or high prevalence risks associated with the care of each consumer is effectively managed.

In relation to Home Care Packages:

* Staff said they do not have a clear view of the current clinical care needs of consumers, and were unable to demonstrate they understood individual risks, which if not manage would have a detrimental impact on the consumers health status.
* A review of care documentation shows that when risk is indicated through, for example, feedback from consumer or representative, hospital discharge summaries or general practitioner feedback, this did not always prompt enquiry or follow-up to understand any underlying reason for the change including potential risk.
* Three consumers who experienced either a fall, hospitalisation for a clinical event or a wound did not have any preventative strategies put in place to minimise the likelihood of a similar event re-occurring.

The approved provider’s response accepts the Assessment Team’s findings and notes it has engaged an external aged care consultancy utilising Registered Nurses to support the service’s clinical team to ensure risks to consumers’ optimal health and wellbeing is mitigated.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

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

Findings

The service did not demonstrate it meets the needs, goals and preferences of consumers nearing the end of their life. The service reported that they are not aware of any consumer who is palliative or receiving palliative care.

In relation to Home Care Packages:

* A consumer discussed with the Assessment Team their complex health issues and self-reported as being on a palliative care pathway.
* The service advised that they were not aware of any consumer who required palliative or end of life care however this understanding was in the context of a general lack of information on the clinical or complex care needs of all consumers.
* The organisation has an advance care directive procedure; however, the service is unable to demonstrate that a consumer’s wishes in relation to end of life planning has been discussed with any consumer.

The approved provider’s response accepts the Assessment Team’s findings and notes it has engaged an external aged care consultancy utilising Registered Nurses to support the service’s clinical team to ensure consumers can plan end of life care.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

Most consumers and representatives interviewed felt confident that individual care workers providing the consumer’s care and services know them and would pick up on a change in condition, function or capacity. However, a number of representatives felt that, when raised with the service, the deterioration or change in the consumer’s condition does not always result in a timely response.

In relation to Home Care Packages:

* A representative outlined raising concerns numerous times about the standard of the clinical care being delivered by the service and outlined staff had not identified through symptoms being displayed that the consumer had a bowel obstruction requiring hospitalisation.
* Progress notes for a further consumer show that the discharge planner from the hospital had been trying to get in touch with the case manager ‘for a while’ to discuss discharge arrangements given the consumer regarding their condition and need for extra services.
* A carer reported a consumer fell and a care alert was put on the consumer’s file. The consumer lodged multiple calls and then a formal complaint about the lack of follow up despite their need for assistance.
* Clinical staff report that the identification of deterioration, including what care staff need to look for and when to report, has been identified as an area for improvement.

The approved provider’s response accepts the Assessment Team’s findings and notes an external aged care consultancy has been engaged to support the clinical team to ensure a consumer’s increasing need is recognised and responded to in line with best practice clinical care.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The clinical team said there is no clear process to advise them of consumers receiving clinical care as this information is not routinely shared from the case management side of the business.

In relation to Home Care Packages:

* Care staff interviewed reported they did not always receive updated information as care needs or preferences of consumers change.
* The clinical team said there is no clear process to advise them of consumers receiving clinical care as this information is not routinely shared from the case management side of the business.
* A review of care documentation and feedback from consumers and/or representatives did not indicate consistent and ongoing communication between the service and contracted staff delivering services to consumers with complex needs.

The approved provider’s response accepts the Assessment Team’s findings and notes a number of activities to improve communication flows.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Not Compliant CHSP Not Compliant

### 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 and representatives said services are missed, do not meet the consumer’s preferences or are inadequate to meet the consumer’s daily needs. Where a consumer needs a piece of equipment to enable them to do the things they need to do, the service does not always service the equipment as scheduled.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three specific requirements have been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

While satisfied with how individual care workers support them in their daily lives, consumer and representative feedback indicated that services were missed, did not meet their preferences or were inadequate to meet their needs.

In relation to Home Care Packages:

* A representative said they chose to cancel the shopping assistance for the consumer as the care worker was inattentive to the consumer’s needs and the care worker did their own shopping during the service.
* A representative said an approved gardening service for the consumer has not yet happened some three months later.
* A representative for a consumer who needs an increase to their cleaning service reports this has not been actioned.

In relation to the Commonwealth Home Support Program:

* A consumer reported increasing frailty and loss of the ability to lift heavy items, the consumer currently has a fortnightly domestic assistance service however needs window cleaning and assistance with shopping.

The approved provider’s response accepts the Assessment Team’s findings and notes new administration processes are planned to ensure consumers’ needs are understood and met.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

A common theme of the feedback from consumers and representatives is poor communication with the service.

In relation to Home Care Packages:

* A representative said that a recent shift was cancelled by the service, but the care worker was not informed and turned up for the shift. Similarly, they were not advised when a care worker could not attend for the shift and the consumer was left without a service.
* Consumers and representatives spoke of a high turnover of staff and gaps in information transfer, often with no information passed onto the consumer to notify them of the change.
* Care staff said information is not passed on regarding changed or cancelled shifts and updates to care needs.
* Emails within the case manager’s individual work emails is not always uploaded to the consumer information system.
* There is no evidence that the services delivered through brokered service providers are monitored and as such whether information sent to them is acted upon.

In relation to the Commonwealth Home Support Program:

* Consumers and representatives said that if their regular worker is away, services are not always consistently delivered, and staff do not always know what to do.
* Management confirmed that the documentation of consumer’s needs and preferences and how this is communicated internally and externally is an area for improvement.

The approved provider’s response accepts the Assessment Team’s findings and notes a number of continuous improvement activities underway to improve information flow.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Assessed |
|  | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

Once in situ there is no system to ensure that equipment remains fit for purpose and in good working order.

In relation to Home Care Packages:

* A sample of three consumers who have an assessed need for equipment, have no further records in regard to the ongoing safety, suitability, cleaning regimes or maintenance of the equipment. These consumers have had the pieces of equipment in use for 2-3 years.
* Guidance documents note, for high risk equipment such as hoists, six monthly safety checks are to occur. The service did not provide evidence that these checks have taken place.

In relation to the Commonwealth Home Support Program:

* There is scope within the assessment and planning documentation to record personal equipment that is in place. If completed, this would list the equipment, date of provision, risk rating and, safety checks. None of the care planning documentation reviewed by the Assessment Team used this system to identify equipment in use.
* There was no evidence for two consumers of an initial home risk assessment taking place.

The approved provider’s response accepts the Assessment Team’s findings and notes a number of continuous improvement activities underway to support the service comply with this Requirement.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

# STANDARD 5 Organisation’s service environment

# HCP Not Assessed CHSP Not Assessed

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for the Home care packages service is not assessed as the organisation does not provide a service environment that consumers attend.

The Quality Standard for the Commonwealth home support programme service is not assessed as the organisation does not provide a service environment that consumers attend.

Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Assessed |
|  | CHSP | Not Assessed |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Assessed |
|  | CHSP | Not Assessed |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Assessed |
|  | CHSP | Not Assessed |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Not Compliant CHSP Not Compliant

### 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

The service does not have a feedback and complaints management system that actively encourages feedback from consumers about the service. Staff have failed to engage with consumers on their issues as equal partners in complaint resolution. Follow up actions have not occurred when a complaint has been made and staff could not outline any learnings from complaints or consumer feedback that have resulted in improvements to the systems of care so others have a better experience.

The Quality Standard for the Home care packages service is assessed as Non-compliant as four of the four specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as four of the four specific requirements have been assessed as Non-compliant.

Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate that they encourage and support consumers and representatives to provide feedback or complain about the care and services they receive. While the service has policies, procedures and information for consumers in relation to feedback and complaints, including to external complaints agencies, the service did not demonstrate an adequate complaints management system consistent with best practice. Feedback from consumers and representatives identified that they do not feel supported by the service to provide feedback or make a complaint.

In relation to Home Care Packages:

* A consumer described how they had made multiple attempts to contact the service to make a complaint about the level of care they received and lack of communication from the case manager.
* A consumer described challenges in making a compliant and asking a family member to communicate the issue. The family member could not contact anyone at the service to pursue the complaint.

In relation to the Commonwealth Home Support Program:

* In contrast to multiple consumers providing feedback and complaints to the Assessment Team on various issues, the records at the service indicate only three complaints had been raised in the preceding six months.

The approved provider’s response accepts the Assessment Team’s findings and notes a reviewed and revised complaint management process has been actioned as a priority.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

While information is provided to consumers and representatives at the commencement of their service about alternative complaints handling options and services to support them to make complaints, the service did not demonstrate how they support consumers to understand the information nor was there evidence of this being provided at other key points, such as care and service reviews or when a consumer was dissatisfied with the process or outcome of making a complaint.

In relation to Home Care Packages:

* Most consumers and representatives interviewed did not know how to access any third party to support them through the complaint process.
* A consumer with English as a second language, reported trying to raise a complaint multiple times without success and was unaware of language services or advocacy organisations who could be of support.
* Staff interviewed could not describe the organisation’s complaint handling process or how they would support consumers and representatives to access advocacy and language services.

In relation to the Commonwealth Home Support Program:

* Most consumers and representatives interviewed did not know how to access any third party to support them through the complaint process.
* A consumer interviewed by the Assessment Team with a complaint to raise was unaware of advocacy services and requested their contact details.
* Staff interviewed could not describe the organisation’s complaint handling process or how they would support consumers and representatives to access advocacy and language services.

The approved provider’s response accepts the Assessment Team’s findings and notes a reviewed and revised complaint management process has been actioned as a priority.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

* Consumers and representatives interviewed were not confident that the service acts appropriately and promptly when responding to feedback and complaints. The Assessment Team received feedback that case managers were not responding to requests from consumers and representatives who contact them. Consumers and representatives said that they have raised concerns multiple times with the service and have not received feedback. Management said staff had not received training in open disclosure and staff said they were not aware of the open disclosure policy.

In relation to Home Care Packages:

* Three consumers and representatives said that they have raised concerns multiple times with the service and have not received feedback on any action that had been taken.
* Consumers described becoming distressed and frustrated.
* The complaints information provided by the service identified three complaints documented in the previous six months. Of those three complaints, the service could not demonstrate that any had been resolved.

In relation to the Commonwealth Home Support Program:

* A consumer expressed unhappiness with how their complaint has been managed by the service and said it is still unresolved. The consumer said that communication from the service is poor and there have been ongoing issues trying to speak with someone about their scheduled services. The consumer is not confident that the issues will be resolved.

The approved provider’s response accepts the Assessment Team’s findings and notes a reviewed and revised complaint management process has been actioned as a priority.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate that complaints and feedback received are effectively captured, reviewed and analysed or used to improve the quality of care and services. The complaints management system is not effective in documenting all feedback and complaints from consumers and representatives and as a result the feedback and/or complaints are not reviewed. Feedback from consumers and representatives identified they do not have confidence that the service uses feedback and complaints to improve the quality of care and services.

In relation to Home Care Packages:

* The service could not identify a continuous improvement that had stemmed from a complaint.
* Management acknowledged the service does not consistently capture and record all feedback and complaints in the online complaints system. Therefore, feedback and complaints are not being effectively captured to identify trends and issues that need improving.
* The complaints information provided by the service identified three complaints documented in the previous six months. Of those three complaints, the service could not demonstrate that any led to an improvement.

In relation to the Commonwealth Home Support Program:

* The service could not identify a continuous improvement that had stemmed from a complaint.

The approved provider’s response accepts the Assessment Team’s findings and notes a reviewed and revised complaint management process has been actioned as a priority.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

# STANDARD 7 Human resources

# HCP Not Compliant CHSP Not Compliant

### 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

The service could not demonstrate that staff are competent at their roles and have the training to undertake the care and services the organisation delivers. Consumers reported a lack of staff impacting on how their care is planned and delivered. Management did not demonstrate how they proactively manage the performance of staff.

The Quality Standard for the Home care packages service is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The service did not demonstrate effective systems and processes to calculate workforce numbers and understand the range of skills needed to meet the needs of consumers receiving care and services, including care staff and staff responsible for the coordination and management of care and services.

In relation to Home Care Packages:

* A consumer reported their needs were unmet for four months while the service sought to employ staff.
* A consumer reported the service could not provide replacement staff for six weeks while the regular staff member took leave.
* A consumer said they have had multiple changes of case manager and and staff turnover is high.
* A consumer who commenced services ten months earlier did not know if they had a case manager and no-one from the case management team had made contact.
* A roster review identified multiple consumers not receiving a planned episode of care or service across multiple weeks.

In relation to the Commonwealth Home Support Program:

* A consumer described multiple occasions where staff had not turned up and the service did not communicate that the care worker was sick and on one occasion had resigned. The consumer said staff were inconsistent.
* A roster review identified multiple consumers not receiving a planned episode of care or service across multiple weeks.

The approved provider’s response accepts the Assessment Team’s findings and notes a review of employee capability, role design and processes to identify areas for improvement in workforce planning has commenced

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate staff are competent or have the knowledge to effectively perform their roles, including managing conditions that are common in aged care and coordination of care and services.

* The service was unable to demonstrate how they ensure staff who provide services to consumers through brokered arrangements are competent and have the qualifications and knowledge to effectively perform their roles. Management advised they do not monitor the competencies of staff from brokered services and do not monitor the performance of brokered staff to ensure safe and quality care is delivered to the consumer.
* A document review identified several (non-brokered) staff supporting consumers living with dementia, at risk of falls or with other tailored needs, such as diabetes support did not have the competency to do so.
* Case managers did not demonstrate a sound knowledge of assessment and care planning in the home care sector. Management advised that the organisation is committed to ensuring staff are supported so they gain a better understanding and knowledge of the home care programs.

The approved provider’s response accepts the Assessment Team’s findings and notes a review of employee capability and role design has commenced.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

Feedback from consumers, staff and a review of training records showed training to meet the needs of consumers is not always identified and provided to ensure staff have the requisite skills to provide safe and quality care.

Training in relation to common aged care conditions such as pain and falls management has not consistently occurred.

* A sample of 12 staff training records crossed checked against the list of mandatory training requirements, identified none of the staff had completed the full suite of mandatory training.
* Management said they do not monitor the education or training and competencies of staff from brokered services and do not monitor the performance of brokered staff to ensure safe and quality care is delivered to the consumer.
* The service could not demonstrate training for case managers to support them in understanding the requirements of the aged care programs to ensure they are equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

The approved provider’s response accepts the Assessment Team’s findings and notes a review of employee capability and role design has commenced.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate an effective system in place to regularly evaluate how staff are performing their role, including staff subcontracted through brokerage arrangements.

* Staff interviewed were unable to describe how the service assesses, monitors and reviews their performance and could not describe how this links with their professional development.
* Management acknowledged there was no system to regularly assess and monitor the performance of staff, including during probation periods.
* There is no system in place to monitor the performance of staff delivering services to consumers through brokered arrangements.

The approved provider’s response accepts the Assessment Team’s findings and notes a review of employee capability and role design has commenced.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### 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

Consumers are not confident the service is well run. The governing body did not demonstrate that systems and processes within the service are allowing its members to understand the quality of care and services being delivered to consumers. Delegated responsibilities have not been carried out in a way that minimises risk to the consumer of a poor health outcome or poor experience of care and services. The governing body has a lack of oversight of brokered services.

The Quality Standard for the Home care packages service is assessed as Non-compliant as five of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service 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) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The organisation could not provide an example of how they have engaged with consumers in any strategic way. Consumers are not confident the service is well run.

* Consumers and representatives interviewed said the service does not provide opportunities for them to provide input into how things are run and does not seek feedback through mechanisms such as satisfaction surveys, in relation to their experience with the service or the quality of care and services they receive.
* Management acknowledged they do not have organisation wide systems to engage with aged care consumers or seek feedback from consumers in relation to their experience or the quality of the care and services.

The approved provider’s response accepts the Assessment Team’s findings and notes a new leadership team has been put in place and outlines various activities to improve the governance of the service.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service was unable to demonstrate the governing body is providing leadership which supports quality care is delivered.

* While governance systems and processes are in place across the organisation, they have not been effective in supporting the governing body to meet all their responsibilities under the Aged Care Quality Standards. The service has failed to comply with multiple Standards.
* Consumers have outlined sub optimal clinical and other care and the staff in charge of monitoring the clinical care were unaware of the care being delivered and were not monitoring it for its safety.
* The governing body has not provided evidence of how it meets its accountabilities for ensuring brokered services are safe.
* The service is systematically reviewing governance systems with improvements, with some policy work and governance frameworks progressed.

The approved provider’s response accepts the Assessment Team’s findings and notes a new leadership team has been put in place and outlines various activities to improve the governance of the service.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

Effective organisation wide governance systems are not in place.

* Management and staff could not readily access information requested by the Assessment Team during the quality audit and when they did provide information to the Assessment Team, it was not provided in a timely manner and was not always accurate. A number of areas for continuous improvement have been identified by the Assessment Team and accepted by the management team at the service. While organisational finance systems are in place there is no system to track unspent funds of consumers and support them to budget. An extensive failure in Standard 7 evidences workforce governance is inadequate. The governing body does not have clear line of sight to the volume of incidents, feedback or complaints and as a result there is insufficient evidence that regulatory requirements such as the escalation of incidents in line with regulatory requirements is being complied with. An extensive failure in Standard 6 evidences systems to inform the governing body consumer satisfaction levels are inadequate.

The approved provider’s response accepts the Assessment Team’s findings and notes a new leadership team has been put in place and outlines various activities to improve the governance of the service.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Findings

Risk management systems and practices are not effective.

* Consumers who are subject to high impact or high prevalence risks were unable to be identified by the service. The governing body does not have line of sight to the training its brokered services undertakes, as a result there is no evidence if relevant staff know what to look for and how to escalate any suspected case of abuse or neglect. Consumer said in various ways they felt unsupported by the service. The service could not demonstrate if all incidents are investigated or used to manage risks to consumers, some incidents were not documented, and where incidents were documented the outcome of the incident investigation was not always completed.

The approved provider’s response accepts the Assessment Team’s findings and notes a new leadership team has been put in place and outlines various activities to improve the governance of the service.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The service was not able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive.

* Clinical staff could not describe clinical governance and how it applies to their roles in a practical way.
* Management and clinical staff could not describe the organisation’s policies regarding antimicrobial stewardship, minimising the use of restrictive practice or open disclosure.
* A review of training records identified and management confirmed that staff have not received training in relation to clinical governance, antimicrobial stewardship or open disclosure and what it means for them in their role

The approved provider’s response accepts the Assessment Team’s findings and notes a new leadership team has been put in place and outlines various activities to improve the governance of the service.

While I acknowledge the actions by the approved provider and progress already made in addressing deficits in this Requirement. Based on all the evidence (summarised above), I find the service does not comply 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 Consumer dignity and choice

Ensure staff understand what respectful communication is and do not speak to consumers in patronizing and/or disrespectful ways, or take actions that position consumers as being less valuable than others.

#### Standard 2 Ongoing assessment and planning with consumers

Establish processes that effectively engage with the consumer and use validated clinical assessments to design optional care and services for the consumer. When the time arises that the consumer needs a different type or mix of care and services ensure these are put in place. Regularly check with the consumer to ensure their day to day needs are being met.

#### Standard 3 Personal care and clinical care

Ensure staff understand what best practice care looks like no matter who is delivering the service. Address instances of poor care promptly to support the consumer to have the best possible clinical outcome.

Ensure staff are skilled at identifying a deteriorating consumer and staff can escalate this information quickly through the organisation and can be assured that actions will be taken to get medical assistance and support.

Ensure relevant consumer information is sought and shared. Involve professionals at the right point in time to inform clinical pathways and optimise clinical and personal care outcomes

#### Standard 4 Services and supports for daily living

Ensure staff understand what the consumer’s current needs and preferences are and put the relevant services and lifestyle supports in place to allow consumers to live the best life they can.

Establish what equipment is in use, that the service is responsible for, and ensure it is fit for purpose and maintained.

#### Standard 6 Feedback and complaints

Implement a complaints management system that aligns with a best practice approach, with a focus on supporting the consumer’s voice to be heard. Ensure feedback and complaints are used to improve the quality of care and services including those delivered through other providers.

#### Standard 7 Human resources

Ensure an effective workforce strategy is in place and that staff are trained in the types of care services they are expected to deliver. Monitor consumer satisfaction with staff and proactively assess performance and address poor performance.

Upskill care coordination staff so they understand the programmes they are responsible for and their accountabilities in regard to any relevant legislation.

Ensure relevant management have line of sight to the competency, training and quality of staff being provided through third party organisations.

#### Standard 8 Organisational governance

Ensure the governing body has the relevant experience, skills and qualifications to provide stewardship to the organisation.

Ensure policies, processes and systems in the organisation protect consumers from poor experiences, unnecessary risks and harm from neglect and abuse.

Monitor that board members competently discharge their responsibilities under legislation relevant to aged care in line with their role.