Nexus Primary Health

Performance Report

72 Ferguson Street   
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**Commission ID:** 300661

**Provider name:** Nexus Primary Health

**Assessment Contact - Site date:** 17 March 2021

**Date of Performance Report:** 7 June 2021

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 6 April 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

Documentation demonstrates the service does not have effective processes in place to ensure assessment and care planning informs the delivery of services.

Documentation and consumer feedback demonstrate the service does not have effective processes in place to ensure the regular review of care and services, including when circumstances change.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found assessment and care planning does not consistently inform the delivery of care and services. This was demonstrated through the review of care documentation for 10 consumers sampled, including those of consumers transferred to the service 16 months earlier from another provider and who have not been assessed by the service or had care plans developed.

Management advised the Assessment Team the service has implemented a team leader position in each of the eight regional they provide services to assist in the assessment and reassessment and to provide support to the care staff in the region.

While I note the provider has appointed a team leader in each of their regions to assist assessment and reassessment, the Assessment Team’s evidence as sampled demonstrates the service does not have effective processes in place to ensure assessment and care planning informs the delivery of services.

### I thus find this requirement Non-compliant.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found care and services are not reviewed regularly for effectiveness. This was supported by:

* care documentation for all ten consumers sampled showed no reassessments or reviews had occurred
* consumers and representatives interviewed could not recall having their care needs reviewed.

Management advised the Assessment Team the service has recruited an additional client liaison officer who will be responsible for conducting consumer reviews initially, after three months and annually thereafter.

While I note the provider has appointed a client liaison offer to assist with reassessments and reviews, the Assessment Team’s evidence demonstrates the service does not have effective processes in place to ensure the regular review of care and services, including when circumstances change.

I thus 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 the Assessment Team did not specifically assess this standard at this Assessment Contact, the Assessment Team’s evidence identified the service does not always meet regulatory requirements. The organisation’s governance system does not ensure the service manages client referrals via the My Aged Care provider portal in line with Commonwealth Home Support Programme – Program Manual requirements by accepting or rejecting a client for service within three calendar days and commencing service delivery in line with the priority timeframes stipulated.

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

## 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.*

During the Assessment Contact the Assessment Team found:

* Staff stated the organisation accepts consumers via the My Aged Care portal and places them on internal waiting lists for different programs, and indicated waiting times for these services are extensive.
* Management acknowledge the above practice saying the organisation is the only provider in the region.
* Records of internal waitlists maintained by the organisation at the time of the Assessment Contact show large numbers of consumers, ranging from 51 to 275 consumers across six programs provided by the service, are being placed on waiting lists with minimum waiting periods ranging from 132 days to 395 days. For example, the personal care program has 70 consumers with a minimum waiting period of 204 days before services are provided.

In coming to my finding I also note an alert issued by the Department of Health on 2 February 2021 requesting providers to desist from this practice.

I find that the organisation’s governance system does not identify and ensure the service manages client referrals via the My Aged Care provider portal in line with that required by the Commonwealth Home Support Programme – Program Manual as the service accepts clients without having the capacity to deliver the services in line with the priority timeframes stipulated.

I find the service is Non-compliant with this requirement.

# Areas for improvement

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

Requirement 2(3)(a)

* Ensure processes are in place to ensure assessment and care planning informs the delivery of services.

Requirement 2(3)(e)

Ensure processes are in place to ensure the regular review of care and services, including when circumstances change.

Requirement 8(3)(c)

* Introduce governance processes to ensure client referrals via the My Aged Care provider portal are managed effectively.