Northside Community Forum Incorporated

Performance Report

Suite 101, 10 Help Street   
CHATSWOOD NSW 2067  
Phone number: 02 8405 4444

**Commission ID:** 200576

**Provider name:** Northside Community Forum Incorporated

**Assessment Contact - Desk date:** 21 September 2021

**Date of Performance Report:** 26 November 2021

# Performance report prepared by

Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Home Care Packages, 27062, Suite 101, 10 Help Street, CHATSWOOD NSW 2067

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 3 November 2021

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

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

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

The Assessment Contact – Desk report provided information which evidenced six consumers assessment and care planning documentation did not evidence consideration of consumer risk/s; or provide information to guide staff in the safe delivery of consumers care and services. Consumer’s care documentation did not consistently reflect the consumer’s current cares and supports.

For example, for one named consumer care documentation did not evidence information in relation management of diabetes, including when insulin needed to be administered. The named consumer’s representative said they had provided the service with a task list which included the need for meals to be provided within 30 minutes of insulin administration.

For a second named consumer, assessment and care planning documentation did not evidence identification or assessment of consumer risk or care need in relation to diabetes management, falls, nutritional and dietary needs, cognitive condition or emotional status.

For a third named consumer, care documentation identified goals of care including prevention of falls, access the community and attend to personal care safely; however, assessment and care planning documentation did not evidence assessment or risk minimisation strategies to support the consumer in achieving these goals.

The Approved Provider in its written response date 3 November 2021, stated the service accepts there are aspects of the service that need to be modified, improved and, in some case developed; which included assessment and care planning and the consideration and management of individual consumer risks. The Approved Providers response included information which evidenced the service has taken action to the deficiencies identified at the time of the Assessment Contact including review and update of named consumer’s assessment and care documentation, referral to other health professionals and consumer case conferences. A plan for continuous improvement provided information in relation to actions taken and planned actions to address the deficiencies identified in the Assessment Contact – Desk including the implementation of a “High Risk Register”; comprehensive review of level 3 and 4 consumer's assessment and care plans; review of consumer “Service Agreements” and individualise services to be included, and provision of information regarding advanced care planning at consumer case conferences.

In coming to a decision for this requirement, I have considered the information from the Assessment Contact – Desk Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Assessment Contact the service assessment and planning processes did not identify risks to inform the delivery of safe and effective care. Therefore, it is my decision this requirement is Non-Compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The service was unable to adequately demonstrate that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being.

The service was unable to demonstrate the regular reporting, analysis and trending of clinical issues for consumers to ensure monitoring of their care and services are safe and effective. The Assessment Contact – Desk report provided information which evidence the service was unaware of the current clinical and personal care needs and/or not consistently monitoring some consumers with personal and clinical care needs in relation to wounds, urinary catheters, diabetes, swallowing, pain and falls. For example, for one named consumer, staff were not unaware the consumer had a current wound, or that family utilised a belt tied around the consumers waist to minimise the risk of the consumer slipping for the wheelchair. For a second named consumer, staff reported the consumer had multiple falls however staff did not know who to report these to the service. Review of documentation identified that the falls incidents had not been recorded in consumer’s care documentation or the service’s incident register.

Management advised a service gap analysis identified gaps in clinical oversight of consumers and clinical governance and in response the service is currently recruiting a clinical care and governance manager who will provide clinical oversight to consumers care and be responsible for the services quality and safety reporting. The service did not have clinical care policy and procedures to guide staff in the delivery of consumers personal and clinical care; and the service’s assessments did not include the use of validated tools.

The Approved Provider in its written response, stated the service accepts there are aspects of the service that need to be modified, improved and, in some case developed. The Approved Providers response included information which evidenced the service has planned actions to the deficiencies identified at the time of the Assessment Contact due for completion 31 December 2021. Including the consumer’s care plan accessible to staff via the care management system, implementation of clinical indicators to identify clinical trends and issues; fortnightly review of high risk consumers; implementation of validated assessment tools; and the implementation and education of staff in a hospital discharge policy and checklist.

In coming to a decision for this requirement, I have considered the information from the Assessment Contact – Desk Report and the Approved Provider’s response. While I acknowledge the planned actions committed to by the Approved Provider, at the time of the Assessment Contact, the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences. Therefore, it is my decision this requirement is Non-Compliant.

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

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

Information about consumers’ care needs is not shared with others involved in their care. The Assessment Contact – Desk report provided information which evidenced four consumers care documentation did not provide information to guide staff in the safe delivery of consumers care and services including the consumer’s current cares and supports. Staff advised they had not received information in relation to supports prior to commencing services.

For one named consumer, information in relation to care needs or requirements from other services and supports such as the geriatrician and hospital medical discharge summaries were not sought, and as a result recommendations were not reviewed or implemented by the service.

The service described an improvement initiative being implemented by the service which records text messages between consumers and staff directly to the consumers’ care file; however, this is not currently occurring.

The Approved Provider in its written response, stated the service accepts there are aspects of the service that need to be modified, improved and, in some case developed; which included the need for frequent and detail communications including medical and specialist reports. The Approved Providers response included information which evidenced the service has planned actions to the deficiencies identified at the time of the Assessment Contact due for completion 31 January 2022. Including the review of admission and clinical assessment forms to capture consumers condition, needs and preference; and the develop of clinical policies and procedures.

In coming to a decision for this requirement, I have considered the information from the Assessment Contact – Desk Report and the Approved Provider’s response. While I acknowledge the planned actions committed to by the Approved Provider, at the time of the Assessment Contact, information relating to consumers’ condition, needs and preferences was not consistently documented or effectively communicated between persons involved in the care of consumers. Therefore, it is my decision 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

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Contact - Desk report provided information that evidenced the service was not able to demonstrate that there are effective organisation wide governance systems in place in relation to information management, regulatory compliance, workforce governance and feedback and complaints.

In relation to information management, the service did not adequately demonstrate processes for the communication of information to consumers and staff, including staff utilised via brokered services. Staff advised they are not consistently provided with information in relation to consumers to ensure safe and appropriate care is provided.

In relation to regulatory compliance, the service did not adequately demonstrate monitoring processes to ensure subcontracted or brokered service providers’ support workers had current national criminal history checks in accordance with *Part 6 of the Accountability Principles 2014.*

In relation to workforce governance, the service did not adequately demonstrate process to ensure staff are competent and capable in their role, or that the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. For example, that staff providing care and services had appropriate training and receive consumer care related information to provide safe and effective care; and the Assessment Contact – Desk report provided information which evidenced staff did not always demonstrate awareness of consumer’s current care needs. The service did not demonstrate processes to ensure subcontracted or brokered staff:

* had current drivers’ licenses and/or car insurance to ensure safe transportation of consumers
* had access to influenza and coronavirus immunisations
* had undertaken infection control and hand hygiene training

In relation to feedback and complaints, the service did not adequately demonstrate process to ensure action is taken in response to consumer feedback and consumers who had provided feedback expressed dissatisfaction with the management of their complaint/s; and continue is express dissatisfaction with the services provided. Consumers and representatives are not advised of other avenues to seek support in raising and resolving complaints such as the Aged Care Quality and Safety Commission. The Assessment Contact – Desk report provided information which evidenced the service’s complaint’s register did not include all consumer feedback.

The Approved Provider in its written response, stated the service accepts there are aspects of the service that need to be modified, improved and, in some case developed; which included organisational governance processes. The Approved Providers response included information which evidenced the service has planned actions to the deficiencies identified at the time of the Assessment Contact due for completion 28 February 2022. Including the identifying of a governance body whose responsibilities include monitoring of effective governance systems; evidence the monitoring of the subcontractor workforce including mandatory requirements such as national criminal history check and vaccination status; update of the service’s complaints register to reflect contemporary consumer feedback; and ensure complaints register is accessible to staff via a shared information system.

In coming to a decision for this requirement, I have considered the information from the Assessment Contact – Desk Report and the Approved Provider’s response. While I acknowledge the planned actions committed to by the Approved Provider, the service did not have effective governance systems were in place in relation to information management, regulatory compliance, workforce governance and feedback and complaints. Therefore, it is my decision this requirement is Non-Compliant.

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The organisation did not have a clinical governance framework or policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The Assessment Contact – Desk report provided information which evidenced the oversight of consumers clinical care was not effective, the service had not identified risks to consumers in relation to incidents, falls and restrictive practices. For example, named consumers wounds, falls and medication incidents were not consistently documented and staff did not always demonstrate awareness of these. The service did not adequately demonstrate processes to oversee, review or action complaints at a management level. The service was unable to demonstrate the applying of an open disclosure process following ongoing complaints by a named consumer and the representative expressed dissatisfaction with the resolution of the issues.

Management advised that the service is in the process of recruiting a clinical care and governance manager who will oversee the implementation of a clinical framework in the organisation including the oversight, clinical assessment and monitoring of high needs consumers.

The Approved Provider in its written response, stated the service accepts there are aspects of the service that need to be modified, improved and, in some case developed; which included Clinical Governance policy and procedure. The Approved Providers response included information which evidenced the service has planned actions to the deficiencies identified at the time of the Assessment Contact due for completion 30 January 2022. Including the development, implementation and education of staff in antimicrobial stewardship; minimising the use of restraint; and open disclosure policies; and the oversight by the clinical governance body in antimicrobial stewardship and the use of psychotropic medications at the service.

In coming to a decision for this requirement, I have considered the information from the Assessment Contact – Desk Report and the Approved Provider’s response. While I acknowledge the planned actions committed to by the Approved Provider, the service did not have an effective Clinical Governance Framework. Clinical oversight was not consistently or effectively occurring, antimicrobial stewardship; restrictive practices and open disclosure practices were not well understood by staff and care planning documentation did not evidence consistent monitoring of consumer’s condition or effectiveness of strategies. Therefore, it is my decision 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)(a) – Ensure the service conducts assessments and planning, including consideration of risks to the consumer’s health and well-being, that informs the delivery of safe and effective care and services.
* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 3(3)(e) – Ensure the service effectively communicates information about consumers’ condition, needs and preferences where responsibility for care is shared.
* Requirement 8(3)(c) – Ensure the service has an effective organisation wide governance system relating to information management, workforce governance, consumer feedback and continuous improvement.
* Requirement 8(3)(e) – Ensure the service works within a clinical governance framework that includes minimising restrictive practices, open disclosure and antimicrobial stewardship.