RFBI Community Services ACT

Performance Report

138 Hardwick Crescent   
HOLT ACT 2615  
Phone number: 02 6123 9310

**Commission ID:** 200955

**Provider name:** Royal Freemasons' Benevolent Institution

**Quality Audit date:** 2 February 2022 to 4 February 2022

**Date of Performance Report:** 14 March 2022

# Performance report prepared by

S Bickerton, 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:**

* RFBI Community Services ACT - EACHD, 17263, 138 Hardwick Crescent, HOLT ACT 2615

# Overall assessment of Service/s

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 3 Personal care and clinical care | | | HCP | Not Compliant | | |
| Requirement 3(3)(a) | | HCP | | | Not Compliant |
| Requirement 3(3)(b) | | HCP | | | Not Compliant |
| Requirement 3(3)(c) | | HCP | | | Compliant |
| Requirement 3(3)(d) | | HCP | | | Not Compliant |
| Requirement 3(3)(e) | | HCP | | | Not Compliant |
| Requirement 3(3)(f) | | HCP | | | Not Compliant |
| Requirement 3(3)(g) | | HCP | | | Compliant |
| Standard 4 Services and supports for daily living | | | | | | |
|  | | | HCP | Not Compliant | | |
| Requirement 4(3)(a) | HCP | | Compliant | |
| Requirement 4(3)(b) | HCP | | Compliant | |
| Requirement 4(3)(c) | HCP | | Compliant | |
| Requirement 4(3)(d) | HCP | | Not Compliant | |
| Requirement 4(3)(e) | HCP | | Compliant | |
| Requirement 4(3)(f) | HCP | | Compliant | |
| Requirement 4(3)(g) | HCP | | Compliant | |
| Standard 5 Organisation’s service environment | | | | | | |
|  | | | HCP | Not Assessed | | |
| Requirement 5(3)(a) | HCP | | Not Assessed | |
| Requirement 5(3)(b) | HCP | | Not Assessed | |
| Requirement 5(3)(c) | HCP | | Not Assessed | |
| Standard 6 Feedback and complaints | | | HCP | Compliant | | |
| Requirement 6(3)(a) | HCP | | Compliant | |
| Requirement 6(3)(b) | HCP | | Compliant | |
| Requirement 6(3)(c) | HCP | | Compliant | |
| Requirement 6(3)(d) | HCP | | Compliant | |
| Standard 7 Human resources | | | HCP | Compliant | | |
| Requirement 7(3)(a) | HCP | | Compliant | |
| Requirement 7(3)(b) | HCP | | Compliant | |
| Requirement 7(3)(c) | HCP | | Compliant | |
| Requirement 7(3)(d) | HCP | | Compliant | |
| Requirement 7(3)(e) | HCP | | Compliant | |

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| --- | --- | --- | --- | --- |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Compliant |
| Requirement 8(3)(b) | HCP | | Not Compliant |
| Requirement 8(3)(c) | HCP | | Compliant |
| Requirement 8(3)(d) | HCP | | Not Compliant |
| Requirement 8(3)(e) | HCP | | 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 not 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 review was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s plan for continuous improvement in response to the quality report received 28 February 2022

# STANDARD 1 Consumer dignity and choice

# HCP 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

When interviewed by the assessment team, consumers and representatives explained they considered the service treated them with dignity and respect. It was described in various ways how this is reflected in the care and services consumers receive. Additionally, it was reported that the service encourages and supports consumers to make decisions regarding their own care.

Service staff were interviewed by the assessment team and could describe what dignity and respect means to them and to consumers of the service.

The assessment team identified policies and procedures in place at the service to guide staff in understanding and delivering care that is respectful to consumers and maintains their privacy.

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

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
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### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
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*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.*

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| Requirement 1(3)(d) | HCP | Compliant |
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### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP 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

When interviewed by the assessment team, consumers and their representatives explained that the service maintains regular contact with them, and they felt happy with the services they received. It was reported that services and supports are flexible, and that service staff know them and are genuinely interested in their wellbeing.

The assessment team found however, the services care planning documentation did not consistently record all services consumers receive, particularly when provided by a subcontractor or allied health service.

Majority of consumer care plans reviewed by the assessment team had not been reviewed annually or reassessed as consumer needs changed. For example:

* The assessment team reviewed several care plans linked to consumers that had experienced changes in their health and wellbeing. Documented evidence of provider discussions, assessments, and changes to care and services where not evidenced.

Consumers and representatives were unable to confirm they have been provided a care plan detailing their current care and services.

Care directives for staff are available on a mobile phone application, and staff were able to describe in detail how they provide services to consumers.

The service provided a response identifying improvements to be implemented to ensure assessment and care planning is completed regularly, including where changes in health and wellbeing are identified.

The Quality Standard for the Home care packages service is assessed as not compliant as four of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | HCP | Not Compliant |
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*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 team found while the service conducts initial consumer assessments, there was no documented evidence of consumer assessment reviews occurring. For example:

* One consumer who experienced changes in health after a hospital admission had no changes recorded to their care planning documentation to include identified risks. This included risks of continuing cognitive decline, seizures and potential choking. Additionally, this consumer is identified as being at risk of falls and procured home modifications to assist with mobility. The assessment team noted that an assessment of the consumers home environment had not been completed to record inclusion of these modifications.
* One consumers care documentation was reviewed by the assessment team and was found to have not been updated for six years. This consumer was considered to be at risk of falls.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan for reviewing consumer assessments is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was assessed as being non-compliant with requirements under this standard.

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| Requirement 2(3)(b) | HCP | Not Compliant |
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*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

The assessment team found that consumers reported they felt the service provided them with supports to meet their needs, however, when the assessment team reviewed consumer records it was not evidenced that consumers are assessed contemporaneously to identify and plan around individual needs, goals, and preferences.

The assessment team interviewed service management and found the team could demonstrate an understanding of consumer assessment and planning processes to identify goals, including where consumer needs change. It was noted however, this was not evidenced or reflected in consumer care planning documents.

The assessment team reviewed advanced care planning records for some consumers and noted this documentation did not record discussions and consumer responses, to clearly articulate consumer’s wishes. The assessment team found new documentation being developed by the service to gather more information however, this was not being consistently used by service staff at the time of quality review.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to review care planning, implement processes to review consumer assessments, and deliver staff training is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 2(3)(c) | HCP | Compliant |
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*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.*

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| Requirement 2(3)(d) | HCP | Not Compliant |
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*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 assessment team interviewed various consumers and their representatives, and it was described that service staff explain care plans to consumers, but consumers and representatives themselves are not unaware details that are documented.

As assessment of numerous care plans found a lack of consistency in the way consumer services are documented. For example:

* One consumer was noted to have had no review or update made to their care plan since 2018. The representative of this consumer had additionally reported to the service that this consumers health and condition was declining.
* One consumer was noted to have a medical summary attached to their records from early 2021. The service had not updated their records to demonstrate assessment of associated declining health or risk factors. Additionally, it was noted that complex health care planning had not taken place.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to provide staff education, ensure care plans include detailed information, and review all consumer care plans is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 2(3)(e) | HCP | Not Compliant |
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*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

The assessment team interviewed a variety of consumers and their representatives, who described in different ways that they felt the service contacted them regularly and had supports in place to meet their goals and needs. However, when reviewing consumer care planning documents, the assessment team found regular reviews of consumer services are not completed. Service records did not reflect additional supports and services that had been discussed with consumers and their representatives in some instances. For example:

* Following discharge from hospital, one consumers care requirements where not reassessed, and their care plan remained unchanged. This consumer additionally receives support for skin integrity strategies, and there was no record of a clinical assessment taking place. The assessment team found that this consumers care plan documentation had not been reviewed by the service since early 2016.
* One consumer was noted to be experiencing ongoing physical and mental health deterioration. No clinical care planning was noted following this consumer’s discharge from hospital on one occasion to reflect any changes in care needs. The most care plan for this consumer was most recently reviewed by the service in the middle of 2018.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to educate staff and update consumer care plans to include detailed information is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant

### 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 assessment team found that for majority of consumer records reviewed, the service had not conducted assessments for personal and clinical care. Some consumers did not have risks identified in their care plan, or associated strategies to support service staff in mitigating consumer risk.

Through interviews with service staff, it was noted that consumer deterioration was reported to be identified and documented, however, a review of care planning documentation demonstrated that prospective changes to care, following identification of deterioration did not follow.

Consumer information was found to be stored in a variety of locations at the service, with no centralised repository. The service was noted as working towards the consolidation of all consumer records.

The assessment team found that when a consumer requires changes to their care, referrals are made to a variety of services. However, referrals and reports made by the service are not held centrally in consumer files, instead the assessment team found in many instances these records remained in email form held by specific staff only.

The service was assessed as having processes in place to minimise infection related risks to consumers. Service staff are provided with personal protective equipment and have completed COVID-19 training. The service has a supply of pandemic outbreak kits with accompanying procedures to guide staff.

The service provided a response identifying improvements planned for implementation to adhere to the requirements in this standard relevant to personal and clinical care to support consumer’s needs, goals and preferences.

The Quality Standard for the Home care packages service is assessed as not compliant as five of the seven specific requirements have been assessed as not compliant.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | HCP | Not Compliant |
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*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

When interviewed by the assessment team, consumers and their representatives described in different ways that they felt the service tailor’s supports to meet individual needs, and this has supported consumer’s in maintaining their wellbeing.

The assessment team reviewed records made by service staff when delivering consumer wound care. It was noted that treatment was not delivered by clinical staff, and wound care was not being delivered in line with best practice. Service management explained that at the time of assessment a registered nurse was not available to assist with delivering clinical care to consumers.

Consumer care planning documentation showed the service had not updated its care planning documentation for consumers identified as high risk. Additionally, it was identified that consumers receiving level three and four HCP did not have up to date clinical care planning in place.

Some examples include:

* One consumer sustained a skin tear requiring medical treatment. The skin tear was reported through a service incident report with an accompanying photograph of the initial injury. The assessment team noted the service did not complete clinical follow up and did not document observations of the wound to monitor healing.
* The service was not able to demonstrate best practice principles were applied by service staff, noting that consumer wounds require monitoring to ensure healing is occurring and treatment is effective.

The assessment team discussed clinical oversight with service management at the time of quality review, and human resourcing associated with COVID-19 in associated services was cited as being a factor effecting the retention of staff with clinical skills.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to appoint a clinically qualified staff member by May 2022, review consumer’s chronic wound care plans, and deliver education to staff in relation to best practise wound care, is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 3(3)(b) | HCP | Not Compliant |
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*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The assessment team reviewed a variety of service records and identified that high impact and high prevalence consumer risks are not consistently documented by the service. Additionally, strategies to guide staff in mitigating identified risks were not found in consumer’s care plans. For example:

* Several consumers identified as being at risk of falls and / or choking, did not show consistent risk identification in their care documentation. Strategies and guidance for staff to follow in managing risk to consumers was absent in consumer care plans.
* One consumer experiences ongoing seizures. The assessment team did not find evidence of strategies being provided to service staff to guide care in the event this consumer experiences a seizure while receiving service supports.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to implement consumer risk registers, deliver staff education, update consumer care plans, and inform consumers of risk management processes is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 3(3)(c) | HCP | Compliant |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP | Not Compliant |
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*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

When interviewed by the assessment team, consumers and their representatives explained in different ways that they felt the service recognised and responded to changes or deteriorations in their health, function, and wellbeing.

The assessment team evidenced that consumer care planning does not always reflect changes in consumers condition, nor does service documentation record how the service responds and adjusts care delivery in response to changes in consumers condition. For example:

* One consumer, who is experiencing deterioration in their health causing issues with swallowing, was noted to have not been referred for assessment by a speech pathologist.
* One consumer experiencing deterioration in their physical health including seizures and changes in behaviour, had no recognition of this noted in their care documentation, additionally there was no record of a service response to the deterioration.

When interviewed by the assessment team, service staff explained that reports are made to service management who arrange consumer reassessment and referrals. It was explained that changes in consumer care following this are not subsequently recorded in care planning documentation.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to increase clinical oversight, schedule compulsory staff education, and review meeting schedules is planned to rectify the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 3(3)(e) | HCP | Not Compliant |
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*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 assessment team reviewed a range of consumer care planning documentation and identified that service information used to communicate consumer conditions, needs and preferences internally and externally, is stored in multiple locations, and as a result the assessment team could not validate the services approach to sharing information was consistent, correct and timely. For example:

* The assessment team found limited progress notes available in electronic records held by the service and noted that majority of notes made by staff are recorded in hard copy communication books stored at consumer’s homes.
* Communication with external services was not stored centrally and was only available on individual staff members computers.

The assessment team identified that consumer progress notes are not being collected and uploaded to the services electronic care system. For example:

* One consumer had progress notes from 2017 listed as their most recent records.

Staff interviewed by the assessment team felt they were provided enough information by the service and advised that they needed to ensure they reviewed both hard copy communication books at consumer’s homes, and electronic records through an application on their mobile phone.

Service management explained to the assessment team that the services electronic systems had been upgraded in November 2021, allowing wider access to documentation.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to review care system records, update all consumer documentation, and deliver staff training is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 3(3)(f) | HCP | Not Compliant |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Findings

The assessment team interviewed numerous consumers and their representatives, and it was explained in different ways that they felt the care they received included timely and appropriate referrals to external services when required. Consent from consumers is required for the service to make a referral.

The assessment team identified that all new consumers to the service receive an occupational therapy assessment on commencement to determine if aides or modifications are required. However, reviewing consumer care files did not evidence the service made referrals to allied health professionals including physiotherapy and occupational therapy, nor did they evidence any recommendations subsequently made by these allied health services.

In the services plan for continuous improvement the service acknowledged a gap in its referral processes, and in response listed a comprehensive plan to update consumer record storage, increase clinical oversight, establish a referral register, and deliver staff training.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 3(3)(g) | HCP | Compliant |
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*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

### 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

When interviewed by the assessment team, consumers and representatives described their satisfaction in receiving services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Staff described in various ways how they recognised when changes in a consumers well-being required application of different support mechanisms. The service delivers a range of supports to consumers, so they can maintain social relationships and participate in activities that interest them.

The service purchases a range of individualised equipment for consumers under their HCP. Consumers have occupational therapy assessments to ensure modifications and equipment supports their lifestyle and daily care needs.

The service explained to the assessment team it was undergoing an electronic system transition to enable centralised information storage and sharing, although at the time of quality review this system was not being utilised and had not been fully implemented.

The assessment team found that consumer care planning documentation had not been consistently reviewed or updated by the service, and it did not always reflect current activities of daily living being provided to consumers. Sources of information pertaining to consumer care was stored in multiple locations within the service, and because of this assessment team were unable to fully assess optimal service delivery.

The service provided a response identifying improvements to be implemented to ensure services and supports for daily living are optimised for consumers health, well-being, and quality of life.

The Quality Standard for the Home care packages service is assessed as not compliant as one of the seven specific requirements have been assessed as not compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | 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.*

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

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

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| --- | --- | --- |
| Requirement 4(3)(c) | HCP | 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*

|  |  |  |
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| Requirement 4(3)(d) | HCP | Not Compliant |
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*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Findings

Through reviewing records at the service, the assessment team identified that consumer information was not stored in one central location. There were multiple sources of information relating to consumer conditions, needs and preferences, some of which were identified as being outdated and incomplete.

Consumer care planning documents were found not to have current information recorded, including when changes are identified in consumer needs.

The mobile phone application used by service staff contains electronic information relating to each consumer, however progress notes completed by service staff are stored in consumers homes. These hard copy notes are not consistently collected and uploaded to the services electronic care system. The assessment team identified one incident where consumer information was misplaced because of this process.

At the time of the quality review, service management acknowledged issues with consumer progress notes being stored in consumer’s homes, effecting their timely collection and upload into the service’s electronic care system. Service staff explained they were waiting for internal technical issues to be resolved so that progress notes could be entered directly into the application they utilise on their mobile phones.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to update electronic system software, improve referral processing, and process hard copy progress notes is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 4(3)(e) | HCP | Compliant |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | HCP | Compliant |
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*Where meals are provided, they are varied and of suitable quality and quantity.*

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| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
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*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### 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 service does not have a location where consumers attend. This Standard does not apply and has not been assessed as part of the quality audit.

## Assessment of Standard 5

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| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |
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*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 Applicable |
|  |  |  |

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

STANDARD 6 Feedback and complaints

# HCP 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

Consumers and representatives of the service described satisfaction in the way they can provide feedback and make complaints. It was explained that consumers felt safe raising concerns and received responsive feedback through an open disclosure approach.

Consumers and representatives were aware of the mechanisms they could follow to make a complaint to the service, and said any concerns are addressed in a timely manner.

Staff demonstrated an awareness of other mechanisms they could use to ensure consumers were able to provide feedback or make a complaint.

The service has documented processes and procedures to identify, record and action complaints. Sampling of the service’s complaints documentation showed open disclosure and a process to ensure complaints are promptly addressed when things go wrong.

Service management could provide examples of when feedback resulted in changes and improvements being made to the delivery of care and services for consumers.

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

## Assessment of Standard 6 Requirements

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| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |

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

# STANDARD 7 Human resources

# HCP 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

Consumers and representatives described in different ways that they felt the services workforce is skilled and qualified in providing safe, respectful, and quality care. The service provides feedback regarding staff rostering, and consumers expressed staff had enough time to complete tasks without being rushed.

The service has systems and processes to ensure there are enough staff to deliver safe, quality care and services. Service management and staff explained, and documentation confirmed, the service has processes in place for the rostering and replacing internal staff.

The service has an established memorandum of understanding with a variety of subcontracted services including gardening, home maintenance, allied health and nursing, although not all are currently being utilised.

Staff participate in orientation and induction and have access to a range of training material, and they are monitored in completing this by service management.

The service has processes in place to monitor staff through feedback from consumers and representatives, probationary periods and annual appraisals. Examples were provided where staff have completed further training and education following feedback raised.

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

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) | HCP | 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  |  |  |

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

# STANDARD 8 Organisational governance

# HCP 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

The assessment team found that consumers and representatives are encouraged to participate in the delivery and evaluation of their care and services.

The service has established governance systems embedded in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and complaints management.

The service was not able to evidence or demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services, and that it is accountable for its overall delivery.

The service has processes to identify and respond to abuse and neglect of consumers and to support consumers to live their best life. However, there are no risk management systems or practices in place to enable the service to manage high impact or high prevalence risks.

The service was unable to demonstrate how its clinical governance framework operates and how this provides a monitoring function over consumer clinical care.

The service provided a response identifying improvements to be implemented to demonstrate the services governing body is accountable for the delivery of safe and quality care and services.

The Quality Standard for the Home care packages services is assessed as not compliant as three of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 8(3)(b) | HCP | 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

After interviews with service management and a review of governance records by the assessment team, the service was not able to demonstrate how the board is accountable in promoting a service wide culture of safe, inclusive and quality care and services. It was not evidenced that communications from the board are disseminated to staff and consumers in this regard.

Service management explained current processes provide monthly reports to the board, inclusive of staff accidents, compensation, and current HCP metrics, however, the service did not evidence information was collated to include consumer metrics such as clinical information, consumer incidents related to falls, wounds, or medication management.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to review clinical governance, review meeting agendas, enhance board communications, and review consumer newsletters is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| Requirement 8(3)(c) | HCP | Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 8(3)(d) | HCP | 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

The assessment team found the service has processes in place to identify and respond to detected abuse and neglect of consumers, and to support consumers to live their best life.

When interviewed by the assessment team, service staff demonstrated an awareness of consumer risks and best to support consumers. The assessment team found however, that the service did not have risk management systems or practices embedded in the service, to enabled staff to manage high impact or high prevalence consumer risks.

When the assessment team reviewed consumer care files, it was noted that risks were not consistently identified in documentation, additionally strategies to guide staff in managing these risks were not evidenced.

When interviewed, service staff explained what they would do in the event of a consumer incident, and described completing an incident form, recording the matter in the incident register and reporting it to the service management. It was noted that staff explained when incidents are recorded they are not routinely reviewed to identify improvements.

The assessment team identified that incidents are not routinely collated and reported to the board for review and action, additionally the service did not have an incident management policy or procedure in place to guide staff practices.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to develop a high risk and high impact register, deliver staff training, and establish an incident management register with supporting policy and guidance is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this standard.

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| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
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*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 assessment team interviewed service management and reviewed various governance documents. At the time of quality review, the service did not demonstrate that clinical governance framework was used to monitor systems associated with consumer clinical care.

The service had processes and procedures in place to govern antimicrobial stewardship, restraint and open disclosure, however, the assessment team identified the antimicrobial stewardship policy was not specific to home care environments.

Service management provided an example of a restraint being applied to a consumer using an electronic mobility aid. In this example, the service was not able to demonstrate that potential risks of using physical restraints had been explained to the consumer involved, additionally the care documentation for this consumer had no records of this physical restraint being applied.

Staff could explain during interviews that they apply an open disclosure approach to resolving consumer complaints.

In the services plan for continuous improvement, and in response to the assessment teams report, a comprehensive plan to review clinical governance framework, deliver staff training, and update the antimicrobial stewardship policy is scheduled to address the assessed non-compliance under this standard.

It is noted that the service responded proactively to the assessment teams findings and planned prompt corrective action, however, at the time of the quality review, the service was not able to demonstrate how clinical governance framework operates and monitors consumer clinical care, additionally the service has not been including clinical data to inform incidents and trends or documenting the use of restraint or ensuring consumers are aware of the risks associated with the use of the restraint.

# 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.

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| Requirement 2(3)(a) | HCP | 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.*

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| --- | --- | --- |
| Requirement 2(3)(b) | HCP | 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.*

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| --- | --- | --- |
| Requirement 2(3)(d) | HCP | 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.*

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| --- | --- | --- | --- |
| Requirement 2(3)(e) |  | HCP | 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.*

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| Requirement 3(3)(a) | HCP | Not 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.*

|  |  |  |
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| Requirement 3(3)(b) | HCP | Not Compliant |
|  |  |  |

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

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

*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.*

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| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Not Complaint |
|  |  |  |

*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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | 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.*

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

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

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| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Complaint |
|  |  |  |

*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*

*managing and preventing incidents, including the use of an incident management system.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Complaint |
|  |  |  |

*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*