Aboriginal Elders - MILE END

Performance Report

1/67 Henley Beach Road   
MILE END SA 5031  
Phone number: 08 8346 9155

**Commission ID:** 600145

**Provider name:** The Aboriginal Elders and Community Care Services Incorporated

**Quality Audit date:** 15 February 2022 to 17 February 2022

**Date of Performance Report:** 21 April 2022

# Performance report prepared by

C Athanasiou, 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:**

* Aboriginal CDC Home Packaged Program - Metro North, 23381, 1/67 Henley Beach Road, MILE END SA 5031
* Aboriginal CDC Home Packaged Program - Metro West, 23381, 1/67 Henley Beach Road, MILE END SA 5031

**CHSP:**

* Home Maintenance, 4-7X9P0P9, 1/67 Henley Beach Road, MILE END SA 5031
* Meals, 4-7X9P0S0, 1/67 Henley Beach Road, MILE END SA 5031
* Personal Care, 4-7X9P0UR, 1/67 Henley Beach Road, MILE END SA 5031
* Social Support - Group, 4-7XBE7W7, 1/67 Henley Beach Road, MILE END SA 5031
* Social Support - Individual, 4-7XBE7YY, 1/67 Henley Beach Road, MILE END SA 5031
* CHSP - Transport, 4-24X84KU, 1/67 Henley Beach Road, MILE END SA 5031
* Allied Health and Therapy Services, 4-7X9P0GB, 1/67 Henley Beach Road, MILE END SA 5031
* Domestic Assistance, 4-7X9P0J5, 1/67 Henley Beach Road, MILE END SA 5031

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Compliant | | |
|  | | | CHSP | Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
|  | | CHSP | | | 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 | | | Compliant |
|  | | CHSP | | | 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 | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(d) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |
| Requirement 2(3)(e) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement 4(3)(g) | HCP | | Not Compliant |
|  | CHSP | | Not assessed |
| 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 | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(b) | HCP | | Compliant |
|  | CHSP | | 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 | | Compliant |
|  | CHSP | | 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; 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 29 March 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP 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 were satisfied that they are provided respect and dignity and that their identity and diversity is valued. The service has policies to support staff in understanding choice, dignity, where risk is identified and decision making as part of care planning assessments.

Consumers said their services are culturally safe and staff know them. Staff demonstrated their awareness of what it means to provide respect and culturally safe care.

Consumers and representatives agreed they are part of the decisions made about care and services and can nominate others to support decisions about their care.

Consumers stated they are supported to maintain their independence and take risks which have been discussed and where possible strategies put in place to manage the risk.

Consumers and representatives said they are provided timely information and feel their privacy and confidentiality is maintained.

Consumer care plans sampled reflected what is important to the consumer, including maintaining relationships with others.

Consumers and representatives sampled were satisfied consumer privacy and confidentiality is respected. Staff were able to demonstrate their understanding of the services relevant policies and procedures and provided examples of how they implement them in practice.

The Quality Standard for the Home care packages services are assessed as compliant as six of the six specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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

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

|  |  |  |
| --- | --- | --- |
| 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 | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| 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

Consumers interviewed confirmed assessments are initially completed in partnership with them and they are involved in the planning of their care and services. However, they could not confirm they received a copy of their care plan documenting the range of care and services they were to receive.

At the time of assessment, the service was not able demonstrate comprehensive care planning processes were in place. Information regarding consumers’ needs, goals and preferences, their health and medical conditions were not consistently transferred to care plans and did not describe the care and services to guide the delivery of safe care. Risks to consumers’ safety, health and well-being were not consistently identified and strategies to minimise risk were not consistently documented.

The service was not able to demonstrate that care and services are reviewed regularly for effectiveness and as needed when circumstances change for consumers.

The service was able to demonstrate that processes are in place to assist and refer consumers who are palliating. Consumers are provided an opportunity to discuss advance care planning upon commencement of services.

The Quality Standard for the Home care packages services are 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 services are assessed as Non-compliant as four 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:

Care plans reviewed did not evidence outcomes of assessment and planning for consumers and did not inform the delivery of safe and effective care.

Care planning, including discussion of risk is not accurately documented and care plans do not reflect all the care and services consumers receive. Staff at the point of care do not have sufficient information on risks and other details of care to deliver safe and effective care.

The care plan of one HCP consumer with insulin dependent diabetes identified only a general overview of services provided such as domestic assistance, medication management and transport. There was limited information available to staff regarding risks to the consumer or how to provide care safely in the event of a hyperglycaemic episode.

Other HCP consumer care plans sighted by the Assessment Team did not reflect consumers’ specific care needs such as intellectual capacity concerns, information on medical conditions such as diabetes, incontinence or accurate medication dosage and storage information.

The Assessment Team reviewed care planning documents for CHSP consumers and found information regarding interventions and supports for consumers with high risk concerns were not reflected in the care plan.

The care plan for one CHSP consumer identified to have risk of choking, difficulty mobilising without the use of an aide and who requires assistance with communication and eating, did not have sufficient details or instructions for staff on how to support the consumer.

Staff interviewed by the Assessment Team confirmed they do not receive written detailed information to inform safe and effective care, however they were able to demonstrate they have knowledge of their consumers support needs and advised they get to know the consumers they support over time.

At the time of the assessment, management acknowledged further development is required to capture assessed care needs. Management reported they have employed an external consultant to assist with the review and the development and implementation of a more robust assessment and care planning framework.

In response to the Assessment Team’s report, the service has advised they are seeking to purchase and implement an electronic system to better support assessment and care planning. While this task is undertaken, the service has implemented various tools to support this improvement until an electronic system is installed. These tools include a suite of assessment tools, a draft care plan and specialised nursing care plan.

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 requirement.

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| --- | --- | --- |
| 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:

The service provider was not able to demonstrate that assessment and care planning comprehensively identified and addressed the consumer’s current needs, goals and preferences. Where there was evidence that some information was identified this information was not consistently transferred to care planning documentation.

The care planning documentation of one HCP consumer who was last assessed in April 2021, noted that continence products had been purchased for the consumer without the appropriate assessment. The assessment also remained incomplete in respect of other needs and goals.

Sampled consumers confirmed they participated in an initial assessment however, some indicated that their service needs are not addressed.

Three HCP consumers who had received only equipment to date from their package indicated they were not aware they could receive care and/or other services.

One consumer indicated they wrote down the supports they require and provided this to the service and nothing eventuated from this.

Consumer files sampled showed only brief consumer background and family information was detailed in care planning documentation and did not always detail consumer preferences to guide the delivery of services.

One CHSP consumer who underwent a ‘MyCompass’ assessment on 17 December 2021 had his needs and preferences recorded as ‘not applicable’. The consumer’s cultural needs and preferences, including what is important to him in respecting his background were not evident.

The Assessment Team reviewed the services policy and procedure in relation to end of life planning and care. The service demonstrated how they engage external services when consumers are palliating, and that consumers are offered the opportunity to discuss advanced care directives and end of life planning at the commencement of their services.

At the time of assessment, management advised a desk top audit of consumer files recently identified gaps in assessment and care planning documentation. Management reported service staff are working towards addressing the gaps with consumers when conducting scheduled consumer reviews.

During the quality review and in response to the Assessment Team’s report, the service acknowledged the ‘MyCompass’ tool was not effectively implemented across the service and additional staff training has been scheduled for staff commencing in April 2022 to ensure the needs, goals and preferences of consumers are comprehensively detailed at the time of assessment.

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

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

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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 was not able to demonstrate that outcomes of assessment are effectively communicated to consumers, documented in care plans or that copies of care plans are provided to consumers and their representatives.

Four HCP consumers advised they did not or could not recall ever receiving a copy of their care plans. One CHSP consumer advised they were unaware of what a care plan was.

At the time of assessment, the assessment team sighted, and management discussed a new care planning framework, implemented in October 2021. This framework provides a function to record that the consumer has received information about rights and responsibilities, feedback procedures, fees, the services privacy policy, cash handling forms, emergency response details and a copy of the consumers support plan. However, the team noted that the framework had only been applied to consumers who were new to the service or those who had undertaken a review since October 2021.

|  |  |  |
| --- | --- | --- |
| 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:

The service was not able to demonstrate that all consumers participated in annual reviews, were consistently reviewed after circumstances change or after an incident occurs for a consumer.

At the time of assessment management acknowledged that not all reviews were up to date due to staffing issues.

In the services action plan, and in response to the assessment teams report, the service has scheduled care plan reviews for consumers where reviews are outstanding and has recruited two new staff to assist with this work. While it is noted that the service has responded with corrective action, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP 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 service was not able to demonstrate that each consumer receives safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and wellbeing.

Consumer interviews and documentation reviewed identified gaps in the management of wounds and falls risks; and changes to consumer conditions had not been responded to in a timely manner, which subsequently resulted in poor outcomes for consumers.

Information about consumers care needs is not effectively captured and shared within the organisation or with others who share responsibility for the delivery of care to consumers.

The service was able to demonstrate they have policies and procedures in place designed to guide staff in relation to advance care and end of life planning. Staff were able to describe the care needs, goals and preferences for the consumers they support.

The service implements strategies to minimise infection related risks to consumers and its workforce.

Consumers and representatives sampled indicated referrals to other services such as occupational therapy, physiotherapy and other medical services do occur in a timely manner.

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

The Quality Standard for the Commonwealth home support programme services are assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

Findings:

The service was not able to demonstrate that consumers get safe and effective clinical care consistently or to verify that the clinical care provided by brokered agencies is best practice and tailored to the needs of the consumers.

Service staff interviewed confirmed it is not standard practice for the service to assess clinical care needs on commencement of services.

Evidence showed that clinical care interventions are solely delivered by brokered agencies according to their expertise, however, no systems are in place to provide oversight for the delivery of clinical care for all consumers. There are limited evaluation mechanisms to ensure the care provided optimises the health and wellbeing of consumers.

The Assessment Team found several consumers in receipt of level 4 HCP packages had surplus funding with limited care and supports, with no clinical care assessments undertaken. Management reported it was the choice of some consumers to only purchase items through their package however, during interviews consumers advised they were unaware of the range of services they could access. The consumer handbook and service agreement did also not include a full list of services available under a package.

At the time of assessment management acknowledged deficiencies and reported the intention for clinical risk and care needs assessments to be undertaken for all consumers and that recruitment was underway to employ an additional registered nurse (RN), to assist in the review and delivery of clinical care services. The Assessment Team reviewed a draft template for a nursing assessment which is intended to assist and inform the delivery of clinical care.

In response to the Assessment Team’s report and as part of continuous improvement, the service has advised they are seeking to purchase and implement an electronic system to better support the delivery of clinical care. The service has acknowledged the importance of monitoring care and services provided by brokered agencies and has committed to increase monitoring of brokered services via audit processes, complaints and other feedback processes and by obtaining assessment and care plans developed by brokered agencies.

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

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

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

Findings:

The service was not able to demonstrate how it effectively manages high impact or high prevalence risks associated with the care of each consumer.

Consumer interviews and file reviews identified issues in relation to management of wounds and falls risks.

One HCP consumer with a history of diabetes experienced an injury and subsequent wound to her foot. Staff delivering care on the day were aware of the incident, but it was not formally documented or reported. The injury was later reported by a different community worker six days later when infection was detected. Following a podiatry review, it was discovered the consumer had a foreign object in her foot causing the infection. This injury resulted in the amputation of three toes. The consumer has a permanent impaired functional capacity as a result of this injury.

Other CHSP consumers risk of falls had not been addressed appropriately nor strategies implemented for the safe administration of medication should a brokered service be unavailable to delivery regular scheduled supports.

Interviews with community support workers indicated there are not systems in place to inform of the risks faced by consumers or to provide staff with the appropriate health information or strategies where risks are identified. Staff delivering social supports stated they are not always provided vital information about consumers conditions such as schizophrenia.

Assessments for clinical care or allied health are conducted by brokered agencies and provided to the service on request. While these assessments are kept in the consumer file and referred to by case managers when arranging supports, the information within the assessments are not consistently reflected in consumer care plans to guide staff in the delivery of services.

At the time of assessment, management advised they had appointed a clinical care advisor to undertake clinical assessments for each consumer. The introduction of this role is intended to assist the strengthening of the services oversight of clinical risk.

In response to the assessment team’s report, the service has taken steps to address the immediate risks identified within the report by allocating an afterhours contact for brokered agency staff delivering clinical care. As part of the service’s continuous improvement strategy, the new care planning framework considers all care domains. The new suite of assessment tools includes validated best practice risk assessments.

It is noted that the service responded proactively to the assessment team’s 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.

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

*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 |
|  | CHSP | 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.*

Findings:

The service was not able to demonstrate that deterioration of a consumer’s condition is recognised and responded to in a timely manner.

One consumer with a history of diabetes suffered a foot injury, which was left unattended and unreported by brokered service. The injury led to infection which required hospitalisation and subsequent amputation of three toes.

At the time of assessment, of the consumers sampled no concerns were identified by the assessment team in relation to the provision of CHSP, under this requirement.

Staff stated they did not always receive information about consumers’ cognitive status, medical conditions, or if they were a falls risk or had dementia.

External professionals are engaged to perform assessments and/or develop and treatment plans for consumers, however, there is minimal oversight of the effectiveness of the clinical care services.

At the time of the assessment, management advised that intake assessment and review training is proposed for March 2022 and will include identifying and reporting deterioration, escalation pathways and incident and hazard reporting.

In response to the assessment team’s report and as part of the services continuous improvement the service has advised they are in the process of developing new strategies to identify and monitor consumers receiving clinical care, including a high-risk register.

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

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

Findings:

The service was not able to demonstrate that there is an effective system in place to consistently communicate the consumer’s condition, needs and preferences with those who share responsibility for personal and clinical care.

Assessment and care planning processes do not support the sufficient collection of information to suitably inform safe and effective care at the place of service delivery.

Care staff stated they receive some information regarding consumers specific care needs, risks and condition; however, this is mainly verbal. Staff indicated they would prefer more detailed information. One community support worker said they do not receive written information on the consumer’s health conditions, however they are provided this verbally if requested.

At the time of assessment, management acknowledged this concern as a gap in service delivery and advised they have appointed an external consultant and clinical care advisor to review and strengthen the relevant procedures.

In response to the assessment team’s report and as part of the service’s continuous improvement, relevant items have been added to the action plan to address this specific gap in their service delivery.

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*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 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

At the time of the assessment, the service was not able to demonstrate that where equipment is provided, it is safe, suitable, clean and well maintained. Most consumers reported not knowing who is responsible for the maintenance of their equipment.

The service was able to demonstrate that services and supports for daily living are safe and promote consumers emotional, spiritual and psychological wellbeing.

Consumers reported being assisted to do things that are important to them, such as returning to traditional lands and receiving flexible and personalised support schedules.

Care staff were able to demonstrate their knowledge of consumers daily living support needs and consumers reported they are confident that the staff supporting them know what they are doing.

Referrals are made to external providers for services and for the provision of suitable equipment. Consumers receiving meal services as part of their home care package or via social support services were satisfied with the quality and quantity of the meals.

The Quality Standard for the Home Care packages services are assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as compliant as six of the seven specific requirements have been assessed as Compliant.  The Assessment Team did not assess the provider’s performance against Standard 4 Requirement (3)(g) for the Commonwealth home support programme as the service is not funded to provide equipment.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| 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 | Compliant |
|  | CHSP | 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 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 | Compliant |
|  | CHSP | Compliant |

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

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

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

Findings:

The service was not able to demonstrate that where equipment is provided to consumers through their home care packages that it is maintained and in condition that is fit for use.

One consumer stated to the assessment team that they had reported multiple concerns in relation to the maintenance of their equipment. There was no evidence to indicate these concerns had been recorded in a centralised register to follow up.

Consumers sampled said they were unclear as to what items were considered included and excluded within their package or whose responsibility it was to maintain their current equipment.

A review of consumer files showed that when issues are raised about equipment staff will make progress notes, however, there is a lack of policy and procedure to describe how to action issues, where to record any actions taken or to ensure equipment is regularly checked for safety.

As the service is not funded for this support under CHSP, the Assessment Team did not assess the provider’s compliance against this requirement.

In response to the Assessment Team’s report and as part of their continuous improvement, the service has included an action item to develop an equipment register to provide better oversight of equipment maintenance and repairs.

It is noted that the service responded proactively to the assessment team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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

# 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

Consumers provided mixed feedback in relation complaint resolutions and outcomes. While some consumers said appropriate action occurred, not all consumers were assured that complaints raised are resolved to their satisfaction. An open disclosure approach is not currently implemented when things go wrong and staff training in open disclosure and complaint management is planned but has not yet occurred.

While there are few recent complaints listed in the services complaints register, feedback and complaints in consumer progress notes are not reflected in the register. Management said they do not record ‘informal’ complaints and they do not currently review complaints data or use it to inform service improvement opportunities.

Most consumers interviewed are confident in making a complaint or providing feedback, accessing advocacy and other support services and said they would raise any concerns if necessary.

Support staff and management were able to demonstrate ways the service supports and encourages consumer feedback and complaints. The service provides language services and outreach workers to support consumers to make complaints as required.

The system in place to support feedback and complaints includes a relevant policy, feedback and improvement forms in the homes of consumers and information about external complaints and advocacy services.

The Quality Standard for the Home care packages services are assessed as Not-compliant as two of the four specific requirements have been assessed as Non-compliant.

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

## Assessment of Standard 6 Requirements

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

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

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

The service was not been able to demonstrate they take appropriate action in response to complaints or provide evidence that an open disclosure process is applied.

Consumers sampled produced mixed satisfaction levels in relation to complaints resolution. Some of the feedback included no acknowledgement of complaints, no explanation of why issues occurred, and no apology or action taken in response to complaints.

On review of the services complaints register, there was no evidence found of CHSP consumers complaints. When the Assessment Team sampled CHSP consumers, there were examples provided and strong dissatisfaction with how their complaints had been handled.

The service was able to produce an open disclosure policy, however staff interviewed could not describe what open disclosure is. Management could not provide examples of where open disclosure had been applied and advised that while there are relevant policies in place, staff training is yet to occur.

In response to the Assessment Team’s report, the service has advised training in relation to open disclosure is to occur in April 2022 and will incorporate the Open Disclosure Framework and Guidance resources available on the ACQSC website in this training. The service has also advised they intend to strengthen their complaints management and resolution process to ensure their consumers have access to a robust and complete process. It is noted that items have been added to the service’s action plan including consumer surveys and the implementation of a Net Promoter Score tool to evaluate performance.

It is noted that the service responded proactively to the assessment team’s findings and planned 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 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 was not able to demonstrate that feedback and complaints are reviewed and analysed to inform the improvement of quality care and services.

The complaints register had few complaints recorded and both staff and management advised only ‘formal’ complaints are incorporated into the register. Staff are currently recording consumer feedback and complaints in individual consumer progress notes but not recognising them as complaints.

One consumer’s complaint is detailed in their progress notes and outlines the nature, progress and action taken on their complaint from August 2021. This complaint was not recorded in the complaints register.

Management were unable to provide examples of improvements resulting from feedback and complaints and confirmed review of feedback and complaints data to identify trends or service delivery gaps is not occurring.

The service’s continuous improvement plan does not demonstrate analysis of complaints data.

At the time of assessment, management advised the recently filled role of policy and standards advisor had been vacant for some time which had not allowed the effective review and analysis of relevant processes to occur. Additionally, management advised staff training in relation to effectively recording feedback and complaints is planned.

In response to the Assessment Team’s report and as part of continuous improvement, complaints handling training for staff has been scheduled for June 2022.The service has indicated they intend to implement an electronic system which will allow more comprehensive data analysis. The service has advised they will begin to incorporate complaints information in their monthly reporting to the CEO, with the intention of identifying trends and improvement opportunities to service delivery.

It is noted that the service responded proactively to the Assessment Team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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 was not able to demonstrate they have systems and processes in place to ensure there are enough staff to deliver safe and quality care and services. The service has limited oversight of brokered agency staff that deliver supports to consumers, meaning they are unable to ensure staff are competent and have the skills and knowledge to perform their roles.

A review of documentation showed internal staff appraisals had not been conducted for two years, with management confirming staff monitoring is not occurring.

The service was able to demonstrate that internal staff are trained and supported to deliver the outcomes required by the Aged Care Quality Standards using a mandatory training system.

Consumers and representatives confirmed staff are kind, caring and respectful of their identity, culture and diversity.

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

The Quality Standard for the Commonwealth home support programme services are assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| 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.*

The service was not able to demonstrate how they plan the number and mix of staff to enable safe and quality care and services to consumers.

Some consumers and representatives sampled expressed dissatisfaction with the availability of staff. Additionally, they were unsatisfied with the high turnover of support staff and case managers. They raised concerns about the lack of effective handover between previous staff and new staff.

One HCP consumer said ‘they have changed my case manager so many times and then you never hear from them. You ring, and they tell you they have gone. Nobody stays. You are expected to understand that the reason they cannot organise things is because there is a turnover of staff, management, receptionist. Now you feel like a nuisance, and you do not belong. Sometimes I feel I should go down there to see if they still exist.’

In response to the Assessment Team’s report, the provider reported all consumers are advised in writing when their case manager changes. For confidentially reasons, other details are not always provided. The provider advised that items have been added to their continuous improvement action plan to address work force governance, including the introduction of a Business Support Officer role to assist with monitoring unfilled shifts.

It is noted that the service responded proactively to the Assessment Team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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.*

Consumers expressed satisfaction with staff competency, and evidence available indicates internal staff are completing regular mandatory training. However, the service was unable to provide evidence that external subcontracted staff have the skills and knowledge to perform their roles.

At the time of assessment, management acknowledged the need to ensure all staff providing services on their behalf are skilled and knowledgeable and indicated this will be imbedded into revised service contracts moving forward.

In response to the Assessment Team’s report and in addition to revising subcontractor service contracts, the provider has advised of a pending review of mandatory training modules to identify if additional mandatory training for staff is required relevant to their role. Additionally, the provider intends to obtain and update subcontractor information with qualification and competency details.

It is noted that the service responded proactively to the Assessment Team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

The provider was not able to demonstrate that they regularly assess, monitor or review the performance of their staff. The Assessment Team reviewed staff performance appraisals and found no staff appraisals have been completed since 2020. Some staff reported not being involved in a performance review for several years.

At the time of assessment, management confirmed performance appraisals and on the job monitoring of staff is not occurring. Additionally, they advised they do not seek or use feedback about staff performance to inform staff training needs.

In response to the Assessment Team’s report and as part of their continuous improvement, the provider has committed to reinstate performance reviews for staff once they have onboarded a new Human Resources advisor in April 2022.

It is noted that the service responded proactively to the Assessment Team’s findings and is planning corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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

The service was not able to demonstrate that the governing body is accountable for the delivery of safe and quality care and services. Consumers are not supported or encouraged to engage in the development, delivery and evaluation of their care and services.

The service does not have effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service does not have effective risk management systems and practices to support the management of high-impact, high prevalence risks associated with the care of consumers; identify and respond to the abuse of consumers or support consumers to live the best life they can.

The service does not have a clinical governance framework to support antimicrobial stewardship, minimise the use of restraint or conduct open disclosure.

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

## Assessment of Standard 8 Requirements

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| --- | --- | --- |
| 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.*

Consumers and their representatives were unable to describe how they are involved in the development, delivery and evaluation of care and services. Furthermore, the provider does not have policy and procedures in place for engaging consumers in the planning and delivery of their care and services.

HCP consumers advised they receive poor communication from the service in relation to staff attendance and financial statements. It was reported in the past there used to be a client advisory group but that had ceased with no alternative ways for consumers to be involved in the planning of their service delivery.

The most recent consumer and representative survey was conducted on 25 March 2020. The service was unable to advise if collation and analysis of the data and information occurred, and subsequently how or if this information was communicated to senior management for review and action.

At the time of assessment, management acknowledged this gap in their service delivery model and committed to engaging an external consultant to develop and distribute a consumer and representative survey; undertake analysis and identify items for action where applicable.

In response to the Assessment Team’s report and as part of their continuous improvement, the provider has committed to reinstating the consumer and representative survey as evidenced in their action plan. The provider has advised they will engage more formally with consumers to ensure they are involved in the development, delivery and evaluation of care and services. Additionally, the service has reported they will re-establish a client advisory committee.

It is noted that the service responded proactively to the Assessment Team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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 not able to demonstrate that the governing body promotes a culture of safe, inclusive quality care and services or accountability for their delivery.

Management stated that the service does not have established performance reporting to ensure organisational accountability for consumer care and service delivery and confirmed they do not request consumer related data from subcontractors, who provide most consumer care on behalf of the service.

Board members were unable to describe how the Board satisfies itself that the Quality Standards are being met within the service; with a Board member and senior staff member advising the Board mainly concerns itself with the financial viability of the organisation.

At the time of assessment, the chairperson of the Board advised the service is in the process of finalising its strategic plan and spoke of major improvements that were underway including newly developed policies and procedures for the organisation.

The Assessment Team reviewed the service’s continuous improvement plan but noted no items had been actioned by the Board in the previous six months.

In response to the Assessment Team’s report and as part of their continuous improvement the provider has advised the following items have been added to the action plan:

* All Board members to receive training on the Aged Care Quality Standard, with a strong focus on Standard 8 – Organisational Governance;
* Brokered service agreements to be reviewed by the services legal team to ensure compliance with the entirety of Standard 8 of the Aged care Quality Standards.

It is noted that the service responded to the Assessment Team’s findings and is planning corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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:

The service does not have effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Consumers are not routinely contacted by the service to inquire about the delivery of their care and supports.

**Information management**

The service was not able to demonstrate the use of an effective information management system. Critical information relating to incidents, complaints and consumers support needs are not shared and used to improve the delivery of care.

Support staff reported not receiving enough information in relation to consumer health conditions, clinical risk or risk prevention and care plans.

It was evident consumers do not receive enough information in relation to the supports they are able to access through their funding. Multiple consumers receiving only equipment through their Home Care packages were unaware they were entitled to receive care and supports.

The Assessment Team observed various electronic and paper-based systems designed for the safe storage of information.

Consent to share personal information is collected from consumers and or representatives. Similarly, staff sign an agreement that includes a privacy statement.

**Continuous improvement**

The service was not able to demonstrate that items on their continuous improvement register are identified from a range of sources including incidents, meeting minutes, consumer and representative feedback and organisation wide initiatives.

While the service has a continuous improvement plan it has not been updated since September/October 2021. The plan includes a number of initiatives, however does not reflect actions taken and/or outcomes.

At the time of assessment, management stated the responsibility for updating the plan falls to the Quality Advisor role, which has been vacant since September/October 2021; acknowledging the plan had not been maintained since then.

Management went on to advise the service currently has two plans for improvement. One, which has not been maintained and the second is a planned list of improvements described by management. This second list at the time of assessment had not been added to an improvement register. The areas identified for improvement by management include:

* Consumer intake assessment and planning
* The establishment of a document register and activity audit scheme
* The development of an audit to identify gaps in consumer documentation.

**Financial governance**

The service was not able to demonstrate effective financial governance, in particular the management and expenditure, of consumer home care package spent and unspent funds.

The Assessment Team reviewed four consumer Home Care Packages statements, each reflecting 3 months of charged services during November 2021 to January 2022 and identified the following:

HCP consumer with $59,424 in unspent funds was assessed and subsequently prescribed bathroom modifications on 2 December 2021. A quote for the modifications had be sought and sited by the consumer and service CEO, however, the service was unable to determine progress on this matter. Although the consumer reported their bathroom had been completely refurbished, the Assessment Team could find no evidence of this on their statement and did not appear to be deducted from the consumer’s funding.

Other consumer files showed instances of recommendations for home modifications not being actioned or followed up in a timely manner and the files of other consumers being approved for excluded items in their Home Care Packages.

Three of the four consumer files reviewed had significant unspent funding amounts with no evidence of further assessments to assist with reducing unspent funding.

The service chief financial officer (CFO) is responsible for financial governance. The CFO prepares a monthly report and outcomes are reported to the Board. The chairperson of the Board advised ‘the service errs on the side of the consumer, for example, the purchase of a bed for a consumer who is sleeping on the floor.’ The Assessment Team identified this as an excluded item under the consumers home care package.

Consumers and representative confirmed they receive monthly statements although not all agreed statements were easy to understand.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The service does not have a workforce governance plan which includes the assignment of clear responsibilities and accountabilities.

Care and services are overseen by the service general manager, case managers and other senior personnel. The service employs four case managers and nine care staff. The service does not have a casual pool of staff, preferring to use subcontracted services during periods of planned and unplanned leave.

The service has a suite of position descriptions, although they are currently under review to ensure they reflect current staff practices. Most services provided to consumers are through subcontracting arrangements including clinical care, allied health and personal care as well as home maintenance and modifications. The service was unable to confirm that subcontracted staff have role descriptions with clearly outlined responsibilities and accountabilities.

The service operates within business hours and at time of assessment did not have an out of hours consumer contact or on-call arrangement for after hours in case of emergency.

**Regulatory compliance**

The service does not have systems, policy or procedures in place to monitor regulatory compliance and were not able to describe how the organisation tracks changes to aged care legislation.

The Assessment Team reviewed the services Commonwealth Home Support Program and Home Care Package agreements and noted they did not reflect current information, including up to date consumer mutual consent information and funding inclusions and exclusions. Additionally, a number of consumers have been approved expenditure for excluded items such as an air fryer, vacuum cleaner, filing cabinet, music player, air purifier, computer and a television aerial to be positioned on the roof of a consumer’s daughter’s rental property.

Board members confirmed the service does not receive information regarding changes to legislative requirements, preferring operational management staff to deal with any issues. One Board member confirmed the Board has not received any training on the Aged Care Quality Standards or their role and responsibilities as a Board member.

The service reported no adverse findings from another agency or oversight body in the last twelve months.

At the time of assessment, management advised consumer agreement forms will be sent to the legal team for review and once updated will be provided to consumers on completion.

**Feedback and complaints:**

The service does not have a system for reviewing or analysing consumer feedback and complaints and they are not used to improve the quality of care and services for consumers

The service’s complaint register contained four complaints, however did not include the outcome of these complaints or feedback to the complainant.

Files reviewed by the Assessment Team indicate concerns raised by consumers had not been recorded on complaint forms and/or transported into the service’s complaints register, as per the complaints policy.

The service does not conduct an analysis of complaints and feedback data to inform the Board of trends. Furthermore, a Board member confirmed they do not receive this information, preferring operational management to deal with matters.

In response to the Assessment Team’s report and as part of their continuous improvement, the service has committed to developing effective Governance systems as demonstrated in their action plan. This plan includes monthly education sessions for Board members for all Quality Standards, particularly Standard 8.

It is noted that the service responded proactively to the Assessment Team’s findings and has planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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:

**Managing high impact, high prevalence risk associated with the care of consumers**

The service does not have systems, processes or procedures to support the management of consumer high impact, high prevalence risks or incidents. As evidence by:

* The incident involving a consumer with a foot wound. The consumer was receiving care through a subcontracted provider, however they failed to report the consumers deterioration back to the service.
* On 24 August 2021, a visiting podiatrist contacted the service raising concerns and suggesting the consumer needed a review of their foot. The service organised an ambulance and hospital review. On 2 September 2021, three of the consumer’s toes were amputated.

At the time of assessment, management reported they are aware of this matter and a new incident management system, including an incident risk matrix was expected to be implemented March/April 2022.

Management advised that by 30 June 2022, incident related data and statistics will be collated, reviewed and provided to the Board on a quarterly basis.

**Identifying and responding to abuse and neglect of consumers**

The service does not have effective systems, processes or procedures in place to identify and respond to suspected consumer abuse and or neglect.

One consumer experienced physical abuse while being showered by a subcontracted staff member. Management advised an incident form was not completed at the time of the incident, as is required under the service’s abuse and neglect policy, as staff were not aware of the process. The incident was subsequently reported to the service by a subcontracted occupational therapist.

Service staff notified the subcontracted provider not to attend the consumer again but were unable to produce further case notes or identify actions taken by the service regarding follow up after the incident. Management and the Board were not made aware of the incident at the time it was reported.

Internal staff stated they have participated in training to identify consumer abuse and neglect and they are alert to anything that may affect consumers.

**Supporting consumers to live the best life they can**

The service does not have systems, processes or procedures to support consumers to live the best life they can.

While the service has information to inform consumers about services available, they were not able to demonstrate how consumers are supported to live the best life they can.

For some consumers, there appears to be a focus on the purchase of goods and equipment rather than the provision of care and services to assist them to live their best life. The Assessment Team noted HCP consumers with level 4 packages not receiving any direct care or care related services.

In response to the Assessment Team’s report and as part of their continuous improvement, the service has implemented a revised incident management system and provided training to their staff. The organisation advised the service’s legal team is now reviewing the broker documents to ensure tighter monitoring and reporting is put in place. Moving forward, the service advised that the Client Service Manager will review and evaluate incident data and prepare a monthly report for the Chief Executive Officer, who will report to the Board until such time an effective electronic reporting system is implemented.

It is noted that the service responded proactively to the Assessment Team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance 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:

**Clinical governance framework**

The service does not have an established clinical governance framework.

The service did appoint a clinical advisor in November 2021, for developing and establishing consumer clinical care services, relevant processes and procedures. However, at the time of assessment, this work had not been completed.

The service does not gather, analyse or report consumer clinical indicators to the Board. Management advised a reporting template will be developed by June 2022.

**Antimicrobial stewardship**

The service does not have established antimicrobial stewardship.

While management and staff said the service is not involved with consumers medication administration, the service is expected to have oversight of subcontracted providers clinical care services. Management confirmed they do not currently have this oversight and therefore were unable to comment on subcontractor management of antimicrobial stewardship. In response, management said the service will develop a subcontractor data template.

Staff confirmed they have been trained in infection control practices and maintain infection control related procedures, by using the service prescribed guidelines and personal protective equipment.

**Minimising the use of restraint**

The service does not have processes and procedures to minimise the use of restraint.

Management stated the service is currently unaware of any consumer who may have restrictive practices in place and consumer intake and assessment processes should identify consumers with existing restraints. Consumer deterioration and staff reporting would work to identify any needs, although the service does not currently have a review timetable to identify or monitor any new or ongoing consumer care needs and complexity.

While the service has access to a residential aged care restrain policy, it does not reflect the processes and procedures in the home care context. At the time of assessment, management stated they would review the residential restraint policy and make adjustments to meet community requirements and reporting.

Additionally, staff were unable to describe their participation in any restrictive practices training.

**Open disclosure**

The service was not able to demonstrate that open disclosure is practiced where issues are raised in relation to clinical care by way of any examples.

The service does not have processes and procedures in place to alert management to a complaint or incidents of a clinical nature. The service does not gather or analyse any feedback or complaint related data and statistics, nor is it provided to the Board.

One Board member interviewed was not able demonstrate an understanding of open disclosure and the service’s obligation to provide it.

In response to the Assessment Teams report and as part of their continuous improvement, the service has committed to strengthening their Clinical Governance Framework as evidenced in their training schedule and action plan.

It is noted that the service responded proactively to the Assessment Team’s findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# Areas for improvement

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

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

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

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

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

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

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| --- | --- | --- |
| 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.*

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| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

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| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

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| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

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| 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.*