**Performance**

**Report**

**1800 951 822**

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| Name of service: | ACH Group - North East Services - Newton |
| Service address: | 163 Montacute Road NEWTON SA 5074 |
| Commission ID: | 600442 |
| Home Service Provider: | Aged Care & Housing Group Inc |
| Activity type: | Quality Audit |
| Activity date: | 3 March 2023 to 7 March 2023 |
| Performance report date: | 5 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for ACH Group - North East Services - Newton (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* In-Home Care East, 18517, 163 Montacute Road, NEWTON SA 5074
* In-Home Care North, 18518, 163 Montacute Road, NEWTON SA 5074
* Community Services West, 19397, 163 Montacute Road, NEWTON SA 5074

**CHSP:**

* Care Relationships and Carer Support, 24625, 163 Montacute Road, NEWTON SA 5074
* Community and Home Support, 24626, 163 Montacute Road, NEWTON SA 5074

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 29 March 2023.
* Anonymous feedback provided to the Commission from Consumers of the Service prior to the Quality Audit occurring.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(c) | 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. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(d) | 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. | **Non-compliant** | **Non-compliant** |

# Standard 1

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| Consumer dignity and choice | | HCP/STRC | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** | **Compliant** |
| Requirement 1(3)(c) | 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. | **Compliant** | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** | **Compliant** |
| Requirement 1(3)(e) | 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. | **Compliant** | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives when interviewed by the Assessment Team generally described staff as kind, caring and respectful. During interviews with the Assessment Team management and staff spoke about consumers in a respectful manner and described how they provide a personalised service by understanding consumers’ circumstances.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and representatives when interviewed by the Assessment Team described what is important to them and how their services are delivered to accommodate this. During interviews with the Assessment Team staff demonstrated an understanding of consumers’ backgrounds and described how they deliver a culturally safe service. Documentation analysed by the Assessment Team highlighted consumers cultural preferences and included information about what is important to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives when interviewed by the Assessment Team confirmed that the service involves them in making decisions about the care and services they receive. During interviews with the Assessment Team staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation analysed by the Assessment Team reflected consumers choices about who should be involved when decisions are made about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. During interviews with the Assessment Team while no consumers and/or representative stated that they require support from the service to take risks, staff and management were able to describe how they support consumers to take risk and provided documentation to confirm the process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives when interviewed by the Assessment Team felt staff were respectful of personal information. Evidence analysed by the Assessment Team showed the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information.

Overturned Recommendation

In respect to Requirement 1(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, implemented decisive corrective action. Significant additional details and evidence provided by the service in their response did on this occasion meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. While the services response provided additional details and evidence to almost all findings documented in the Assessment Team report for requirement 1(3)(e) a few key examples will be selected and documented below to substantiate the overturned recommendation.

During interviews with consumers the Assessment Team noted Consumer A described how the service is unable to confirm specific appointment times which has caused Consumer A to miss hydrotherapy classes required for medical reasons. Because of this lack of communication, Consumer A has cancelled cleaning services to ensure that she can receive her required hydrotherapy.

The servicers response shows upon reviewing Consumer A’s case notes, and service records since October 2022, there has been one service visit provided later than 12pm and this was on a different day of the week to Consumer A’s regular therapy. The services response shows there has been one cancelled visit in the same timeframe as the regular worker was on leave, and Consumer A declined the offer of an agency worker. The services response shows Consumer A has not cancelled his/her specific services and continues to have services that are delivered at a time that does not coincide with her therapy class. Therefore, the service has no records and no circumstances where ACH Group services or communication have impacted on Consumer A’s ability to attend therapy.

During interviews with the Assessment Team Consumer B described how services are often cancelled and if an early call from the service is missed, no one is available when Consumer B calls back. Furthermore, Consumer B stated no additional attempts are made by the service to notify him/her.

The services response shows from December 2022 to March 2023, 73 services were delivered to Consumer B, totalling approximately 100 hours. The services response shows of these services, two 1-hour shifts were not filled on the dates listed in the assessment team report. In December 2022, the worker took unplanned leave, and evidence provided in a recording of the call where Consumer B declined a replacement worker. In February 2023, Consumer B was called to advise his/her usual worker was not available – a message was left to call back. Consumer B returned this call after 5pm, which was after the shift, so a replacement worker was not able to be offered.

The Assessment Team noted Representative A, the representative of Consumer C (HCP L3) reports how a worker arrived on 2 separate occasions with an unannounced colleague for a 'buddy shift'. Representative A documented how the service lacked communication to inform him/her and seek Consumer C’s permission prior to arranging the service. Consumer C accepted the initial service, however on the second occasion was so incensed Consumer C turned them away. Representative A stated no contact was made from the provider to explain or reschedule causing Consumer C’s cleaning services to be impacted.

The services response shows they acknowledge that this occurred and upon receiving this feedback from the customer implemented a process whereby alerts are created for customers who communicate that they do not wish to have people on buddy shifts. The services response shows this alert is set up by the coordinator at the time of onboarding and the scheduling team are able to see this when setting up buddy shifts.

The Decision Maker notes all nearly all statements made by the service documented above and in their response to the Assessment Team report were substantiated with evidence.

The Decision Maker determines Requirement 1(3)(e) to be compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/STRC | CHSP |
| Requirement 2(3)(a) | 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. | **Compliant** | **Compliant** |
| Requirement 2(3)(b) | 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. | **Compliant** | **Compliant** |
| Requirement 2(3)(c) | 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. | **Compliant** | **Compliant** |
| Requirement 2(3)(d) | 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. | **Compliant** | **Compliant** |
| Requirement 2(3)(e) | 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. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. During interviews with the Assessment Team management described how they assess consumer’s needs and risks at commencement of services, reviews and when the nursing team receives a referral, and how assessments inform consumers’ care and support plans. Documentation analysed by the Assessment Team showed assessment and planning is undertaken with consumers and/or representatives, including the consideration of risk.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers’ current care and service’s needs, goals, and preferences. During interviews with the Assessment Team staff described how conversations with consumers and/or their representatives about what is important to them informed delivery of care and services while taking into consideration their budget. Care planning documents analysed by the Assessment Team showed that needs, goals, and preferences had been discussed with consumers and documented, including in relation to advanced care directives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and those who they wish to be involved, including other organisations and health care professionals. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are involved in assessment and planning of the services they receive. During interviews with the Assessment Team staff described how consumers, representatives and others are involved in assessment, planning and development of an individualised service program. Documentation analysed by the Assessment Team for sampled consumers demonstrates information is collected from other health professionals to guide their assessment and planning process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in their care plan, which is readily available to staff at point of care. Consumers and/or representatives when interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them. During interviews with the Assessment Team staff interviewed confirmed that care plans and services are developed with consumers and/or their representatives and are communicated to staff members through a phone application (app). Care planning documents analysed by the Assessment Team showed that services are discussed and planned with the consumers and documented within the care plan.

Overturned Recommendation

In respect to Requirement 2(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, implemented decisive corrective action. Significant additional details and evidence provided by the service in their response did on this occasion meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. While the services response provided additional details and evidence to almost all findings documented in the Assessment Team report for requirement 2(3)(e) a few key examples will be selected and documented below to substantiate the overturned recommendation.

Evidence analysed by the Assessment Team showed Consumer D had multiple separate incidents or change in condition from November 2022 to December 2022. There was no evidence in the documentation provided that a review of care and services had occurred after each incident.

The services response shows Consumer D had a review conducted into his care and services with his representative in early November 2022, this was triggered by an AWACCS report. As a result of this review Consumer D was referred to DVA nursing due to being a gold card holder. The services response shows Consumer D then experienced a change in condition in mid-December which was resolved after Consumer D took his/her medication, and Consumer D’s representative was contacted at this time. The services response shows Consumer D then had subsequent changes in condition and was hospitalised, no further reviews were conducted as Consumer D did not return from hospital.

The Assessment Team noted Consumer E had a fall in late February 2023. The Assessment Team noted nursing staff did attend Consumer E’s home for a post fall nursing observation home visit and documents show the nurse recommended a physiotherapist referral and weekly nursing checks. The Assessment Team noted no documentation was provided to the Assessment Team indicating the care and services plan was reviewed for effectiveness and any required changes.

The services response shows the care plan would usually be updated after a nursing or physiotherapy assessment is conducted and recommendations are provided, so that they could be incorporated into his budget, care plan and goals. The services response shows at the time of audit, the assessment had not yet occurred. The services response shows the recommendation report was provided to the care coordinator in mid-March. The nursing recommendation report was completed in early March, and the care co-ordinator visited in early March to incorporate the nursing recommendations into the care plan. The services response shows this all occurred within a reasonable time frame, the information was just not available at the time of the Quality Audit due to the incident only occurring days beforehand.

The Decision Maker notes all nearly all statements made by the service documented above and in their response to the Assessment Team report were substantiated with evidence.

The Decision Maker determines Requirement 2(3)(e) to be compliant.

# Standard 3

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| Personal care and clinical care | | HCP/STRC | CHSP |
| Requirement 3(3)(a) | 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. | **Compliant** | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** | **Compliant** |
| Requirement 3(3)(d) | 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. | **Compliant** | **Compliant** |
| Requirement 3(3)(e) | 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. | **Compliant** | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Compliant** |
| Requirement 3(3)(g) | 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. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives when interviewed by the Assessment Team confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as personal care, allied health services and wellbeing. During interviews with the Assessment Team staff provided examples of care provided to consumers tailored to their health and wellbeing needs and reflecting best practice, for example, in relation to dementia, wound care, diabetes management and falls risks. Care planning documents analysed by the Assessment Team confirmed that personal and clinical care was documented on care plans based on consumers’ assessments and provided detailed instructions to staff to support consumers’ needs, goals, and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that the service and staff ensure consumers receive safe personal and clinical care. During interviews with the Assessment Team Managers described, and documentation sampled confirmed, that risk assessments are completed during initial assessment and review, and strategies to minimise these risks are documented within the care plan available to staff at point of care. Care planning documents analysed by the Assessment Team identified individualised risks to consumers and strategies that are implemented to ensure that consumers’ risks are managed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. During interviews with the Assessment Team management advised they do not provide care and services at end of life, however, described how they would engage external services and work with them to provide the required palliative needs. Care planning documents analysed by the Assessment Team showed that advanced care directives are discussed with consumers and outcomes documented within their care plans. Consumers were not interviewed in relation to this requirement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and/or representatives when interviewed by the Assessment Team confirmed that regular staff know them, and they do not need to repeat information about their needs and preferences. During interviews with the Assessment Team staff advised relevant information about consumers’ care and services are documented and communicated through care plans available on a mobile application.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives when interviewed by the Assessment Team advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning and COVID-19 screening questionnaire. During interviews with the Assessment Team staff and management described, and documentation viewed confirmed that, the service has processes for minimising risks of infection including policies, procedures and education.

Overturned Recommendation

In respect to Requirement 3(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, implemented decisive corrective action. Significant additional details and evidence provided by the service in their response did on this occasion meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. While the services response provided additional details and evidence to almost all findings documented in the Assessment Team report for requirement 3(3)(d) a few key examples will be selected and documented below to substantiate the overturned recommendation.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate 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. Staff described processes to report and respond to changes related to consumers through the use of a AWACCS form, documents sampled showed evidence of identification and actions taken when consumers’ health changed or deteriorated, however, this did not consistently result in an internal or external referral to the nursing team, or other health professionals, to result in adjustments to their clinical care and services.

The Assessment Team analysed evidence which showed Consumer F’s (HCP L2) documentation showed on the 9 September 2022 a AWACCS form was submitted for an observation in the areas of awareness and condition noted. The outcome noted: notification sent to HCP North Duty Officer to determine action. No further information regarding this change in condition was documented within the progress notes. In early February 2023 an AWACCS form was submitted noting an observation in the area of condition noted. At the time of the Quality Audit no follow up or review had been conducted for Consumer F. Management acknowledged feedback from the Assessment Team and confirmed Consumer F’s AWACCS had not been appropriately actioned. Management conducted a home visit for Consumer F to discuss Consumer F’s change in condition during the Quality Audit.

The Decision Maker has analysed the services response to this finding thoroughly which included a detailed timeline of events over an extended period of time regarding documentation, referrals, follow ups, feedback and communication. The Decision Maker notes including any information from this response would likely disclose the identity of this consumer. The Decision Maker is satisfied the service where required made internal and external referrals and/or there were already existing arrangements in place to provide the most appropriate care.

The Assessment Team analysed evidence and noted Consumer D (CHSP) had a medication incident in early November 2022 where he/she missed an evening dose of his/her medication. The Decision Maker notes Consumer D situation was already documented within Standard 2 of this Performance Report. The Services response in relation to Consumer D and specific information relating to this response is included in Standard two and is applicable to Standard 3. The Decision Maker is satisfied the service where required made internal and external referrals and/or there were already existing arrangements in place to provide the most appropriate care.

The Decision Maker notes all nearly all statements made by the service documented above and in their response to the Assessment Team report were substantiated with evidence.

The Decision Maker determines Requirement 3(3)(d) to be compliant.

In respect to Requirement 3(3)(f) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, implemented decisive corrective action. Significant additional details and evidence provided by the service in their response did on this occasion meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. While the services response provided additional details and evidence to almost all findings documented in the Assessment Team report for requirement 3(3)(f) a key example will be selected and documented below to substantiate the overturned recommendation.

The Assessment Team noted management acknowledged feedback from the Assessment Team and confirmed Consumer F’s change in condition and arthroscopies had not been referred to the correct teams. The Assessment Team noted management conducted a home visit for Consumer F to discuss Consumer F’s current care needs and an OT referral was made during the Quality Audit.

The services response shows the service acknowledges that an AWACCS should have been submitted for Consumer F. However, the services response shows the attached case notes evidence that the customer did receive contact on several occasions following his/her procedure, including having an annual review (Late December) where Consumer F’s care needs and goals were assessed, and Consumer F’s care plan was updated. The services response shows this included a referral to podiatry, and the introduction of a cab charge card so that Consumer F could access his/her medical appointments post-hospital. The services response shows Consumer F’s care plan demonstrates he/she didn’t require assessment for any equipment as sufficient equipment was situ. The services response shows Consumer F’s other clinical needs were being addressed externally to ACH Group.

The Decision Maker notes all nearly all statements made by the service documented above and in their response to the Assessment Team report were substantiated with evidence.

The Decision Maker determines Requirement 3(3)(f) to be compliant.

# Standard 4

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| Services and supports for daily living | | HCP/STRC | CHSP |
| Requirement 4(3)(a) | 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. | **Compliant** | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** | **Compliant** |
| Requirement 4(3)(c) | 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. | **Compliant** | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences, and optimise their independence, health, well-being, and quality of life. Consumers when interviewed by the Assessment Team advised they are supported to live independently through the varied services they receive. During interviews with the Assessment Team staff and management demonstrated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers when interviewed by the Assessment Team stated the services provided promote their psychological wellbeing and supported them emotionally. During interviews with the Assessment Team staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing. This was confirmed through observations by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers when interviewed by the Assessment Team advised the services provided enable them to take part in their community and do things of interest to them. During interviews with the Assessment Team staff and management described how the service assists consumers to participate in their community, maintain social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals, and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. During interviews with the Assessment Team staff and management described ongoing communication with consumers and/or their representatives, allied health staff and subcontracted service providers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Most consumers when interviewed in relation to this requirement confirmed they were referred as required. During interviews with the Assessment Team staff and management described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Both HCP and CHSP consumers when interviewed by the Assessment Team advised the meals, they received were suitable, staff and management described their processes to ensure any dietary information, including allergies is communicated to the subcontracted meal delivery services. This was confirmed by the Assessment Teams observations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate, when equipment is provided, it is safe, suitable, clean, and well maintained. Care documentation analysed by the Assessment Team for sampled consumers showed the equipment prescribed and purchased for them was suitable for their needs and was well maintained. During interviews with the Assessment Team staff and management described the assessment and review processes related to goods and equipment when it is provided.

# Standard 5

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| Organisation’s service environment | | HCP/STRC | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers and representatives when interviewed by the Assessment Team described in various ways how they feel welcome, and management and staff demonstrated how they optimise consumers interaction. The Assessment Team visited the Cambodian lunch and observed consumers receive a welcoming greeting and experienced a sense of belonging as consumers conversed and interacted through traditional Cambodian dancing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean, comfortable and enable consumers to move freely, both indoors and outdoors. Consumers and representatives when interviewed by the Assessment Team described how they feel safe. During interviews with the Assessment Team Management and staff described the process to ensure the service environment is safe and well maintained which is supported by various policies and training.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumer. Consumers when interviewed stated they were satisfied with the safety and maintenance of equipment. During interviews with the Assessment Team staff and management described processes to ensure service equipment is safe, clean and well maintained. During interviews with the Assessment Team management advised, and documentation confirmed that exercise equipment and medical equipment used by allied health services undergoes monitoring, maintenance, and calibration.

# Standard 6

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| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** | **Compliant** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Compliant** | **Compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives when interviewed by the Assessment Team knew how to provide feedback or make a complaint and staff described their processes for when a consumer or representative raises issues or concerns. During interviews with the Assessment Team Management advised there is policies and procedures in place and staff, volunteers and/or subcontracted service providers can submit a form to raise concerns for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. During interviews with the Assessment Team management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team confirmed this through observations and documentation provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team stated that the service would act on feedback. Evidence analysed by the Assessment Team showed the service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. During interviews with the Assessment Team management provided documentation to substantiate the resolution of the one complaint documented in the Feedback and Complaints register.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. During interviews with the Assessment Team staff and management described how feedback and complaints are analysed, trended and the information used to make service improvements, and the Assessment Team viewed documentation that evidenced feedback provided has impacted service delivery.

# Standard 7

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| Human resources | | HCP/STRC | CHSP |
| Requirement 7(3)(a) | 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. | **Compliant** | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Most consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that staff, contractors and volunteers are generally kind, caring and respectful. During interviews with the Assessment Team workforce and management spoke about consumers in a kind and respectful way to the Assessment Team. This was generally confirmed through documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Consumers and/or representatives when interviewed by the Assessment Team advised in various ways that staff generally know their job. During interviews with the Assessment Team, he workforce in various roles described completing relevant training and being supported in their role by the service. During interviews with the Assessment Team management described organisational recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities. This was confirmed through documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular monitoring and review of the performance of workforce members. Workforce and management described, and documentation viewed confirmed, the service’s process to monitor staff performance. During interviews with the Assessment Team staff and management described staff performance review processes including probation reviews and 12 monthly performance partnering process. This was confirmed through documentation provided to the Assessment Team.

Non-Compliant Evidence

In respect to Requirement 7(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, commenced corrective action. Significant additional details and evidence provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team noted seven consumers were not satisfied with the quality of cleaning services provided by staff and contractors and felt that some members of the workforce were not competent in their role. During interviews with the Assessment Team management described the service’s processes to ensure that employed support workers and contractors are competent in their role, including addressing cleaning deficiencies with staff and contractors when 28 consumers raised cleaning issues through feedback and complaints over the last 6 months, however, management did not provide evidence that this had been followed up. The Assessment Team identified that 3 consumers had recent deterioration or change to their condition, and 3 consumers had incidents which staff had documented as feedback and not identified, reported and responded to as required.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate an effective process for ensuring staff have the required competencies to perform their role including identifying, reporting and addressing consumers’ incidents, and deterioration or change to their health and wellbeing. The Assessment Team identified that 3 consumers had recent deterioration or change to their condition, and 3 consumers had incidents which staff had documented as feedback and not identified, reported and responded to as required.

The Assessment Team requested evidence of incidents and escalation training and competency assessment undertaken by all staff providing direct or indirect services to consumers such as front-line workers, care coordinators and customer service officers involved in feedback processes. Evidence of training undertaken by staff related to consumer risks, incident reporting processes and SIRS was provided, however, the Assessment Team noted that training records did not include training provided to front line workers and/or care coordinators in relation to deterioration or changes of consumer’s health or condition.

Overturned Recommendation

In respect to Requirement 7(3)(a) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, implemented decisive corrective action. Significant additional details and evidence provided by the service in their response did on this occasion meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. While the services response provided additional details and evidence to almost all findings documented in the Assessment Team report for requirement 7(3)(a) a key example will be selected and documented below to substantiate the overturned recommendation.

The Assessment Team noted Consumer G and Consumer H (HCP L3) advised services are rescheduled a lot, and the service times are changed or shortened. The consumer’s care planning documentation showed they receive transport to/from social support groups, cleaning and gardening. Consumer H said it bothered him/her when gardening services are changed.

The Services response showed from Dec 2022 to March 2023 Consumer G had 68 support worker services. In December 2022, a cleaning shift was unable to be filled, and the customer was advised. All other shifts were filled. The services response shows during this time period Consumer H received 13 support worker services. There are no missed visits for Consumer H during this time.

The Decision Maker notes all nearly all statements made by the service documented above and in their response to the Assessment Team report were substantiated with evidence.

The Decision Maker determines Requirement 7(3)(a) to be compliant.

# Standard 8

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| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Compliant** | **Compliant** |
| Requirement 8(3)(c) | 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. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(d) | 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. | **Non-compliant** | **Non-compliant** |
| Requirement 8(3)(e) | 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. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers attending a social support group when interviewed by the Assessment Team confirmed they have input into the services provided at the centres. During interviews with the Assessment Team Management advised that consumers are involved in the services through feedback and consumer engagement processes.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. The organisation has an established governance framework including delegation of powers to the Chief Executive Officer (CEO) who reports to the Board, and an executive management team reporting directly to the CEO. Management advised that the Governing body in relation to HCP and CHSP services is formed of the CEO and executive management team, and day to day consumer care and services are managed by Head of Customer Care managers. The Assessment Team viewed the agenda for a Board meeting on 8 March 2023 including review of the draft clinical governance framework document; key improvements, quality benchmark on critical incident reports; infection control updates, external body complaints, and aged care reforms.

The organisation was able to demonstrate an effective clinical governance framework including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. Management described, and provided documentation confirming, how the governing body maintains oversight of clinical care provided to consumers, and the service maintains oversight of consumers’ clinical care through monthly care manager and coordinator meetings.

The organisation was not able to demonstrate effective risk management systems and practices, including in relation to effectively managing and preventing consumer incidents. The organisation has a documented risk management framework including policies and processes related to organisational risk management, and consumer’s risks and incident management.

The organisation was able to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, and regulatory compliance.

Non-compliant Evidence

In respect to Requirement 8(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, commenced corrective action. Significant additional details and evidence provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

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

The organisation was not able to demonstrate effective workforce governance to enable effective delivery of care and services including ensuring sufficient and skilled workforce resources to provide services to current and new consumers; and to enable effective management of contracted cleaning and gardening services.

Consumers and representatives interviewed raised concerns with the consistency of staff attending on time described services being cancelled last minute or the late attendance of staff, and the impact this had on them; as well as the service’s inability to provide some consumers’ referral for gardening or cleaning services. This was confirmed through staff interviews, and feedback and complaints documentation viewed.

As previously documented within Standard 7 consumers and representatives interviewed were not satisfied with the quality of cleaning services provided by staff and contractors and felt that some members of the workforce were not competent in their role. This was confirmed through feedback and complaints documentation viewed.

*Relation to feedback and complaints*:

The organisation was not able to demonstrate an effective feedback and complaint resolution process. Most consumers interviewed advised they had not been contacted after providing feedback and some consumers advised the provider implied, they were not considering current staffing concerns. Management identified areas for improvement and discussed complaints identified from the feedback log, including contacting consumers to achieve a resolution. Management was not able to demonstrate the current policies and processes are effectively capturing, monitoring, analysing and trending complaints to drive continuous improvement of care and services. Management advised feedback is collated and reviewed annually to improve the services provided, however, this was not confirmed by documentation provided to the Assessment Team.

The Assessment Team was advised, through consumer discussions that some consumers, despite lodging complaints that have been closed on the feedback log, are still not happy with the services being provided. Consumers interviewed expressed dissatisfaction with the quality of the services being provided in their home, lack of communication and changes to shifts at short notice, adding that they are required to provide 48 hours' notice to cancel shifts, but the provider can change whatever and whenever they want. The current process being utilised to capture and monitor feedback has not been effective in identifying and addressing the volume of feedback provided and where services could be improved. Consumers interviewed also advised they are not asked for any input on how their complaint could be resolved, and 3 consumers stated they were made to feel they were in the wrong for submitting feedback, stating they were advised they should be more mindful there is a staffing issue.

In respect to Requirement 8(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already, if required, commenced corrective action. Significant additional details and evidence provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The organisation was not able to demonstrate effective risk management systems and practices, including in relation to effectively managing and preventing consumer incidents. The organisation has a documented risk management framework including policies and processes related to organisational risk management, and consumer’s risks and incident management. However, the organisation did not demonstrate effective processes to ensure all consumer incidents, health changes or deterioration are reported and followed up appropriately to prevent further risks or incidents.

As previously identified, staff and management advised that staff are guided on how to document and escalate feedback and complaints, incidents, and consumer deterioration through training, prompts in the electronic feedback and incident system, escalation through the use of AWACCS support worker reporting tool to alert care coordinator of changes. Staff interviewed were able to describe consumer incident and deterioration reporting processes in line with organisational requirements. However, the service was not able to demonstrate these processes had consistently been followed by all staff, and the service did not demonstrate that front line workers and coordinators had been provided training, or their competency assessed, to effectively identify consumer deterioration.

Furthermore, organisational procedures to guide staff and coordinators on feedback and complaints, and incident reporting processes did not provide effective guidance. For example, the Customer Related Incident Reporting and Investigation procedure guides staff on how to complete incident reports, however, does not effectively guide them on what would constitute a consumer incident. The Assessment Team noted this is covered to some extent in the Critical Incident Reporting procedure.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)