**Performance**

**Report**

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| Name: | Active Refugee Migrant Home Services |
| Commission ID: | 701110 |
| Address: | 140 Mains Road, Sunnybank, Queensland, 4109 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9358 Active Refugee Migrant Integration of Australia  
Service: 28282 Active Refugee and Migrant Integration in Australia

**This performance report**

This performance report for Active Refugee Migrant Home Services (**the service**) has been prepared by T Wurf, 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.

# Material relied on

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

* The assessment team’s report for 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 28 August 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

* 1(3)(d) – ensure consumers are supported to take risks to enable them to live their best lives.
* 2(3)(a) – ensure initial and ongoing assessment and planning processes are completed and consider risks to consumers’ health and well-being.
* 2(3)(b) – ensure assessment and planning processes are completed and identifies and addresses consumers’ current needs, goals and preferences, including relevant to end of life.
* 2(3)(c) – ensure assessment and planning processes are completed and consumers and others they wish to include are involved.
* 2(3)(d) – ensure detailed and current information from assessment and planning processes is communicated, documented and available to the consumer and others involved in their care and services.
* 2(3)(e) – develop and embed a structured process to review each consumer’s care and services regularly and following a change in a consumer’s condition or when an incident occurs.
* 3(3)(a) – implement and embed systems, policies and procedures to ensure consumers’ personal and clinical care is documented, safe, effective and best practice.
* 3(3)(b) – ensure high-impact and high-prevalence risks to consumers are effectively managed.
* 3(3)(c) – implement and embed a process to ensure the needs, goals and preferences of consumers nearing end of life are recognised and addressed.
* 3(3)(d) – implement and embed systems, policies and procedures to identify and respond in a timely manner to changes or deterioration in a consumer’s condition.
* 3(3)(e) – ensure information about consumers is documented and communicated in a systematic and consistent way with the workforce and others involved in the care of consumers.
* 7(3)(c) – ensure the workforce has the knowledge to effectively perform their roles, including but not limited to, knowledge of the Quality Standards and organisational policies and procedures.
* 7(3)(d) – provide relevant training to the workforce to support them to deliver care and services and outcomes required by the Quality Standards.
* 7(3)(e) – develop and embed processes to assess, monitor and review the performance of each member of the workforce.
* 8(3)(b):
* Ensure the governing body provides effective stewardship in returning the service to full compliance with the Quality Standards.
* Establish processes to ensure the governing body promotes and is accountable for safe, inclusive, and quality care and services.
* 8(3)(c) – establish and embed effective organisation-wide governance systems relating to information management, continuous improvement, workforce governance and regulatory compliance.
* 8(3)(d) – develop and embed effective risk management systems and practices.
* 8(3)(e) – develop and embed a documented clinical governance framework.

# Other relevant matters:

Active Refugee Migrant Home Services provide Home Care Packages to consumers in Brisbane, Queensland. Services include home maintenance and modifications, transport, meal preparation, personal care, and social support.

The provider delivers care and services in the consumers’ home and other community environments. As the provider does not deliver care or services to consumers in a physical service environment, Standard 5 of the Quality Standards was not applicable and was not assessed in this Quality Audit.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied requirement 1(3)(d) is non-compliant based on:

* Consumers are not supported to take risks to live the best life they can.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 1(3)(d) – non-compliant*

The Quality Audit Report included evidence the service did not have systems and processes to support consumers to take risks. Whilst management were aware of risks to consumers, these were not managed to support the consumers to live their best life and continue doing things they enjoy. For example:

* There were examples of consumers no longer engaging in activities they enjoy due to risks associated with those activities.
* Consumers were not assessed for risk, and where risks were known to management and support workers, there was no documented strategies to guide support workers in supporting consumers to safely take risks.
* Management and support workers were not aware of the organisation’s policies and procedures, including those related to risk.

The Quality Audit Report also identified risks to consumers including incidents related to falls and episodes of dizziness that were not managed. I have considered this information under requirement 2(3)(a).

The provider’s response states the organisation has a policy that supports the workforce to manage tension/s between consumers taking risks and the provider’s professional or legal obligations and that staff now have access to this policy. It also states staff are aware of their responsibilities in supporting consumers to exercise choice and control, including when that choice involves risk.

The response advises the provider has now understood the need to assess and document risks to consumers and workforce training has been scheduled on this topic.

The improvement actions to assess, manage and document risks to consumers and train staff will take some time to implement, embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 1(3)(e) – compliant*

The Quality Audit Report found requirement 1(3)(e) not met, however, I have decided it is compliant.

The Quality Audit Report identified feedback from a representative that whilst the provider had made a referral for additional services for the consumer, information about additional services was not sufficiently detailed to support the consumers to make choices.

The provider’s response stated that the service has met with the representative and provided information and is developing an information kit for consumers.

I am of the view the representative’s feedback related to their perceived role of the service in identifying additional services and I note the provider has since met with the representative to discuss this. The Quality Audit Report identified other information provided by the service is stated to be accurate and there were no concerns given in relation to the currency, timeliness, or comprehensibility of the information supplied. Therefore, I have decided this requirement is compliant.

*Requirements 1(3)(a), 1(3)(b), 1(3)(c) and 1(3)(f) – compliant*

The Quality Audit Report included evidence (summarised below) that the service is compliant with these requirements.

Consumers/representatives said that staff treat consumers with dignity and respect them and their cultural. Staff knew consumers’ well, what was important to them, and their culture. The service engages consumers in defining what dignity and respect are to them. Staff spoke about consumers in a kind and respectful manner. The organisation has a code of ethical conduct for staff.

The service provides culturally safe care and services to consumers. Support workers from a specific cultural background have been recruited to provide care and services to consumers from a specific culture. Consumers/representatives reported positively about the culturally safe care consumers receive and said support workers know consumers’ cultural backgrounds, needs and preferences and these are valued and met. Staff described how they provide care and services that is culturally safe for each consumer.

Consumers/representatives said consumers are supported to make decisions about the care and services they receive. Consumers’ support plan records information about who is to be involved in the consumers’ care and service and support decision-making.

Consumers’ privacy is respected, and personal information kept confidential. Support workers described how they maintain consumer privacy whilst delivering care and services and the service has systems to keep consumer information confidential and secure in locked cabinets and password-protected computers.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Not 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied all associated requirements are non-compliant. Non-compliance is based on:

* 2(3)(a) The service did not conduct assessment and planning or consider risks to consumers.
* 2(3)(b) The service did not conduct assessment and planning to identify consumers’ current needs, goals and preferences, including relevant to end of life.
* 2(3)(c) The service did not conduct assessment and planning and, therefore, had not partnered with consumers or others in these processes.
* 2(3)(d) The service did not conduct assessment and planning and consumers did not have a documented care and services plan.
* 2(3)(e) The service did not regularly or routinely review care and services, including when a consumer’s circumstances change.

I have made this decision based on the following analysis.

*Requirement 2(3)(a) – non-compliant*

The Quality Audit Report identified the service did not conduct assessment and planning or consider risks to consumers. Relevant evidence included:

* Consumer documentation did not include evidence of assessment and planning, including for two named consumers that experienced risks to their health and well-being.
* Management and support workers did not understand what was involved in assessment and planning and were not aware of organisational policies and procedures related to assessment and planning or risk.

The provider’s response stated that the service had been discussing relevant risks to consumers with the consumer, representative and staff, however this was not documented in consumers’ care plans. The response stated care plans have been re-instated and will include assessment and planning information, including related to risks to consumers. Examples of consumer care plans provided demonstrated this process had commenced but assessment and care plan information were incomplete.

*Requirement 2(3)(b) – non-compliant*

The Quality Audit Report identified the service did not conduct assessment and planning to identify current needs, goals and preferences, including relevant to end of life. Relevant evidence included:

* Consumer documentation did not include evidence that consumers’ needs, goals and preferences had been assessed and informed care planning, including relevant to advance care and end of life planning.
* The service had not discussed advance care planning and end of life planning with consumers. Management said these discussions would occur if the consumer wished to raise it.
* Management and support workers did not understand what was involved in assessment and planning and were not aware of organisational policies and procedures related to assessment and planning.

The provider’s response acknowledged the service did not have a documented and structured approach to assessment and planning and identified the following improvement actions:

* Management received one-day training in August 2024 on assessment and planning which reportedly improved understanding of expectations about assessing, planning and documenting care and services. Additional workforce training is planned.
* The service provided evidence that it had commenced advanced care planning with consumers/representatives but stated discussions about end of life planning would be progressed at a later, culturally safe time.

*Requirement 2(3)(c) – non-compliant*

The Quality Audit Report identified the service did not conduct assessment and planning and, therefore, had not partnered with consumers or others in these processes. This was based on the following evidence:

* Consumer documentation did not include evidence of assessment and planning.
* Consumers/representatives reported that whilst they proactively provide information to the service, they were not actively involved in any assessment or planning processes.
* The workforce did not understand assessment and planning processes, was not aware of relevant organisational policies and procedures, and did not know how to partner with consumers and others to assess, plan and review care and services.

The provider’s response acknowledged the findings and stated that documentation has been developed to guide assessment, planning and review of care and services and the involvement of consumers/representatives and others in these processes.

*Requirement 2(3)(d) – non-compliant*

The Quality Audit Report identified the service did not conduct assessment and planning and consumers did not have a documented care and services plan. Consumers/representatives were not aware that assessment and care planning should occur and they should have access to a documented care plan.

The provider’s response acknowledged the findings and stated that the deficiencies had been resolved and documented care plans had been implemented in consultation with the consumers/representatives. I note, however, that example care plans provided as an element of the provider’s response were incomplete.

*Requirement 2(3)(e) – non-compliant*

The Quality Audit Report identified care and services were not regularly or routinely reviewed, including when a consumer’s circumstances change. For example:

* Whilst management advised care plans are reviewed six-monthly and following a change, consumers did not have care plans.
* The Assessment Team reviewed consumer documentation and found that review of care and services did not occur following a reported change.

The provider’s response stated that missing information in consumer documents had been completed, care and services are now reviewed following incidents or near-miss events, and the workforce has received relevant training.

Whilst I am satisfied the provider has proposed and commenced actions to improve assessment and planning, including by embedding policies, procedures, practices, documentation and staff training, these will take some time to implement, embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided all requirements and the overall Quality Standard are non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not 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. | Not 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. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied 5 of the 7 requirements are non-compliant. Non-compliance is based on:

* 3(3)(a) The service did not have systems, policies or procedures relevant to personal and clinical care or best practice.
* 3(3)(b) The service was not effectively managing high-impact and high-prevalence risks for consumers.
* 3(3)(c) The service had not identified the needs, goals and preferences of consumers relevant to end of life.
* 3(3)(d) The service does not have systems, policies or processes to identify and respond in a timely manner to changes or deterioration in a consumer’s condition
* 3(3)(e) The service did not document comprehensive information about consumers or complete assessment or care planning.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 3(3)(a) – non-compliant*

The Quality Audit Report included evidence that consumers/representatives were satisfied with the personal care provided and support workers said they knew how to provide personal care to consumers as verbally described to them by management, the consumer and representative. However:

* The service did not have systems, policies or procedures relevant to personal and clinical care or best practice.
* As assessment and planning of care was not completed (as per Standard 2):
  + support workers deliver personal care to consumers based on instructions from the consumers/representatives rather than planned care based on assessed needs,
  + the service was unable to monitor delivery of personal care to determine whether it was safe, effective, best practice, tailored to consumers’ needs and optimises their health and well-being as consumers’ care is not assessed or planned.

I have considered information about staff qualifications, position descriptions and training under Standard 7, and information about a consumer’s deterioration under requirement 3(3)(d).

The provider’s response stated that the workforce is now aware of organisational systems, policies and procedures, including as they relate to personal care and assessment and planning. The care manager has been trained in care documentation and monitoring whether personal care meets the consumer’s needs, goals and preferences in line with the service’s practices and policies for safe and effective care. Further workforce training will be provided on various topics including personal and clinical care and the Quality Standards.

*Requirement 3(3)(b) – non-compliant*

The Quality Audit Report included evidence the service was not effectively managing high-impact and high-prevalence risks to consumers. For example:

* The workforce was not aware of organisational policies or procedures available to them, including relevant to high-impact or high-prevalence risks.
* Management said they discuss risks with consumers/representatives at initial meetings.
* For two named consumers, whilst risks to their health and wellbeing were noted, there was no documented risk assessments or care plan directives with specific strategies to manage the risks beyond noting support workers should monitor and assist. The consumers continue to experience episodes associated with those risks.

The approved provider’s response identified improvements to the management of risk, including:

* Provide the workforce with policies, procedures, protocols and training relevant to high-impact and high-prevalence risks.
* Utilise risk assessments for high-impact or high-prevalent risks related to the personal and clinical care of each consumer.
* In response to named consumers, complete risk assessments and care planning.

*Requirement 3(3)(c) – non-compliant*

The Quality Audit Report identified that the service had not identified the needs, goals and preferences of consumers relevant to end of life. The service noted current consumers were not near end of life and there were cultural considerations and sensitives relevant to these discussions. Management was aware of the need for those discussion and were aware the service could access support from the nearby hospital, however, could not describe their approach when this situation was to occur. The workforce was not aware of organisational policies or procedures available to them, including relevant to end of life.

The approved provider’s response referred to the response to Standard 2, noting that the provider had developed a relevant document but end of life discussions were yet to occur with consumers/representatives based on cultural considerations. The workforce will receive training on end of life care including how to recognise when consumers are nearing end of life and support comfort and dignity.

*Requirement 3(3)(d) – non-compliant*

The Quality Audit Report included evidence the service does not identify and respond in a timely manner to changes or deterioration in a consumer’s condition. For example:

* A consumer representative said a consumer’s significant deterioration had been reported to management and whilst they were attempting to increase the home care package level, this was not timely. No other action, reassessment, planning or referral was completed by the service. Support workers had not identified the consumer’s deterioration.
* A change in another consumer’s condition was reported by a support worker to management and the representative, however, the consumer was not assessed and no action had been taken by the service in response to this.

The approved provider’s response stated the organisation has improved a document to record observations in line with the care plan and relevant policies and procedures, and had provided the procedure on how to respond to a deterioration or change in a consumers’ condition or health to support workers.

The response further stated that the service assessed the first consumer’s condition and referred them to external health services on occasions when their health deterioration was reported by support workers and stated the second consumer was being re-assessed, although this was not documented. Evidence of this was not provided in the response, however, I am of the view that at the time of the audit, the service did not have robust systems to recognise and respond to deterioration or a change in a consumer.

*Requirement 3(3)(e) – non-compliant*

The Quality Audit Report identified in Standard 2 the service did not document comprehensive information about consumers or complete assessment or care planning. Whilst management record some correspondence between consumers/representatives and the service, all other consumer information is shared verbally between management, support workers, consumers and representatives.

The approved provider’s response provided some broad statements the service has re-organised and re-structured policies and procedures to improve information sharing, re-instated the system to manage information, and now actively communicates with others about care and services. It further stated consumers now have a detailed care plan that includes information about their condition, needs and preferences and is available to the workforce, however, the examples provided were incomplete.

*Requirements 3(3)(f) and 3(3)(g) – compliant*

The Quality Audit Report included evidence (summarised below) that the service is compliant with these requirements. For example:

* The service has referral processes, including to refer consumers to My Aged Care for reassessment of a higher level of package or additional or alternative services if required.
* The service has processes to minimise infection-related risks, including by providing staff training in relevant topics and supplying the workforce with personal protective equipment. Consumers/representatives reported that support workers have good hand-hygiene practices and do not attend consumers home if unwell.

Based on the Quality Audit Report and the approved provider’s response, I am satisfied that:

* Requirements 3(3)(f) and 3(3)(g) are compliant.
* At the time of the quality audit, the service’s systems and processes related to personal and clinical care were ineffective.
* The approved provider has identified some actions to address deficiencies including implementing policies, procedures, practices, care documentation and staff training. However, these actions will take some time to fully implement, embed in practice, and be tested for effectiveness and sustainability.

For these reasons, I have decided requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d) and 3(3)(e) and the overall Quality Standard are non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Having considered the Quality Audit Report and approved provider’s response (in relation to requirement 4(3)(f)), I have assessed this Quality Standard and associated requirements as compliant.

I have made this decision based on the following analysis.

Requirement 4(3)(f)

The Quality Audit Report found requirement 4(3)(f) not met, however, I have decided it is compliant.

The Quality Audit Report found the requirement not met based on information about consumers’ needs, preferences and dietary requirements was not documented, and staff were not trained in food preparation and handling. The Quality Audit Report also identified support workers prepare meals for consumers in accordance with consumers’ requests and cultural preferences, and consumer/representative feedback about meals was positive.

The approved provider’s response highlighted the consumers’ satisfaction with the meals and stated that support workers know consumers’ nutrition and hydration needs and preferences, including meal size and dietary and cultural needs, despite this information not being documented. The response included evidence that the service has now documented some consumer information related to meals and support workers were undergoing training on supporting safe food preparation and handling.

In coming to my decision about compliance, I have considered that management and support workers said meals are cooked and prepared in line with consumers’ cultural preferences and requests. This was consistent with consumer/representative positive feedback about prepared meals. No adverse information was identified by the Assessment Team about any aspects of food variety, quality or quantity. I also note the service has taken action to complete relevant consumer documentation and train staff. Therefore, I have decided this requirement is compliant.

Other Standard 4 requirements

The Quality Audit Report included evidence (summarised below) that the service is compliant with the other requirements in this Quality Standard.

Consumers/representatives were satisfied with the services and support for daily living which included walking in the park, attending church services and meal preparation. Support workers knew consumers well, including what was important to consumers and described how they encourage consumers to be as independent as possible. Whilst there was no documented care planning, staff had a common understanding of consumers’ needs, goals and preferences and the supports in place for individual consumers.

Consumers/representatives were satisfied consumers’ emotional, spiritual and psychological wellbeing are supported. They said staff know the consumers well and as they have similar cultural backgrounds, staff would be able to determine if the consumers were feeling low or not themselves.Consumers were supported to attend church in accordance with their spiritual needs and visit and socialise with friends in the community.

Consumers are supported to participate in their community, maintain relationships and do things of interest, for example, attend medical appointments and church services in their local community, visit friends, garden in their backyard, go for walks, and converse with the support workers who are from a similar cultural background.

Whilst information about consumers was not routinely documented and there was no detailed care plan to guide staff practice, information was communicated verbally within the organisation. Consumers/representatives said staff know consumers’ needs and preferences. Management and support workers were confident they knew consumers’ needs and preferences and reported verbal information-sharing about consumers occurs within the organisation and with consumers/representatives. Systematic deficits with documenting consumer information is addressed under other requirements.

The service has processes to refer consumers to individuals, other organisations and providers of other care and services when needed. For example, the service had made referrals to My Aged Care for consumers that required or have requested additional or alternative services, and has a referral process established with the local hospital.

The service provides transport services and has a process to ensure vehicles are clean, tidy and well maintained prior to consumers use. The service maintains records of support worker driver’s licences and vehicle registration and insurances.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Whilst the service had not received any recent feedback or complaints, it had a feedback and complaints management process that was known by consumers/representatives, management and support workers.

Consumers/representatives felt comfortable and knew how to provide feedback, make complaints and raise concerns. They said they had a good relationship with service staff who were always available to them, including via electronic mail, text message or telephone. They said they were aware of external complaints, advocacy and language service available to them. Consumers/representatives receive information about the service’s complaint management process in the home care agreement and verbally from management.

Management and support workers had a consistent understanding of the service’s complaints management process, their role in managing feedback and complaints, service documentation to complete (including complaint forms and the complaints log), and the principles of open disclosure.

Whilst the service had not received any recent complaints or feedback, consumers/representatives were confident the service would use any feedback to improve services. Management and support workers described examples of working closely with a representative to improve care and services for consumers to be culturally safe.

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied requirements 7(3)(c), 7(3)(d), and 7(3)(e) are non-compliant. Non-compliance is based on:

* 7(3)(c) The workforce did not have the knowledge to effectively perform their roles.
* 7(3)(d) The workforce was not trained and supported to deliver care and services and outcomes required by the Quality Standards.
* 7(3)(e) The service did not have a system or schedule to routinely assess, monitor and review the performance of each member of the workforce.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 7(3)(c) – non-compliant*

The Quality Audit Report included evidence that the workforce did not have the knowledge to effectively perform their roles. For example:

* Management and support workers were not aware of the Quality Standards or organisational policies and procedures and did not receive training in these areas. Standard 2, 3 and 8 include examples of where the workforce was unaware of requirements of the Quality Standards, including, but not limited to, assessment and planning, information management, continuous improvement, and regulatory compliance.

The response acknowledged the Quality Audit Report findings related to deficiencies in staff knowledge and stated the provider has commenced action to establish a professional development system and train management and support workers on the Quality Standards and relevant topics.

*Requirement 7(3)(d) – non-compliant*

The Quality Audit Report identified that whilst support workers are recruited using established processes, management and support workers had not been trained and supported to deliver the outcomes required by the Quality Standards. Management had not been provided with organisational policies and procedures that related to the home care service and had not been trained on the Quality Standards and other relevant topics including assessment and planning, information management, continuous improvement, and regulatory compliance such as the serious incident response scheme.

The response stated mentioned recruitment processes that ensure members of the workforce have the qualifications and skills for the role and are screened, which I accept and is consistent with the findings of the Assessment Team.

The response also stated that the provider has commenced action to establish a professional development system and train management and support workers on the Quality Standards and relevant topics.

*Requirement 7(3)(e) – non-compliant*

The Quality Audit Report identified the service does not have a system or schedule to routinely assess, monitor and review staff performance. Management reported weekly discussion are held about service performance, including staffing matters and that review of staff performance is ad-hoc, however, these are not documented.

The approved provider’s response accepted the findings and stated the provider has a new performance monitoring system and will utilise performance assessments to assess duties, responsibilities and performance. The response included a staff supervision template.

*Requirements 7(3)(a) and 7(3)(b) - compliant*

The Quality Audit Report included evidence (summarised below) that the service is compliant with the other requirements in this Quality Standard.

The service plans its workforce to meet the needs and preferences of consumers and has plans to replace staff when required. Staff rosters are reviewed regularly to ensure staff allocations are meeting consumers’ changing needs and preferences.

Consumers/representatives provided positive feedback about management and support workers, including:

* staffing is consistent which supports continuity of care,
* staff support consumers’ cultural needs,
* services are delivered on time and they are notified about any changes, and
* staff are kind and gentle and treat consumes well.

Support workers knew consumers well and said they have sufficient time to deliver care and services and described cultural aspects of care and service delivery. Staff have been specifically recruited based on their knowledge and skill to provide care and services to consumers from a specific culture. Management regularly seeks feedback from consumers/representatives about their satisfaction with care and services and support workers.

Based on the Quality Audit Report and the approved provider’s response, I am satisfied that:

* Requirements 7(3)(a) and 7(3)(b) are compliant.
* At the time of the quality audit, the service’s human resource systems and processes were ineffective in ensuring staff were knowledgeable and effectively trained to perform their role, and that the performance of staff and managers was assessed, monitored and reviewed.
* The approved provider has identified some actions to address these deficiencies including providing staff training and establishing performance management processes. However, these actions will take some time to fully implement, embed in practice, and be tested for effectiveness and sustainability.

For these reasons, I have decided requirements 7(3)(c), 7(3)(d) 7(3)(e) and the overall Quality Standard are non-compliant.

# Standard 8

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| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Having considered the Quality Audit Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied 4 of the 5 requirements are non-compliant. Non-compliance is based on:

* 8(3)(b) The governing body did not promote and was not accountable for safe, inclusive, and quality care and services.
* 8(3)(c) The organisation’s governance systems were ineffective, specifically relating to information management, continuous improvement, workforce governance and regulatory compliance.
* 8(3)(d) The organisation did not have effective risk management systems and practices.
* 8(3)(e) The service did not have a documented clinical governance framework.

I am satisfied requirement 8(3)(a) is compliant based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 8(3)(b) – non-compliant*

The Quality Audit Report included evidence the organisation’s governing body was not promoting or accountable for the delivery of safe, inclusive, and quality care and services. For example:

* Members of the governing body and management had not had training on the Quality Standards, were unable to explain how the Standards apply to the organisation and did not monitor the service’s compliance with the Quality Standards.
* Whilst the organisation had policies and procedures relevant to home care and the Quality Standards, management and support workers were not aware of these and had not accessed them. Members of the governing body was not aware of this.

The provider’s response acknowledged the Quality Audit Report findings and identified several actions to enhance governance practices, including:

* Develop a governance accountability framework that outlines how the governing body will monitor compliance with the Quality Standards including via regular audits, performance reviews, and feedback mechanisms to ensure continuous improvement and adherence to the Quality Standards.
* Establish regular governance meetings with documented minutes that cover compliance with the Quality Standards, staff performance, and care and service delivery.
* The governing body will complete comprehensive training on the Quality Standards.
* Establish a formal process to ensure the workforce is aware of, has access to, and are trained on organisational policies and procedures.
* Introduce a communication plan to:
  + ensure that all staff are regularly updated on governance decisions, policy changes, and the Quality Standards, and
  + facilitate communication between the governing body and the workforce.

Remedial actions identified to strengthen accountability of the governing body will take time to implement, embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(c) – non-compliant*

The Quality Audit Report identified the organisation had effective governance systems related to financial governance and feedback and complaints. However, it did not have effective governance systems relating to information management, continuous improvement, workforce governance and regulatory compliance. For example:

* Information management systems were ineffective. Management and support workers did not know about or have access to organisational policies and procedures. Consumer documentation did not contain sufficient information to guide staff practice.
* The service did not have a plan for continuous improvement.
* Regarding workforce governance, processes relevant to staff knowledge, training and performance were not effective. Refer to Requirements 7(3)(c), 7(3)(d) and 7(3)(e).
* Regulatory compliance processes were not effective. There were no clear line of accountability and the Assessment Team identified several areas in which the service was not aware of or meeting regulatory requirements, including in relation to the Quality Standards and Serious Incident Reporting Scheme.

The provider’s response accepted the Quality Audit Report findings and identified the following actions to improve governance systems:

* Information management – implement an electronic care management system that centralises all consumer information and documentation and is accessible to the workforce.
* Continuous Improvement – developed a continuous improvement plan that outlines specific goals, timelines, and responsibilities.
* Workforce governance – reviewed and updated position descriptions for all roles within the organisation. Workforce training on various topic including the new electronic care management system, continuous improvement plan, the Quality Standards, regulatory changes and SIRS.
* Regulatory compliance - clarified the roles and responsibilities for managing regulatory compliance.

Remedial actions identified to improve organisational governance systems will take time to implement, embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(d) – non-compliant*

The Quality Audit Report identified the organisation does not have a documented risk management system nor effective risk management practices. Management and staff were not aware of organisational policies and procedures, including those related to risk and the sub-requirements of this requirement. For example:

* Management and support workers had not received training on risk management, incident management or topics relating to risk.
* High-impact and high-prevalence risks to consumers were not effectively identified, managed or documented. Refer to requirements 2(3)(a) and 3(3)(b).
* Management and support workers did not have a shared understanding of the service’s incident management processes and how to identify, record and report incidents.

The provider’s response acknowledged the findings and stated the organisation will develop and implement a risk management framework that supports the workforce to identify, respond to and manage risks. In addition, the response identified several improvement actions including:

* Implement validated tools to assess risks to be used during the initial assessment and throughout the care process to ensure that risks are identified and managed.
* Implement a comprehensive training program for all staff on risk, the risk management framework, high-impact risks and the serious incident response scheme.
* Implement an incident management system that manages incident data, risk management strategies and incidents and reporting.
* Update position descriptions to reflect the roles and responsibilities of all staff members, including in relation to risk management and incident reporting.

Remedial actions identified to establish risk management systems and practices will take time to implement, embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(e) – non-compliant*

The Quality Audit Report identified the organisation is approved to provide clinical care but did not have a clinical governance framework. Whilst the service is not providing clinical care to its current consumers, the Assessment Team identified systemic deficits in staff knowledge about policies and procedures, assessment and planning and care documentation that relate to clinical care. Refer to Quality Standards 2 and 3.

The provider’s response acknowledged the findings and stated the organisation will develop a clinical governance framework, establish processes to monitor and review the framework and implement a training program for staff on the framework and their roles and responsibilities. The response also committed to address the sub-requirements of this requirement through the development of relevant programs, policies and processes.

Remedial actions identified by the service to establish a clinical governance framework will take time to implement and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(a) – compliant*

The Quality Audit Report included evidence that this requirement is compliant, including feedback from:

* consumers/representatives that they were confident the service is well run and the service engages them, and
* management about processes to engage consumers/representatives, including through verbal feedback, surveys, and regular contact with support workers and management.

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