**Performance**

**Report**

**1800 951 822**

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| Name of service: | Adelaide Quality Care |
| Service address: | 22 Harris Road VALE PARK SA 5081 |
| Commission ID: | 600589 |
| Home Service Provider: | Adelaide Quality Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 11 November 2022 |

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 Adelaide Quality Care (**the service**) has been prepared by M Cooper, 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:**

* Adelaide Quality Care, 26945, 22 Harris Road, VALE PARK SA 5081

# 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
* Written response from Adelaide Quality Care received on 3 November 2022 consisting of a written response to each of the not-Mets and attachments A to O
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Packages Program operational manual a guide for home care providers

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-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.

* Standard 1(3)(a) HCP
* Standard 2(3)(a) HCP
* Standard 3(3)(a) HCP
* Standard 6(3)(c) HCP
* Standard 6(3)(d) HCP
* Standard 7(3)(d) HCP
* Standard 8(3)(b) HCP
* Standard 8(3)(c) HCP
* Standard 8(3)(d) HCP
* Standard 8(3)(e) HCP

# 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. | Non-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. | 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

The Assessment Team’s report found that the Approved Provider was supporting consumers to exercise choice by providing them with information that is clear and easy to understand. The Provider has security systems in place to protect consumers privacy.

However, the Assessment Team found that the provider was not treating each of its consumers with dignity and respect. In particular the service was not able to demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued as required under requirement 1(3)(a).

Consumers and/or representatives described staff as kind, caring and respectful, however, two consumers and/or their representative felt disrespected by the service when they had raised feedback or complaints. Consumer A indicated that they felt attacked and dismissed when they raised issues with the Provider. The representative of Consumer B had submitted a written complaint with the Provider concerning the consumers mobility needs. The representative stated that the Provider’s response had ‘really upset her’ and that the Provider has misinterpreted her feedback and concerns.

The representative of consumer C had complained that staff were disrespectful in their interactions with the consumer.

The Assessment Team reviewed the documentation of a number of consumers and it confirmed that the Provider did not always speak to or about consumers and their representatives in a respectful, inclusive and consumer-centred way. The Assessment Team raised these issues with the Provider and it acknowledged that the responses to the consumers could have been worded differently.

In its response on 3 November 2022 the Approved Provider challenged the Assessment Team’s report. The Provider stated that as they did not know the identity of consumer A they could not comment on the issues that were raised. In relation to consumer B the Provider stated that they were seeking clarification around the consumer’s mobility needs in its response to the consumer’s representative and in the opinion of the Provider there was nothing disrespectful in the letter. Of interest is the fact that after, the correspondence between the Provider and consumer B had been raised as a non-compliance with this requirement the Provider sought advice from a physiotherapist supporting the position the Provider had taken with consumer B. The Provider has asserted that there was no ‘clinical need’ for the request from the consumer. In considering this specific issue, I acknowledge that there may not have been a clinical need for consumer B to request a modified mobility service but it was still a request from the consumer as to how they wanted their services delivered. In its response the Provider stated ‘We are more than happy to do something because that is how the consumer wants it done, but, if it is being couched in a manner that there is a clinical need for it, but, there is no clinical evidence – we should be asking, should we not?

In relation to consumer C the Provider states that the consumer suffers from schizophrenia and that they had organized behavioural support plan and have endeavoured to support consumer C with multiple mental health issues. The Provider states that alleged interaction was not disrespectful.

As part of its response the Provider supplied a comprehensive list of training that it had made available to its support workers. The training that was relevant to this requirement were courses in relation to the LGBTI community, end of life choices, dementia, beyond blue for older Australians, cultural awareness, caring for consumers, indigenous awareness, managing consumers with disabilities, dealing with difficult behaviours and palliative care. In addition to this, the Provider also supplied copies of correspondence from consumers complimenting its staff on the services that had been provided.

I acknowledge that the Approved Provider has made training available to its staff and this includes non-mandatory training that may assist staff in the provision of supports and career development. I also acknowledge and would expect complimentary correspondence from consumers. However, the Assessment Team did find correspondence that supports the consumers and their representatives claims that they felt disrespected by the Approved Provider.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) for requirement 1(3)(a) states, in part, that ‘the organisation needs to take the time to listen to and understand each consumer’s personal experience. They need to work with the consumers in an inclusive and respectful way, using a consumer-focused approach’

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 November 2022, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 1(3)(a)

The Quality Standard for the Home Care Packages Service is assessed as non-compliant as one of the six specific requirements has been assessed as non-compliant.

# 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. | Non-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 |
| 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 |
| 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 |
| 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 |

Findings

The Assessment Team found that the Provider was ensuring that consumers or their representative were involved in the assessment and planning process with outcomes of care planning communicated to consumers. Care plans were being made available to consumers and at the point of care. The Provider was reviewing care and Approved Providers regularly including when a consumer’s circumstances change.

However, the Assessment Team found that the Provider was not using validated risk assessment tools to inform the delivery of safe and effective care. The Approved Provider was not able to demonstrate that its assessment and planning, included the consideration of risks to the consumer’s health and well-being, which then informed the delivery of safe and effective care. Some consumers had key risks identified, however, those risks were not be consistently documented. The risks had not been assessed and strategies put in place to manage the risks In addition to this, care plans provided to staff did not include sufficient detail about assessed needs and risks to the consumer to guide them in managing the risks for consumers.

The Assessment Team reviewed a sample of care planning documentation and identified the Approved Provider has identified key risks such as falls, malnutrition and cognition for some consumers. However, assessment and planning process was not consistent for all consumers, including the consideration and assessment of risks to the consumer’s health and well-being. Where a clinical assessment had been completed by the clinical staff, some risks were identified such as malnutrition and falls risks. However, the Assessment Team noted that the Approved Provider had not used validated assessments tools in line with best practice to enable effective assessment of identified risks.

In response to the Assessment Team’s report the Provider described the process of initial assessment with a care coordinator, the consumer and their family, and how supporting documentation such as My Aged Care referrals, hospital discharge and/or transfer summaries, medical condition, medications taken, mobility and dietary requirements are considered when planning care and developing a preliminary care plan.

Management confirmed that clinical assessments are not routinely completed for consumers unless the need is identified during the initial meeting with the consumer and the care coordinator notifies the nursing team. Management described the process of assessment is completed by a nurse by completing a shift with the consumer including a shower, and findings are documented in a progress note and the care plan is developed from these observations.

While the Approved Provider does have a care plan development and delivery policy and procedure, the Assessment Team noted it does not include information regarding clinical assessments to be completed to determine risks to the consumers health and well-being.

I have noted that the Assessment Team reports that the Approved Provider was not always using ‘best practice’ in relation to assessment and planning but I have reviewed the Approved Provider’s response to this issue and accept the fact that although ‘best practice’ was not used, the Approved Provider generally has systems in place to identify the consumer’s needs. However, the use of ‘best practice’ would facilitate a more complete assessment of consumer’s needs. The Approved Provider has stated that it has appointed a new Registered Nurse to undertake the development of formal assessment and planning tools.

I am of the view that the greater concern is that for some consumers key risks had been identified but they had not been assessed and strategies to manage those risks were not consistently documented. Care plans provided to staff did not include sufficient detail about assessed needs and risks to the consumers to guide them in managing the risks for consumers.

Consumer D’s care plan includes a history of multiple falls and staff are to encourage her to use her 4-wheel walker but there was no documentation that a falls risk assessment had been completed

Consumer E’s (HCP L4) care plan provides instructions for staff on how to prepare his meals due to his diagnosis and instructs staff to complete a weekly weigh, no documentation was provided to Assessment Team of a validated tool used to assess and identify nutrition risks. The care plan reports he uses a cane and a walker, however there are no instructions for when to use either piece of equipment and no assessments to identify the appropriate mobility aid for his needs. In response to the issues concerning this consumer the Approved Provider has stated ‘we provided the assessment team with all the information identifying he has moved to the palliative phase of care. Nutrition is not relevant. Comfort and emotional support and pain management is the most important care at this point. We are weighing him, but this is as much as an indicator for is deterioration rather that to ensure he is not losing weight

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Home Care Packages Program operational manual at chapter 7.1 states that ‘Providers must undertake initial and ongoing assessment and planning to meet Standard 2 of the Aged Care Quality Standards’. The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with the requirement 2(3)(a).

The Quality Standard for the Home Care Packages Service is assessed as non-compliant as one of the five specific requirements has been assessed as 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| 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

The Assessment Team found that the Approved Provider was sharing information within the organisation and other Providers involved in sharing care and services for consumers. The Provider is minimising infection related risks by implementing infection control precautions. The organisation was also recognising and responding to changes in a consumer’s mental health, cognitive or physical condition, capacity or condition. Staff described how the personal and clinical care provided to consumers is tailored to their needs and optimises the consumer’s health and well-being.

However, the Provider did not demonstrate that all consumers were getting safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing. Further to this, the Provider did not have policies or procedures and training in place to guide staff.

Most consumers and/or their representatives considered that consumers receive personal and clinical care that is safe and right for them. However, care plans for consumers sampled did not consistently document information and strategies to guide staff practice.

The consumers identified in a review of this standard are the same ones mention in standard 2(3)(a). Consumer B’s (HCP L4) care plan does not inform staff of her short-term memory loss or how this may impact the care and services she receives. The consumer’s representative reported that the consumer has recurrent urinary tract infections (UTI) with an associated acute delirium and the instructions on the care plan are to notify the office right away so they can discuss with the family. There are no documented strategies for prevention of UTIs. The care plan states that "consumer wears continence aids”, however, there are no instructions to guide staff on how they can assist her with her continence to meet her goal of maintaining dignity.

The consumer’s care plan does not include information for staff on how to monitor weight as this was the only symptoms of a bowel obstruction in July 2021. The original care planning documentation confirmed the consumer struggles to prepare meals and has meals delivered from another service. Additional information is provided on the updated care plan instructing staff on how to prepare breakfast for this consumer.

Consumer E’s (HCP L4) care plan instructed staff to continue weekly weighs, however, there was no evidence provided that this information is consolidated or monitored to ensure his nutritional needs are being met. This consumer’s care plan documentation identifies that he has high levels of pain that impact his mobility, personal hygiene, and ability to perform domestic tasks, however, there are no strategies listed to assist or monitor the consumer’s pain levels.

In its response the Approved Provider has suggested that the Assessment Team was fixated on consumer B. The Provider refutes the assertion that the consumer had suffered a urinary tract infection whilst in its care and staff have not been provided with instructions to guide staff on how they can assist here with her continence to meet her goal of maintaining dignity …as the consumer wears pantie liners and the staff’s role is to ensure they are placed in the bin at the time of showering. Other than that, the consumer is fully continent.

The Approved Provider states that staff are regularly trained in consumer needs and when introducing new staff, on nearly every occasion they receive a buddy shift. If the consumer is more complex or a piece of equipment is new, someone trains them in that. I acknowledge that the Approved Provider supplied an extensive list of online training that had been offered to its staff and this included non-mandatory training

In relation to the assertion that there are no have policies or procedures and training in place, the Approved Provider states that it does have policies and procedures in place, but they have not had the time or the focus on reviewing or updating them, particularly given the focus has been very much on safe covid free care for the last 2 yrs

The Approved Provider also states that through its PICMoRS report they could demonstrate that they had been working on developing an automated system to manage both storage and global access to documents. The Approved Provider also made reference to its micro systems and processes that allows for rapid response to changes. The Approved Provider states that there was little to no acknowledgement that every progress note of every shift for every consumer is read to ensure changes were picked up and that it was able to demonstrate that work was in progress to address the assessor’s requirements.

The Aged Care Quality Standards articulates the purpose and scope of this standard as being ‘Consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014’.

The non-compliance in relation to this standard has been identified as requirement 3(3)(a). The intent of this requirement is that organisations do everything they can to provide safe and effective personal and clinical care. This means organisations make sure that the personal and clinical care they provide is (i) best practice, (ii) tailored to consumer needs and (iii) optimising the consumer’s health and well-being.

I note that the Approved Provider has taken action to ensure its compliance with the Standard by engaging the services of a Registered Nurse and has work in progress to address the assessor’s requirements. I would encourage the Provider to expedite this work.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider is not complying with Standard 3(3)(a)

The Quality Standard for the Home Care Packages Service is assessed as non-compliant as one of the seven specific requirements has been assessed as 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

The Assessment Team reported that the Approved Provider demonstrated that staff are recognising and responding to consumers needs and when required consumers are being referred to other organisations. Further to this, the Approved Provider was delivering safe and effective support and services for daily living and was effectively communicating with consumer to ensure their services meet their needs, goals and preferences.

The Quality Standard for the Home Care Packages Service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

As the Approved Provider does not provide a service environment for consumers therefore the standard was not assessed and is not applicable

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is supporting consumers and their representatives to provide feedback and make complaints. However, the Approved Provider was not appropriately actioning feedback and complaints to the satisfaction of consumers or their representatives. In addition to this, the Approved Provider was not analysing, monitoring and utilizing complaint data to make improvements to its services.

The purpose and scope Standard 6 as articulated in the Guidance and Resources for Providers to support the Aged Care Quality Standards is for an organisation to have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback. Further to this, the intent of requirement 6(3)(c) in part states ‘it’s expected that the organisation will have a best practise system for managing and resolving complaint for consumers and the intent of requirement 6(3)(d) is that the organisation is expected to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services.

The Assessment Team reports that the service was not able to demonstrate that appropriate action is taken in response to feedback and complaints, and that an open disclosure process is used when things go wrong. Four consumers and/or representatives who were interviewed said they are not satisfied their issues had been followed up and actions taken to their satisfaction. The service does not have an effective process to ensure consumer feedback is consistently documented, followed up and actioned appropriately, including open disclosure when relevant. The Assessment Team also reports that the Approved provider does not have an effective process to ensure consumer feedback and complaints were consistently documented and actioned in line with best practice.

In its response the Approved Provider states that it does have a process in place to deal with informal complaints, which acts very quickly on every issue any consumer raises. The Approved Provider asserts that the majority of complaints relate to consumers not wanting a particular worker back and this is dealt with by placing an exclusion on the worker. Apart from recording a complaint concerning a consumer not wanting a worker back the Approved Provider does not appear to have used this data to improve how it delivers care and services to its client. The Approved Provider states that it has a complaints policy, but it has not been reviewed.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider as established a complaints resolutions mechanism, the system it has in place has not been fully developed or implemented to a level where it complies. with its legal obligations.

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit. The Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with requirement 6(3)(c) or requirement 6(3)(d)

The Quality Standard for the Home Care Packages Service is assessed as non-compliant as two of the four specific requirements have been assessed as non-compliant.

# 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring that it has sufficient staff to delivery safe and quality care and services to its consumers. That the Approved Provider was providing induction and support to its staff at the commencement of their employment and reviewing their performance. However, the Provider is not providing relevant education and training to support the workforce to provide safe and quality care and services and deliver outcomes required by the Aged Care Quality Standards.

The Approved Provider was not able to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. While it did demonstrate induction and education/training processes are in place, it does not currently ensure that staff are provided adequate education and/or training relevant to the Aged Care Quality Standards.

The Approved Provider advised that, due to the Covid-19 pandemic, it had not been able to provide training. They stated that the Covid-19 crisis only finished in June 2022 and it has not had the opportunity to review training needs. The Assessment Team noted that the Aged Care Quality Standards, including requirements in relation to workforce learning and development needs, have been in place since July 2019.

The purpose and scope of this standard as articulated in the Guidance and Resources for Providers to support the Aged Care Quality Standards ‘requires organisations to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful and quality care and services which meet to the Quality Standards. The intent for requirement 7(3)(d) in part states ‘organisations to support the workforce to deliver the outcomes for consumers in line with the Quality Standards’….’it is expected that members of the workforce receive the ongoing support, training professional development, supervision and feedback they need to carry out their role and responsibility’.

In its written response the Approved Provider provided a list of training course that were made available to its staff but it did opine that ‘there seemed to be a heavy focus on staff receiving training on areas that are of little significance or improvement to the staff’ and ‘the training focus is very different – it often has a reward/ improvement slant…training is offered that will increase their career pathway’. It is acknowledged that the Aged Care industry has been through exceptionally trying times during the COVID-19 pandemic. It is also acknowledged that the Approved Provider has the mindset that training is used as a reward and to improve the career of its staff and this approach make perfect business sense. However, what I feel is not properly understood by the Approved Provider is that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Requirement 7(3)(d) places a very specific obligation on the Provider to recruit, train, equip and support its workforce to deliver the outcomes required by these standards. The implementation of policies, procedures and strategies to comply with its obligations would also enhance a support workers career and ability to deliver safe and quality services to consumers

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(d).

The Quality Standard for the Home Care Packages Service is assessed as non-compliant as one of the five specific requirements have been assessed as 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. | 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 |
| 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 |
| 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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is demonstrating that consumers have input about how care and services are provided through annual surveys and demonstrated effective organisational wide governance systems for finance, workforce and regulatory compliance. The Assessment Team reports that the Approved Provider established an Executive Committee and a Consumer Care Co-ordination Committee in May 2022 with the committees to meet fortnightly.

However, the Assessment Team reports that the organisation is not demonstrating that its governing body effectively promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. In addition to this, the organisation was not demonstrating effective organisational wide governance systems relating to information management, continuous improvement, and feedback and complaints. It did not demonstrate effective risk management systems and practices demonstrating effective clinical governance framework.

The Assessment Team found the following;

Requirement 8(3)(b)

While the organisation has an established governance framework, the organisation does not have effective data gathering, reporting and monitoring systems and processes to enable effective governance oversight and accountability. It was not able to demonstrate that the organisation’s governing body effectively promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery The Assessment Team identified that the governing body has not implemented effective systems and processes to enable relevant data and information to be provided to and discussed at fortnightly meetings to enable the governing body to effectively monitor care and services delivered to consumers.

Requirement 8(3)(c)

The organisation was able to demonstrate effective organisation wide governance in relation to financial and workforce governance, and regulatory compliance. The Assessment Team viewed some policies and procedures provided to staff to guide them when providing care and services to consumers. However, the organisation was not able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvements and feedback and complaints.

Requirement 8(3)(d)

The organisation was not able to demonstrate effective risk management systems and practices to identify, assess, manage and monitor risks to consumer’s safety and well-being and prevent further risks or incidents. The organisation was not able to demonstrate that policies, procedures and training for staff were effective.

Requirement 8(3)(e)

The organisation was not able to demonstrate effective clinical governance framework including systems and processes to enable delivery of safe and quality clinical care to consumers.

The Guidance states, in part, that the purpose and scope of this standard as ‘this quality standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the standards’. Further to this, Standard 8 supports all of the other Quality Standards. This is because it supports how the organisation focuses on the requirements of each standard strategically to make sure they run the organisation well.

It is clear that the Approved Provider has been working towards the implementation of governance policies and procedures in order to meet the Standards but at this time those policies and procedures have not matured to a point where they are compliant.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3) (b) (c) (d) & (e).

The Quality Standard for the Home Care Packages Service is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant.

1. The preparation of the performance report is in accordance with section s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)