**Performance**

**Report**

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| Name of service: | Allcare Nursing and Community Services |
| Service address: | 250 Main Road TOUKLEY NSW 2263 |
| Commission ID: | 201335 |
| Home Service Provider: | Allcare Nursing Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 14 December 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 Allcare Nursing and Community Services (**the service**) has been prepared by M Balukovska, 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:**

* Allcare Nursing and Community Services, 26824, 250 Main Road, TOUKLEY NSW 2263

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 7 December 2022

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 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. |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. |
| 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. |

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

Findings

At the time of performance report decision, the service was:

* Demonstrating the delivery of services that are inclusive of consumers culture, background, and values
* Demonstrating ongoing support to consumers in making choices and assisting them to maintain independence
* Evidencing embedded practises that protect consumer information and privacy

At the time of performance report decision, the service was not:

* Evidencing the provision of timely and clear consumer information
* Consumers and their representatives sampled advised they receive a hardcopy client folder inclusive of: service options, service agreement, pricing structure, complaints procedure and feedback forms. Consumers and representative sampled advised this allowed them to make informed choices. The files are reviewed annually by the General Manger.
* 2/5 consumers sampled advised that they do not receive their monthly statements for example:
* A consumer sampled advised they have not received a statement since starting services with the services several months ago.

Staff interviewed by the assessment team advised that HCP consumer budgets are generated manually and services itemised. HCP monthly statements are generated by the ICare Telstra Health system which was introduced 1 September 2021, but staff confirmed that it was difficult each month for them to remember how to calculate the carry forward unspent funds balance. Staff advised that they explain the monthly statement to the consumer either over the phone or sometimes during a visit. This system will be decommissioned in March 2024 with an alternative yet to be identified by the service.

The Assessment team sighted the services complaints register, the complaints register had no entries for HCP consumers over the last 22 months.

In response to the assessment team report the service advised that steps were taken to contact a number of consumers to ensure their statement were received. Consumers and their representatives advised statements were received. I acknowledge the work the service has undertaken I anticipate it will take time to embed new process to ensure consumer complaints information is captured accurately and consumer and representatives are provided with annual statements. I therefore find this standard not met.

# 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. | 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

At the time of performance report decision, the service was:

* Demonstrating that assessment and care planning considers consumer risks and informs safe and effective service delivery
* Evidencing assessment and planning processes identify consumer’s needs, goals and preferences, including advance care planning
* Demonstrating assessment and planning is undertaken in partnership with consumers
* Demonstrating embedded care plan development and review processes

# 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. | 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

At the time of performance report decision, the service was:

* Demonstrating the delivery of safe and effective personal and clinical care
* Demonstrating the management of high impact or high prevalence consumer risks
* Evidencing appropriate referrals are made to external stakeholders involved in consumer care
* Demonstrating the recognition of changing needs for consumers nearing end of life
* Demonstrating infection related risks are minimised through embedded processes

**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

At the time of performance report decision, the service was:

* Evidencing the provision of consumer services that optimise independence, health, and quality of life
* Demonstrating how consumers needs are supported, including their emotional, spiritual and psychological wellbeing
* Demonstrating that consumers are supported to have social relationships and maintain interests, including making referrals to external stakeholders as required
* Evidencing suitable pre-prepared meals and safe equipment is provided to consumers

# 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

This Quality Standard was not assessed during this quality audit, as the service is not funded by HCP or CHSP to deliver services in a service environment.

**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

At the time of performance report decision, the service was:

* Demonstrating that consumers and representatives are enabled and encouraged to make complaints and provide feedback
* Evidencing the provision of information to consumers and representatives to access external services, including complaint resolution, advocacy, and translating services

At the time of performance report decision, the service was not:

* Demonstrating open disclosure process and practises when addressing complaints
* Evidencing the assessment of complaint trends and subsequent improvement processes

Consumers and representatives sampled who are in the total service cohort of 39 HCP consumers have not raised a complaint over the last 22 months. They did say that feedback raised regarding scheduling is actioned by staff in real time which was appreciated by consumers.

Consumers and representatives sampled raised a concern that has not been recorded on the feedback or complaints register, nor verbal contact with the representative to advise the status of their concern at the time of the Assessment Team visit.

Care workers sampled advised they direct consumers to ring the office if they have a complaint and care workers sampled had no awareness of open disclosure, despite the sub-contractor being fully informed.

Management advised they do not receive many complaints. Care workers advised the team resolve complaints on the spot without formal documentation in the complaints register.

In response to the Assessment team report the service advised, regarding open Disclosure awareness: Open Disclosure Training is given to Registered Nurses and Enrolled Nurses as a half day training packages. Support Workers complete a 20min online module.

I acknowledge the training the service is providing to staff, however I anticipate it will take time to embed new processes and procedures. I therefore find this standard not met.

# 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing recruitment practises including brokered services that ensure staff are kind, caring and respectful to consumers
* Demonstrating that active recruiting is underway to increase staff levels in key areas
* Evidencing that workforce monitoring and staff performance reviews are undertaken

# 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. | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing embedded processes that engage consumers in the development, delivery and evaluation of care and services
* Demonstrating the promotion of a service culture that offers inclusive care and services
* Evidencing that monitoring and trending of risk-based consumer data is undertaken, including incidents for both HCP and CHSP consumers

At the time of performance report decision, the service was not:

* Evidencing organisation wide governance systems are embedded

Information Management

* The service has a centralised management system ICare Telstra Health which enables consumer plan documentation to be stored securely, easily accessed by all staff and is password protected.
* Care plans, progress notes and correspondence are stored in consumer files on the system. Staff have access to support plan documentation through secured access on their iPads and via the client folder at the point of care.
* Documentation sighted included the Electronic Communication of Information Policy and the Privacy Policy which outlined how consumer information is stored and shared.

Continuous Improvement

* Management advised that continuous improvement opportunities are identified through mechanisms such as care plan reviews, team meetings, performance appraisals and the Client Facilitation group which has not been active since February 2020 due to two consumer deaths and COVID.
* Continuous Improvement Plan was provided as two documents, Annual Evaluation of Service Delivery 2022 and the Quality Assurance Manual/Policy. These outlined specific service improvements resulting from the annual consumer survey including the new ANCS client app ‘Haylo’, all entries were without timeframes or allocated responsibilities.
* Furthermore, neither document made mention of specific service improvements resulting from HCP feedback or complaints, a replacement system for ICare Telstra Health when it is decommissioned in 2024 which the service is highly dependent on or any changes to monthly statements which are difficult for consumers to understand and all entries were without timeframes or allocated responsibilities.

Financial Governance

* The service has an accountant on the governance board, engages an external legal/accounting firm for annual audits and employs a business administration manager and accounts administrator who undertake financial management and reporting.
* The service has financial governance systems and processes to manage the finances and resources required to deliver safe and quality services. This includes providing consumers with an HCP budget upon entry to the service, and a monthly statement which shows an unspent funds balance that is reported to the governance board monthly.

Workforce Governance

* Management and staff are provided with a job description and have a clear understanding of their roles and responsibilities. The service has robust processes in place for onboarding new staff, training that is specific to the 8 Quality Standards, to provide ongoing support and development of its staff to deliver safe and quality care and services.

Regulatory Compliance

* Information is distributed to staff, and consumers or representatives as appropriate. Policies and procedures are updated to reflect legislative or regulatory changes as necessary and as part of the annual internal audit.

Feedback and Complaints

* The Assessment Team was unable to evidence that the current feedback and complaints process for HCP consumers is working effectively to ensure each concern is formally documented, outcome tracked, and trends data analysed to inform continuous improvements in the delivery of care and services and understand the potential impact on consumers.
* I have taken into consideration the information provided in the Assessment Team report and the response received by the service and based on my findings I find this standard not met.

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