**Performance**

**Report**

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| Name: | AMES Australia Home Services |
| Commission ID: | 301104 |
| Address: | 60 Douglas Street, NOBLE PARK, Victoria, 3174 |
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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: 10247 AMES Australia  
Service: 28281 AMES Australia

**This performance report**

This performance report for AMES Australia Home Services (**the service**) has been prepared by M Nicholas, 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 04 June 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# 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 2**

* Requirement 2(3)(a) ensure regular assessments and care planning are undertaken with consideration of risk and in accordance with validated clinical assessment and screening tools.
* Requirement 2(3)(b) ensure assessment and planning identifies consumer current needs, goals, and preferences, including in relation to advance care and end of life planning.
* Requirement 2(3)(c) implement and sustain oversight of care and service provision including consumer documentation in consultation with consumers, representatives, and other providers of care.
* Requirement 2(3)(e) ensure assessments and care planning documentation are updated when change in consumer condition occurs or following request by consumers or representatives.

**Standard 3**

* Requirement 3(3)(b) implement risk and vulnerable consumer registers and systems to identify and manage high impact and high prevalence risk.
* Requirement 3(3)(c) ensure engagement and consultation with consumers and representatives in relation to advance care directives and end of life planning.
* Requirement 3(3)(d) implement systems to effectively identify and manage consumer deterioration or when changes in consumer condition occurs.
* Requirement 3(3)(g) implement systems and sustain oversight of infection prevention and control training for brokered service staff.

**Standard 4**

* Requirement 4(3)(c) ensure services and supports for daily living are provided to consumers

and recorded in consumer documentation.

**Standard 6**

* Requirement 6(3)(c) maintain complaints handling and implement open disclosure processes to guide staff and monitor brokered service providers.
* Requirement 6(3)(d) ensure feedback and complaints are reviewed, analysed, and used to improve the quality of care and services.

**Standard 7**

* Requirement 7(3)(d) implement and sustain systems to ensure organisation and brokered service staff are trained and supported to deliver the outcomes required by the standards and implement processes to monitor staff compliance with police checks and statutory declarations.

**Standard 8**

* Requirement 8(3)(a) implement systems and sustain engagement and consultation with consumers and representatives in relation to evaluation of care and services.
* Requirement 8(3)(b) implement and evaluate systems to ensure the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and sets priorities to improve the performance of services.
* Requirement 8(3)(c) implement and sustain effective systems to support information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Requirement 8(3)(d) implement and sustain a risk management system to support the management of high-impact or high-prevalence risks, identification and response to abuse and neglect of consumers and management and prevention of incidents.
* Requirement 8(3)(e) implement and sustain an effective clinical governance framework and ensure adequate clinical oversight of antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Most consumers and representatives confirmed staff treat them with dignity, respect and understand their cultural needs. Management discussed how they show respect to consumers and described how they ensure care and services reflect consumer needs and diversity. A review of care documentation included respectful language, consumer backgrounds and what is important to each consumer.

Consumers and representatives described how they are supported to exercise choice and independence, make decisions about their care and services, and communicate their decisions. Management explained how the service encourages and supports consumers to discuss their choices and make decisions during the assessment and review process.

Staff and management demonstrated an understanding of supporting consumers to take risk. While consumers did not speak directly about taking risks, they advised how they are able to make decisions including participating in activities that involve risk. The service did not demonstrate use of risk planning and assessment tools which are considered under Requirements 3(3)(b) and 8(3)(d).

The service demonstrated information provided to consumers is current, accurate and timely. Consumers and representatives confirmed information provided to them, including monthly statements are easy to understand. Consumers and representatives confirmed staff respect their privacy and confidentiality when delivering care and services. Management was observed to maintain confidentiality by using password protected electronic systems. A review of documentation demonstrated consent to share consumer information is consistently recorded.

# 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. | 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

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(e) and as a result, does not comply with Standard 2.

Requirement 2(3)(a):

Most consumers were not satisfied that initial assessments were reflective of their health and well-being needs, goals of care and service delivery. Some consumers reported the service did not organise care and services plan reviews following initial assessments being undertaken. Consumers and representatives explained if their care and service needs change, they contact the service or brokered service providers to request a reassessment of their support plan and service provision.

A review of consumer documentation indicated validated clinical assessment and screening tools were not used by the service and consumer assessments had not been completed within the past 12 months. Consumer documentation did not include information regarding clinical issues, risks, treatments, and interventions. Management acknowledged the feedback provided and has developed a Plan for Continuous Improvement (PCI) which includes corrective actions. Further information regarding issues identified in relation to continuous improvement is included under Requirement 8(3)(c)(ii).

The Approved Provider submitted a response to the Assessment Team report (the response) which detailed the planned actions of developing tools, policies and procedures related to assessments, care planning development and change of consumer circumstances. The response detailed a revised care plan which will be reviewed annually or following changes in consumer circumstances as well as scheduling training on the care plan process. The response also indicated brokered service agreements are being updated. I acknowledge the planned actions, however, given the potential impact of insufficient assessment and planning on the delivery of safe and effective care and services, further time is required to implement and sustain these actions. I find this Requirement non-compliant.

Requirement 2(3)(b):

Consumer documentation did not consistently capture consumers’ current needs or interventions for issues identified. All consumers and representatives reported they trigger reassessments and the review process. Consumers and representatives did not recall discussing advance care planning, end of life wishes or received information from the service. Management advised advance care planning discussions occur during the initial assessment process, however, documentation supporting this was not provided to the Assessment Team during the Quality Audit. In response to feedback, management advised the service is not providing consumers information or external resources on advance care and future planning. The issues identified by the Assessment Team were recorded in the service’s PCI.

The Approved Provider provided a response with planned actions including the implementation of an advance care policy and procedure and brochures to be included in assessment packs. I note the response indicated advance care planning meetings have been organised in relation to consumers named in the Quality Audit report. I acknowledge the planned actions, however, given these actions are yet to be fully implemented, additional time is required to implement and sustain these practices. I find this Requirement non-compliant.

Requirement 2(3)(c):

The service does not provide oversight of care and service provision once services are allocated to brokered service providers. Ongoing assessment and reviews occur based on information provided to the service by brokered service providers or following consumers or representatives directly raising issues with management. The service does not have direct view of documentation completed by brokered service provider staff. A review of documentation demonstrated the service did not routinely involve other organisations and providers of care with ad hoc referrals to external providers made following the service becoming aware of an incident. The service does not have policies and processes to guide personal and clinical care practices.

The Approved Provider provided a response indicating the planned actions in relation to this Requirement. The response indicated the change of consumer circumstances policy will be included in assessment packs and a consumer care and evaluation policy and procedure will be developed. The response included establishing regular reporting requirements and a reporting template for brokered organisations within service agreements. Brokered service agreements to also include retaining personal and clinical resources which the service can access upon request. The response indicated assessments are undertaken in consultation with consumers, representatives, and other providers of care and there is oversight of brokered providers through various methods. I acknowledge the planned actions including the implementation of policies and procedures, however, the response did not indicate how the planned actions will be monitored and evaluated. Given the potential risk associated with a lack of oversight of care and service provision, further time is required to implement and sustain these actions in practise. I find this Requirement non-compliant.

Requirement 2(3)(e):

A review of consumer documentation indicated changes in consumer acuity, or circumstances did not prompt a review of consumer needs or change in service delivery. Furthermore, consumer documentation did not capture support requested by consumers’ representatives. Representatives reported access to additional services is organised in collaboration with the brokered service provider. The service does not have a policy to guide the review process.

The Approved Provider provided a response indicating the planned actions in relation to this Requirement. The response indicated the change of consumer circumstances policy will be included in the assessment packs and a consumer communication policy and procedure will be developed. The response included establishing regular reporting requirements and a reporting template for brokered organisations within service agreements. Brokered service agreements to also include retaining personal and clinical resources which the service can access upon request. I note the response provides additional information in relation to a consumer identified in the Quality Audit report and details case note training will be scheduled. I acknowledge the planned actions, however, the response did not detail how assessment and care planning documentation will be reviewed and updated when a change in consumer condition occurs or following request by a consumer or representative. Given the potential risk of care and services not being regularly reviewed for effectiveness, further time is required to implement and sustain these actions in practise. I find this Requirement non-compliant.

Compliance with remaining requirements:

Consumers and representatives reported they have received a copy of their service agreement, are aware of their current services and in contact with brokered service providers. This was consistent with feedback from management which reported that all consumers receive a copy of their service agreement and support plan following the initial assessment being undertaken. The service then forwards a service request to the brokered service provider. While support plans were not comprehensive, as outlined in Requirements 2(3)(a), 2(3)(b) and 2(3)(c), the Assessment Team noted all consumers had a support plan and services request.

# 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. | 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. | 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirements 3(3)(b), 3(3)(c), 3(3)(d) and 3(3)(g) and as a result, does not comply with Standard 3.

Requirement 3(3)(b):

The service does not have an incident management system or risk register. Management explained, and brokered service providers confirmed, how incidents are reported and the process of following up issues identified. However, a review of documentation demonstrated there was no record of issues identified or incidents which had occurred. High-impact and high-prevalence risks associated with care were not analysed to identify trends and inform the quality-of-service provision or minimisation of risk. In response to feedback, management indicated a clinical governance framework to manage high-impact and high-prevalence risks associated with consumer care is under development. A draft of the clinical governance document was sighted by the Assessment Team during the Quality Audit.

The Approved Provider provided a response indicating the planned actions of developing assessment tools and forms, as well as multiple policies and procedures including in relation to consumer communication and risk assessments. I also note the response indicated actions to implement policies and procedures in relation to a risk register under Requirement 3(3)(d). The response indicated the implementation of regular reporting requirements and reporting templates for brokered service providers in service agreements. The response indicated case managers will review consumer circumstances quarterly. Where a consumer has been identified as a falls risk, the response indicated this has been documented in consumer care plans. I acknowledge the planned actions, however, the potential impact where high-impact or high-prevalence risk have not been considered could be significant. Given this, further time is required to implement and sustain actions in practise. I find this Requirement non-compliant.

Requirement 3(3)(c):

The service does not provide clinical care and did not have any consumers receiving end of life care. Consumers who experience a severe decline in their clinical condition, require palliation or end of life care are referred to their treating medical officer and local palliative care team. Consumers and representatives could not recall the provision of information and discussions about advance care and end of life planning which was consistent with documentation reviewed. In response to the feedback, management explained the service does not provide consumers with resources about advance care and end of life planning. Advance care directives and end of life care are discussed during the initial assessment, however, consumers and representatives are required to discuss this further with their treating medical officer. Documentation supporting management’s response was not provided to the Assessment Team during the Quality Audit. The service included this issue on their PCI.

The Approved Provider provided a response indicating the planned actions of developing policies and procedures in relation to advance care and consumer communication. The response indicated brochures will be available in assessment pack and the case manager will review consumers’ circumstances quarterly. I acknowledge the planned actions including the focus on communication and engagement consumers and representatives, although it is unclear in the response how these actions will be implemented at the point of care as well as monitored and evaluated. I find this Requirement non-compliant.

Requirement 3(3)(d):

Consumer support plans and service requests included a non-response plan, however, consumer documentation did not evidence incident reporting or follow up actions taken. The service did not have a risk register or vulnerable consumer register for monitoring purposes. Management advised that risks to consumers are discussed during initial assessments and expressed confidence brokered service staff would identify and report consumer deterioration. Staff described the process of reporting changes to consumer condition and providing timely support. Management acknowledged the feedback provided and included the issue on the service’s PCI.

The Approved Provider provided a response indicating the planned actions of developing consumer communication and risk register policies and procedures. The response indicated case managers are to review consumers’ circumstances quarterly. I acknowledge the planned actions, however, the response did not detail how the planned actions will be monitored and evaluated to ensure changes in consumer condition are responded to in a timely manner and documentation of follow up actions occurs. Given this, further time is required to implement actions in response to the deficits identified and sustain these actions in practise. I find this Requirement non-compliant.

Requirement 3(3)(g):

The service did not have oversight of infection prevention and control training for brokered service staff. Brokered service providers’ management reported adequate training is provided to staff with a health check conducted prior to entering consumers’ homes and personal protective equipment (PPE) usually provided to staff. Management confirmed staff employed by the service undertake training about general infection prevention and control measures and there was some involvement with brokered service staff to deliver training about the appropriate use of PPE. Documentation supporting management’s response was not provided to the Assessment Team during the Quality Audit. Management acknowledged the feedback and recorded the identified issues in the service’s PCI.

The Approved Provider provided a response indicating the planned actions of an organisation policy and principles embedded into service agreements which will be reviewed through an audit process. Service agreements will also include organisation requirements to receive yearly, or when requested, feedback on quality improvements and audits. The service will request 6 monthly statutory declarations from brokered service providers confirming they are meeting the standards and organisation’s principles when delivering services to consumers. I acknowledge the planned actions, however, further time is required to effectively implement these actions and sustain oversight of infection prevention and control training for brokered service staff. I find the Requirement non-compliant.

Compliance with the remaining requirements:

The service does not provide clinical care to consumers, however, personal care is provided to some consumers. A review of consumer documentation included information regarding the delivery of care in accordance with consumer needs. Consumers reported their preferences were mostly met and provided examples of care being tailored to their needs. Management discussed the expectations of brokered service providers to ensure staff engage in education and training, however, no documentation was provided to the Assessment Team during the Quality Audit supporting this. The service relies on consumer and representative feedback and communication with brokered service providers to ensure ongoing individualised and effective care is achieved. The service does not maintain oversight of the care provided, however, no immediate impact to consumers was identified as a result. Further information regarding deficits identified in relation to staff education and training is considered under Requirement 7(3)(d).

Most consumers and representatives were satisfied that consumer needs, preferences and goals are communicated with brokered service providers where responsibility for care is shared. Brokered service providers described how information is shared with their staff. However, consumer documentation reflected minimal visibility of information by other health professionals involved in care and service provision. The service relies on consumer and representatives raising requests or brokered service providers communicating the observed needs of consumers. Management acknowledged feedback from the Assessment Team. It is noted that the service does not maintain oversight of the care provided, however, there was no evidence of impact to consumers. I note the response provides an example of the service’s consumer handover document.

Consumers reported the service makes referrals to allied health providers services when they require assistance and there is allocated funding. Management described the process for making referrals to allied health professionals. A review of documentation demonstrated referrals are made to allied health professionals with their reports and recommendations included in consumer documentation.

# 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. | Not 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

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement 4(3)(c), and as a result, does not comply with Standard 4.

Requirement 4(3)(c):

Consumers and representatives reported social engagements are often provided by family and friends. Management reported that when opportunities for social engagement and participation in the community are offered, these are often declined due to financial consideration or not being perceived as a priority by consumers and representatives. Documentation supporting management’s response was not provided to the Assessment Team during the Quality Audit. A review of consumer care documentation demonstrated consumer social and personal relationships and activities are not consistently recorded within consumer support plans and service requests. Referrals to social support groups following consumer request and support strategies for consumers who are identified at risk of social isolation were not documented in consumer files.

The Approved Provider provided a response indicating the planned actions of a community participation policy with community participation embedded in care plans. The response also indicated the implementation of multiple policies, procedures, and forms. I note the response includes evidence for consumers named in the Quality Audit report, including referrals made to social support groups. I acknowledge the planned actions including the development of policies, however, further time is required to ensure the planned actions are effectively implemented including consistent documentation of services and supports for daily living offered to consumers. I find this Requirement non-compliant.

Compliance with the remaining requirements:

Consumers and representatives reported services received help maintain their independence and quality of life. Brokered service providers’ management reported they engage with consumers and representatives to ensure staff meet consumer needs. A review of consumer documentation outlined services that are most suited to each consumer, however, did not consistently include consumer backgrounds and preferences in relation to service delivery. The Assessment Team noted no impact on consumers as a result of these inconsistencies.

Most consumers indicated the service supports their emotional and psychological well-being and described the support received from staff. Most consumers and representatives reported access to social support groups have been organised independently. Documentation reviewed demonstrated how the service supports consumers to maintain their independence in consultation with their representatives.

Consumers and representatives reported staff know their daily living needs and how to provide individual support. Brokered service providers explained service requests contain consumers’ agreed services and preferences with information regarding social activities and personal relationships shared by the service as required. I note the response provides additional evidence in relation communication of consumer preferences with other organisations where responsibility for care is shared.

The Assessment Team noted referrals to other organisations relevant to social engagement and supporting quality of life were not provided to consumers during the assessment process. Consumers and representatives explained, and management confirmed, they can request referrals to other providers of care and services. Management explained that referrals to local social groups were proposed, however, consumers and representatives declined due to financial considerations. The Assessment Team were unable to confirm this with supporting documentation or that alternatives such as free community resources were considered.

The service does not provide meals to consumers, however, consumers can source their choice of preferred meals and meal delivery funded through their HCPs, with consumers contributing the balance. Consumers expressed satisfaction with the choice and quantity of meals delivered. Consumer support plans and service requests included consumer preferences.

Consumers and representatives reported the service supports them in purchasing equipment and felt confident the service would assist them in accessing repairs and maintenance, when required. Management described consumer equipment requirements are assessed during the initial intake and if changes in consumer needs occurs. A review of consumer support plans and service requests demonstrated referrals to allied health professionals in relation to equipment support for daily living.

# 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 as the specific Requirements have been determined to be 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirements 6(3)(c) and 6(3)(d), and as a result, does not comply with Standard 6.

Requirement 6(3)(c):

The service did not demonstrate that an open disclosure approach is used when things go wrong or there are processes to guide staff in achieving open disclosure and monitor brokered service providers’ use open disclosure. The service’s complaints policy provides a framework for staff to manage complaints, however, there are no specified timeframes for acknowledging complaints nor are key principles of open disclosure included. Management did not consistently demonstrate an understanding of the principles of open disclosure and complaints handling.

The Approved Provider provided a response indicating the planned actions of a compliment and complaint procedure with reporting timelines, an open disclosure policy and procedure, investigation process and risk assessment. I acknowledge the planned actions, however, the response did not detail how staff will be guided in achieving open disclosure and how brokered service providers’ use of open disclosure will be monitored. Given this, further time is required to effectively implement actions to address the identified deficits and sustain these actions in practise. I find this Requirement non-compliant.

Requirement 6(3)(d):

The service did not demonstrate how feedback and complaints to the service or from brokered services are identified, collected, reviewed, and used to improve the quality of care and services. A review of documentation indicated consumer feedback is not captured on the service’s feedback and complaints register. Further information regarding the service’s continuous improvement system is outlined in Requirement 8(3)(c)(ii).

The Approved Provider provided a response indicating the planned action of a new consumer survey. The response indicated only one complaint has been received which was documented in the complaints register and actions implemented to address the complaint. I acknowledge the planned action, however, no time frame has been provided regarding the implementation consumer surveys or the frequency of consumer surveys being undertaken. The response also did not detail how feedback and complaints obtained from surveys will be reviewed, analysed, and used to improve to improve the quality of care and services. Given this, I find this Requirement non-compliant.

Compliance with remaining requirements:

Consumers and representatives confirmed they are aware of and have been given information on how to provide feedback and make a complaint. Staff described how they support consumers to provide feedback. The service has a feedback and complaints register.

Consumers and representatives confirmed they are aware of various mechanisms to raise and resolve complaints. Management described how they would support consumers and representatives to raise concerns through the relevant complaints body. Management and staff demonstrated knowledge of advocacy and language services.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement 7(3)(d), and as a result, does not comply with Standard 7.

Requirement 7(3)(d):

The service did not sufficiently demonstrate the organisations and brokered services’ workforce are recruited, trained and supported to deliver the outcomes required by the standards. The service did not have policies or processes to ensure employed staff operate within their scope of practice and there is clarity of clinical roles. The service did not have a suitable process to monitor staff compliance with police checks and statutory declarations following commencement with the service. Furthermore, the service has not provided staff training in relation to the SIRS, open disclosure, and the Aged Care Code of Conduct.

The Approved Provider provided a response indicating the planned actions of regular reporting requirements and a reporting template for brokered organisations included in the service agreement, a banning order policy, procedure and register and training audit plan. The response indicated the service has strong workforce governance through the human resource unit, risk and compliance unit and systems. Policies, procedures, and position descriptions are also in place to ensure clarity of workforce roles. I acknowledge the planned actions in relation to staff training, however, further time is required to ensure the training plan is effectively implemented, monitored, and sustained in practice. In addition, the response was not specific in relation to how staff compliance with police checks and statutory declarations will be monitored. I find this Requirement non-compliant.

Compliance with remaining requirements:

Most consumers and representatives reported they receive quality care and services to meet their needs through the provision of regular staff. This was consistent with feedback from staff and management who confirmed there is sufficient staffing. Management described how the workforce is planned and managed. The service did not demonstrate an understanding of workforce governance in relation to employed staff and brokered services which is considered under Requirement 8(3)(c)(iv).

The service demonstrated interactions with consumers are kind, caring and respectful. This was consistent with consumers and representatives feedback and language used within consumer care documentation.

A review of documentation demonstrated that position descriptions outline relevant qualifications, registrations, knowledge, and skills required by staff. Management described how staff qualifications are monitored on an annual basis. However, the service does not routinely monitor the qualifications, competencies, or knowledge of staff from brokered services. These issues are considered under Requirement 8(3)(c)(iv).

The service demonstrated there are processes in place to ensure staff performance is regularly assessed, monitored, and reviewed. Management confirmed performance reviews are used as an opportunity for improvement and training. The service also undertakes a performance appraisal process following a probationary period with newly employed service staff.

# 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. | Not 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

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) and as a result, does not comply with Standard 8.

Requirement 8(3)(a):

The organisation did not demonstrate consumers and representatives are meaningfully engaged and supported in the evaluation of care and services. The service does not methodically record, analyse, and trend feedback and complaints through its own systems and registers, or through contact with brokered services. In response to feedback, management said they are currently developing their first consumer survey as a mechanism to collect and collate feedback from consumers. A review of documentation demonstrated that the survey has been added to the service’s PCI.

The Approved Provider provided a response indicating the planned actions of a compliment and complaints procedure with reporting timelines, consumer surveys, brokered service audits and a consumer engagement policy and procedure. The response indicated that one complaint has been received and there are systems in place to methodically record, analyse and trend feedback and complaints. I acknowledge multiple planned actions are proposed to support consumer engagement in delivery and evaluation of care and services, however, the response has not included how these actions will be monitored, evaluated, and sustained in practise. As these actions are in their infancy, I consider additional time is required and find this Requirement non-compliant.

Requirement 8(3)(b):

The service did not demonstrate that the governing body understands and sets priorities to improve the performance of services against the Quality Standards. A review of documentation demonstrated that no information is provided to the board in relation to key performance indicators including financial management or there is oversight of other auditing mechanisms. This was consistent with feedback from management who reported they provide updates to the board regarding some key performance indicators. Board reports indicate some discussions about the issues faced by aged care providers, however, there was no evidence this was considered in relation to the board’s obligation to promote a culture of safe, inclusive, and quality care and services. In response to feedback, management said home service packages represent a small proportion of the service’s overall business.

The Approved Provider provided a response indicating the planned actions of implementing a clinical governance policy, terms of reference and meeting templates. I acknowledge the planned actions, however, further time is required to ensure board oversight and governing body responsibilities are effectively implemented and sustained in practise. I find this Requirement non-compliant.

Requirement 8(3)(c):

The service did not demonstrate effective systems to support information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. However, the service demonstrated effective systems in relation to financial governance.

The service did not identify that there are no policies, procedures or validated tools to guide staff in relation to falls assessment, deterioration of consumer condition, dignity of risk, identification of vulnerable consumers, restrictive practices or other key clinical and personal care areas.

The service recently completed a continuous improvement plan following undertaking a self-assessment, however, the continuous improvement system did not support throughput of feedback and complaints into the service’s PCI. The service has commenced working on improvement activities identified through the self-assessment, however, the service was unable to demonstrate the effectiveness of the system.

The service did not demonstrate an understanding of workforce governance in relation to employed and brokered service staff. The service did not have a system to monitor that employed staff and brokered services are meeting their regulatory requirements in relation to police checks and statutory declarations. The service does not have policies or procedures to ensure staff operate within their scope of practice and clarify clinical roles.

The service and governing body did not demonstrate there are overarching systems and processes in place to ensure regulatory compliance with legislation. The service did not demonstrate awareness of the Aged Care Code of Conduct or restrictive practice legislation. Management explained they have an organisational code of conduct and staff also comply with the National Disability Insurance Scheme Code of Conduct.

The service has a feedback and complaints register, however, the service did not demonstrate how complaints, feedback and other incidents are identified, analysed, trended and information is used to make improvements to the quality of care and services.

The Approved Provider provided a response indicating the planned actions including the development of multiple policies, procedures, tools, and templates. The response included the planned actions of consumer surveys and evaluation forms and a workforce training plan. The response indicated the service has a strong workforce governance and outlined documentation relevant to position descriptions. The service indicated having an awareness of the Aged Care Code of Conduct and restrictive practice legislation. I acknowledge the planned actions, however, the response did not include the role responsible for implementing these actions and how the actions will be monitored and evaluated. Given the potential risks associated with a lack of effective organisation wide governance systems, further time is required to ensure improvements are effectively implemented and sustained in practise. I find this Requirement non-compliant.

The organisation has a financial governance system and processes in place to manage the finances and resources required to deliver safe and quality services. The service provides consumers monthly statements and has processes to manage unspent funds.

Requirement 8(3)(d):

The service did not demonstrate that their risk management system supports the management of high-impact or high-prevalence risks, identification and response to abuse and neglect of consumers and management and prevention of incidents. This was evident as the service did not have any systems or processes to manage high-impact or high-prevalence risks and the workforce had not completed training on identifying, preventing, and reporting harm, abuse and neglect including SIRS reporting. The service did not provide evidence to support effective monitoring of brokered services’ risk management systems in relation to SIRS and incident management. Management reported brokered services are obliged under their commercial agreements with the organisation, however, the service does not have formal mechanisms to support this requirement. Management acknowledged feedback and advised they would investigate SIRS online training and consider amending their brokered service contract to include incident reporting obligations.

The Approved Provider provided a response indicating the planned actions of implementing a SIRS and client risk assessment policy, register and documentation. The response indicated the inclusion of brokered provider requirements to report incidents and discussed the process of brokered service providers reporting incidents. I acknowledged the planned actions, however, given the potential risks associated with lack of effective risk management systems and practices, further time is required to ensure improvements are effectively implemented. I find this Requirement non-compliant.

Requirement 8(3)(e):

The service has a draft clinical governance framework that is currently under consideration, however, the service did not demonstrate an understanding or awareness of antimicrobial stewardship, minimising the use of restraint and open disclosure. The service does not have any policies in relation to these elements nor are they considered in the clinical governance framework. Management acknowledged this feedback and advised they would further develop their draft clinical governance framework and supporting policies and procedures.

The Approved Provider provided a response indicating the planned actions of a clinical governance framework and committee and antimicrobial stewardship and restrictive practice policies and procedures. A banning order policy, procedure and register was also listed in the response. I acknowledge the actions planned, however, given the potential risks associated with a lack of adequate clinical oversight, further time is required to ensure improvements are effectively implemented. I find this Requirement non-compliant.

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)