**Performance**

**Report**

**1800 951 822**

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| Name of service: | Anglicare SA - Elizabeth |
| Service address: | Suite 3 25 Philip Highway Elizabeth SA 5112 |
| Commission ID: | 600060 |
| Home Service Provider: | Anglicare SA Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 16 February 2023 |
| Performance report date: | 23 March 2023 |

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

**This performance report**

This performance report for Anglicare SA - Elizabeth (**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**

**CHSP:**

* Goods Equipment and Assistive Technology, 4-7WGZ3C1, Suite 3 25 Philip Highway, Elizabeth SA 5112
* CHSP - Allied Health and Therapy Services, 4-23PU0OP, Suite 3 25 Philip Highway, Elizabeth SA 5112

**Material relied on**

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 22 March 2023
* 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
* Commonwealth Home Support Programme manual 2022 -2023

**Assessment summary for Commonwealth Home Support Programme (CHSP)**

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **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.

* Requirement 8(3)(d)

# **Standard 2**

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not applicable |
| 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. | Not applicable |
| 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 applicable |

Findings

The Assessment Team reports due to a Quality Audit conducted between 27th to the 29th of September 2022 it was determined that the Approved Provider was non-compliant Requirements 2(3)(b), 2(3)(d), 3(3)(e) and 8(3)(d).

Requirement 2(3)(b)

The Assessment Team reports that following the quality audit in September 2022, the service has put in place a number of initiatives including an Advance Care Directive Project which was formed to review information staff provide to consumers regarding end of life planning. As a result, the project team have created an advanced care directive kit which was recently finalised and was awaiting printing at the time of the assessment contact. The Assessment Team sighted an electronic copy of the brochure which is intended to be provided to consumers at each assessment and review. Clinicians attended training in November 2022 (minutes sighted) regarding the importance of educating consumers on advance care planning and end of life preferences during assessments and reviews.

When the brochure is printed, these will form part of the assessment and review process and provided to consumers. A review was undertaken of the CHSP Welcome Pack to ensure advance care planning information is included and provided to consumers. At the time of the assessment contact, the final draft of the consumer handbook is awaiting final review and is expected to be sent for printing by 22 February 2023. A draft of the revised consumer handbook was provided to the Assessment Team and it clearly outlines the importance of advance care planning and choices.

The service has examined the best time to formally discuss advanced care planning with consumers to ensure it occurs at least every 12 months. Most consumers receive services from multiple Allied Health disciplines of which reviews are completed for each discipline. Management said a decision was recently made to formally include a discussion when the yearly consent forms are updated.

Management said the consent form will be updated to include a trigger box for an advanced care planning discussion and preferences, and a comment box so staff can indicate the outcome of the discussion, for example ‘client has an Advance Care Directive and does not wish to share it’, or ‘client does not have an Advance Care Directive, however a discussion regarding advance care planning and a brochure was provided with more information’.

Although the above initiatives are not currently in place, it is evident to the Assessment Team the service has planned and progressed on the development of advance care planning discussions with consumers following the non-compliance with this Requirement in September 2022. The Assessment Team sighted evidence of a final draft brochure and handbook ready for printing and dissemination.

Requirement 2(3)(d)

The Assessment Team reports that it was provided a copy of their Internal Action Plan which gave an update on the progress the service has made in regard to the provision of care plans to consumers and ensuring one care plan is utilised over multiple Allied Health disciplines. During the September 2022 audit, the Assessment Team identified that consumers are not being provided with a copy of their documented care plan (known as the Service Goals & Plan Agreement) and that consumers who were receiving care from several Allied Health disciplines had multiple care plans.

Following the quality audit in September 2022, the Provider has put in place a number of initiatives that include, care plans are progressively being sent to consumers as they are reviewed and new consumers join the service. The new Service Goals and Plan Agreements have a tick box indicating if a copy has been shared with the consumer. The Assessment Team sighted all care plans that had the box ticked and the corresponding case notes indicated the care plan had been sent. For example, the case notes for a consumer included an email to him from the Occupational Therapist describing the home modifications that are awaiting approval. It also stated ‘I have included a copy of the signed Charter of Aged Care Rights and Service goals forms, which were signed during the visit.’ Management said education has been provided to clinicians on the importance of providing a copy of the care plan to consumers during assessment and reviews.

The Assessment Team sighted minutes from the meeting which demonstrated this. For example, clinicians were encouraged to ask consumers their preference for a printed or emailed copy of their care plan and ensuring all contact information is up to date. The service introduced a new service plan template in August 2022 which enables multiple Allied Health disciplines to include care planning information in the one care plan. At the time of the Quality Audit in September 2022, the service was not able to demonstrate multiple Allied Health input into the one care plan as the service had not undertaken assessments or reviews for any new/existing consumers at that time. During the assessment contact, the Assessment Team sighted multiple assessments and reviews on the new template and it was evident the improved process is being rolled out as new consumers join the service and existing consumers are reviewed.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, two of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant.

# **Standard 3**

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 applicable |
| 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 applicable |
| 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. | Not applicable |
| 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 applicable |

Findings

The Assessment Team reports due to a Quality Audit conducted between 27th to the 29th of September 2022 it was determined that the Approved Provider was non-compliant Requirements 2(3)(b), 2(3)(d), 3(3)(e) and 8(3)(d).

Requirement 3(3)(e)

The Assessment Team reports that the Approved Provider was able demonstrate improvements and processes have been implemented regarding information about consumers’ care and communication between multidisciplinary team members regarding personal and clinical care for services is being documented.

Management interviewed advised the below processes and improvements had been completed, Auditing on consumer files, the template auditing tool has been finalised and the Provider has completed their first internal audit of 21 random consumer files and a meeting has been scheduled for management to review the outcome of the audit. Education was provided to staff on the importance of documenting all conversations and internal referrals between clinicians in customers case notes on the 9 November 2022. Case management meetings have been implemented between Health and Wellness and Community Aged Care to discuss complex consumer situations and circumstances within the organisation. Management advised staff who attend the case management meetings include, clinical leads, occupational therapist, physiotherapist and senior clinical lead.

The Assessment Team reviewed analysed evidence which confirmed the above improvement processes have been implemented: Two completed consumer case file audit reports dated 29 January 2023 were sighted. The Case management meeting which showed clinicians are engaging with Allied Health Assistance to screen and monitor customers who are high risk. Consumer information and progress notes reviewed. The service’s Health and Wellness action plan. Reviewed consumer files which showed information about consumers’ care is documented and is communicated within the organisation and with others where responsibility of care is shared.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, one of the seven specific requirements that were previously assessed as non-compliant are now assessed as compliant.

# **Standard 8**

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

Findings

The previous audit undertaken in September 2022 identified that the service were satisfying both 8(3)(d)(ii) and 8 (3)(d)(iii). This audit has therefore focused specifically on 8(3)(d)(i) and 8(3)(d)(iv)

Requirement 8(3)(d)

The internal action plan provided by the service identified actions being undertaken by the service to meet this requirement. This includes the development of a new high risk and high prevalence risk operational procedure. Staff will be trained on identifying and monitoring high risk consumers and high prevalence risks

* Staff training in incident management practices including the implementation of preventative and corrective actions
* A review of current risk management and incident management systems currently deemed not fit for purpose

Management advised that new risk operational procedures are currently in draft and being reviewed by the project team in place to manage this. Staff training for incident and risk management was completed on 1 March 2023.

Management advised that their current consumer management system is unable to readily identify consumers at risk or those who have been the subject of incidents. This has been identified by the service as part of the new risk operational procedure currently in draft. Some evidence has been provided that incidents are currently recorded in an incident management system and consumer records updated with incident management information (including post incident monitoring and strategies employed to mitigate risk of further incident) and all staff have access to this information at the point of care but by the service’s own admission they are unable to confirm that this practice is consistent across the service at this point in time.

In its response dated 22 March 2023 the approved provider has indicated that a draft copy of the operational procedures to clearly identify the multidisciplinary approach used by the service and the methods for identifying and managing high impact or high prevalence risks was shown to the assessors during the assessment contact. In order to run automated reports on consumers high impact or high prevalence clinical risks from the information recorded through customer assessments, the project team is currently working with a service provider to identify the appropriate data sets to develop the required reports. These reports will be integrated into the programs systems already in place for reporting and managing incidents that occur both in and out of service for customers through the PowerBI reports which are regularly reviewed by the manager of customer health and Wellness and the head of health and Wellness.

The Approved Provider also supplied a copy of its ‘internal action plan’ Health and Wellness Post Accreditation visit action plan. The plan demonstrates the extensive considerations that the Provider has given to ensure that this project addresses its obligations under requirement 8(3)(d).

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.

The Guidance and Resources for Providers to support the Aged Care Quality Standard states, in part, that the purpose and scope of Standard 8 is ‘The intention of 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’.

The intent of requirement 8(3)(d) states in part ‘Organisations are expected to have systems and processes that help them identify and assess risks to the health safety and wellbeing of consumers if risks are found organisations are expected to find ways to reduce or remove the risks in a time frame that matches the level of risk and how it's affecting consumers.

It is expected that the organisation’s risk management system identifies and evaluates incidences and near misses (both clinical incidents and incidents in delivering care and services). A near miss is when an occurrence event or omission happens that does not result in harm (such as injury illness or danger to health) to a consumer or other person that had the potential to do so. It is also expected that the organisation uses this information to improve its performance and how it delivers quality care and services.

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 22 March 2023, 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 8(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

1. The preparation of the performance report is in accordance with, s68A – assessment contact – of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)