**Performance**

**Report**

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| Name: | AUSCARE Staffing Agency Pty Ltd |
| Commission ID: | 500317 |
| Address: | 184 A Shepperton Road, East Victoria Park, Western Australia, 6101 |
| Activity type: | Quality Audit |
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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: 9602 AUSCARE Staffing Agency Pty Ltd  
Service: 27748 Auscare Staffing Agency Pty Ltd

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9951 AUSCARE Staffing Agency Pty Ltd  
Service: 27920 AUSCARE Staffing Agency Pty Ltd - Care Relationships and Carer Support  
Service: 27950 AUSCARE Staffing Agency Pty Ltd - Community and Home Support

**This performance report**

This performance report for AUSCARE Staffing Agency Pty Ltd (**the service**) has been prepared by M Dubovinsky, 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; and
* the approved provider’s response to the assessment team’s report received,1 March 2024. The response included a plan for continuous improvement and did not dispute the findings.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not 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 | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

Standard 1 requirement (3)(d) (CHSP and HCP)

* Review processes to ensure each consumer is supported to take risks to enable them to live the best life they can including the development of a relevant policy and procedure to guide staff practice.

Standard 2 requirement (3)(a) HCP and (3)(e) for HCP

* Review processes to ensure 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 in relation to risks associated with falls, continence, wounds and pressure injury management.

Standard 3 requirement (3)(a) HCP

* Review processes to ensure each consumer gets safe and effective personal care and/clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being. Where continence care is provided, ensure the assessment supports the effective management and provision of continence care.
* Ensure staff are supported to and trained to deliver effective continence management.

Standard 8 requirement (3)(c) HCP and CHSP and (3)(e) HCP and CHSP

* Review organisation wide systems relating to; workforce governance systems, information management, and regulatory compliance.
* Ensure information is consistently managed and legislation is effectively implemented, in relation to the governing body consistent with the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018.* Review processes to ensure monthly statements are provided consistent with the User Rights Principles 2014.
* Ensure where changes are made to the workforce structure, responsibilities and duties are reassigned, and changes are monitored and evaluated for effectiveness.
* Review processes to ensure the clinical governance framework monitors and ensures the delivery of safe and effective personal and clinical care.
* Review policies and procedures in relation to clinical governance and clinical care including in relation to restrictive practices and minimising use of restraint.
* Ensure deficits identified in Standard 2 and 3 in relation to clinical care are addressed and improvements implemented are monitored and evaluated for effectiveness.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not Compliant | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I have assessed the Quality Standard for HCP and CHSP as non-compliant, as I am satisfied requirement (3)(d) for HCP and CHSP is non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service did not have established systems and processes to ensure each consumer is supported to take risks to enable them to live the best life they can, for consumers receiving both CHSP and HCP services. The following information was considered relevant to my decision:

* The service does not have a policy or process for supporting staff and consumers in relation to dignity of risk, choice or informed consent to support decision making.
* Six consumer records demonstrated activities involving risk were not captured and mitigation strategies were not discussed.
* The staff interviewed did not provide examples of how they enable consumers to live the best life they can, including pursuing goals that have an element of risk.

The plan for continuous improvement included a range of actions to address the deficiencies identified, including developing a policy for dignity of risk; developing a procedure and flow chart for recording informed consent; and training for staff on treating consumers with dignity and respect.

Based on the assessment team’s evidence, I find the service was not able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. The evidence supports my view that neither risks were discussed with six consumers, nor relevant strategies developed to support these consumers in being effectively informed. I have considered the service’s planned improvements; however, these improvements have not been implemented or evaluated for effectiveness.

For the reasons detailed above, I find requirement (3)(d) for HCP and CHSP in Standard 1 Consumer dignity and choice, non-compliant.

Requirement (3)(e)

The assessment team recommended requirement (3)(e) not met as two representatives for consumers receiving HCP services did not receive monthly statements, and four consumers were not satisfied they were not informed of staffing changes and/or non-attendance. Documentation in consumer records showed monthly statements were not consistently sent. However, the assessment team were satisfied consumers who received CHSP services were provided sufficient information which was accurate and timely. Management stated they were not aware of the issues raised in relation to scheduling.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing the fee statements and re-assigning responsibilities to the finance team for the issuing of invoices.

Based on the on the assessment team’s evidence, I have come to a different view and find 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. I have placed weight on the evidence relating to the consumers receiving CHSP services that claim to have sufficient and accurate information. While some consumers were not receiving monthly statements, I have considered this more closely aligns with regulatory compliance obligations in relation to monthly statements specifically outlined in the *User Rights Principles 2014* and has been considered in my finding in requirement (3)(c) in Standard 8 Organisational governance. Whilst not all consumers received their monthly statements, I am satisfied the service was aware of their obligations, despite it not being effectively implemented. In relation to the feedback from consumers and representatives in response to staffing changes, whilst I acknowledge the feedback provided, I am not satisfied this is a systemic issue within the service, noting there are sufficient workers to deliver safe and quality care, and services as outlined in Standard 7 Human resources.

For the reasons detailed above, I find requirement (3)(e) for HCP and CHSP in Standard 1 Consumer dignity and choice compliant.

In relation to all other requirements, consumers reported staff undertake care and services with respect and provide care in a culturally appropriate manner. Staff demonstrated knowing consumers diversity and culture. Management stated and documentation showed staff treating consumers with dignity and respect and this is embedded into the organisation’s mission and values. Staff described how consumer’s preferences and choice for culturally safe care were recorded in assessment documentation.

Consumers can make decisions around their care and engage with the service to have their care delivered according to their preferences. The service supports and has processes to record relationships important to consumers and their wishes for them to be included in care planning and decision making.

Each consumer’s privacy is respected, and their personal information is kept confidential. Consumers stated they felt the service handled their information appropriately and carers were respectful of their dignity. Staff were educated on privacy principals and records viewed demonstrated information was stored securely on consumer’s electronic care records.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c) and (3)(f) for CHSP and HCP in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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 Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I have assessed the Quality Standard for HCP as non-compliant as I am satisfied requirement (3)(a) for HCP and (3)(e) for HCP are non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met as relevant assessment and planning including consideration of risk was not completed for consumers receiving HCP services, however, were satisfied for consumers receiving CHSP services. The following information was considered relevant to my decision:

* Documentation for three consumers receiving HCP services showed assessment and planning was not undertaken in relation to risks associated with falls, requiring home modification, continence, wound and pressure injury management.
* Documentation for two consumers receiving CHSP services showed relevant assessment and planning was completed in relation to home modifications.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing the current assessment forms, development of a risk register and development of a flow chart to support the assessment process.

Based on the on the assessment team’s evidence, the service was not able to demonstrate for three consumers receiving HCP services, the necessary assessment and planning around considerations of risks, including risks associated with falls, continence, wounds and pressure injury management. I have considered the planned improvements however these improvements have not been implemented or evaluated for effectiveness.

For consumers receiving CHSP services, the service was able to demonstrate relevant assessment and planning was completed.

For the reasons detailed above, I find requirement (3)(a) for HCP in Standard 2 ongoing assessment and planning with consumers non-compliant.

Requirement (3)(e)

The assessment team recommended requirement (3)(e) not met as two consumers who receive HCP services did not have their care and services reviewed in response to changes or incidents. The assessment team was satisfied care and services are reviewed for consumers who receive CHSP services. The following information was considered relevant to my decision:

* Staff interviewed described review processes for consumers receiving CHSP services which was confirmed from the documentation viewed.
* Two consumers experienced changes and or incidents, being changes to one consumer’s emotional well-being and another consumer’s falls management, wound care and medications, however both care plans were not updated and reviewed.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing the current assessment forms and development of a flow chart to support the assessment process.

Based on the on the assessment team’s evidence, the service was not able to demonstrate for two consumers receiving HCP services, their care and services were reviewed in response to changes, specifically, changes to one consumer’s emotional well-being and another consumer’s falls management, wound care and medications. The service was able to demonstrate care and services were reviewed effectively for consumers receiving CHSP services. I have considered the planned improvements however these improvements have not been implemented or evaluated for effectiveness.

For the reasons detailed above, I find requirement (3)(e) for HCP in Standard 2 ongoing assessment and planning with consumers non-compliant.

In relation to all other requirements, processes and practices ensure assessments and care plans are based on needs, goals and preferences. Sampled care plans identified consumer’s current care and service needs. Registered staff and coordinators described the process of approaching consumers to discuss advanced care planning and wishes at the initial assessment and if applicable during review processes.

Consumer and others are involved in assessment and planning in partnership. The service has processes in place to support consumers to access external service providers by sharing consumer’s goals and preferences with others. Consumer files showed care plans involve considerations and referrals to allied health providers including, podiatry, physiotherapy and occupational therapists.

Outcomes of assessment and planning are effectively communicated to the consumer and are documented in a care and services plan that is readily accessible to the consumer. Consumers reported being informed of assessments and outcomes and staff described processes to support effective communication.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(b), (3)(c), and (3)(d) for HCP and CHSP in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | 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 Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I have assessed the Quality Standard for HCP as non-compliant as I am satisfied requirement (3)(a) for HCP is non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met as one consumer receiving HCP services did not receive effective continence management. The assessment team is satisfied CHSP consumers receive effective personal and clinical care which is best practice and tailored to their needs.

* One consumer receiving HCP services did not have strategies developed to manage their continence and the representative was not satisfied with the level staff training and competency to manage the consumer’s continence care needs. The representative described staff not always available to attend to the consumer’s care and service needs.
* Documentation and staff interviewed demonstrated the services provided to CHSP consumers are tailored to them and involve allied health professionals.

The plan for continuous improvement included a range of actions to address deficiencies identified including providing training to staff on clinical goal setting, reviewing the assessment process, implementing validated tools and reviewing escalation and referral processes.

Based on the on the assessment team’s evidence, the service was not able to demonstrate for one consumer receiving HCP services their continence was being effectively managed. I have considered that there was no specific management plan developed nor an assessment to inform safe, effective, and tailored delivery of continence care. I have also considered that the representative was dissatisfied with the provision of services being provided which was not consistently implemented. I find for consumers receiving CHSP services, care and services were tailored to them which was best practice and involved allied health professionals. I have considered the planned improvements however these improvements have not been implemented or evaluated for effectiveness.

For the reasons detailed above, I find requirement (3)(a) for HCP in Standard 3 Personal care and clinical care non-compliant.

Requirement (3)(b)

The assessment team recommended requirement (3)(b) not met as three consumers who receive HCP services did not have their risks effectively managed in relation to falls, pressure injury and wound management. The assessment team was satisfied CHSP consumers have their high-impact and high-prevalence risks managed. The following information was considered relevant to my decision:

* One consumer was identified as having a falls risk, and whilst allied health staff were involved and developed strategies, these were not documented in the care plan.
* Another consumer was identified as having a falls risk, however no strategies were developed.
* A third consumer was also identified as having a falls risk, catheter care needs, wound management and required continence care needs, however, relevant assessment and planning documentation was not undertaken. Management confirmed the consumer was receiving catheter care and wound care; and the wound had healed.
* For CHSP consumers evidence demonstrated high-impact and high-prevalence risks were being effectively managed.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing the client risk register, reviewing clinical assessments, developing a flow chat to support assessment and review, and development of escalation protocols.

Based on the on the assessment team’s evidence, I have come to a different view and I find the service was able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer and specifically for the three HCP consumers identified in relation to falls, pressure injury, wounds and catheter care. I find the deficits identified related to assessment and planning including consideration of risks which was considered in my finding in requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I find for all three consumers, whilst a relevant assessment and plan was not completed in relation to some of the issues identified, it is clear that for at least for one consumer strategies were implemented to manage their falls risk, catheter care and wound management as evidenced by the involvement of an allied health worker, the wound healing and the catheter being regularly changed as described by nursing staff. I have also considered the evidenced which demonstrated for CHSP consumers effective management of high-impact and high prevalence-risks was demonstrated.

For the reasons detailed above, I find requirement (3)(b) for HCP in Standard 3 Personal care and clinical care compliant.

In relation to all other requirements, staff demonstrated an understanding of the importance of recognising the needs, goals and preferences of consumers nearing their end of life, maintaining consumers’ dignity and comfort, and respecting their cultural preferences. Management described how they would involve external palliative care specialists and liaise with the consumer’s family and general practitioner when providing end of life care.

Deterioration of a consumer’s mental health, cognitive or physical function or condition is recognised and responded to in a timely manner and captured in progress notes. Systems and processes are available to support staff to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Consumers interviewed stated they were confident in staff’s ability to identify a change in their health status and respond accordingly.

Systems are available to the workforce to assist them to provide and coordinate care that respects choices and consumer preferences for care that is provided. The electronic care management system supports the recoding of consumers’ conditions, needs and preferences and supports effective communication.

Timely and appropriate referrals to internal and external providers supports effective care. Staff described processes for referring to allied health service providers and other providers. Consumers interviewed stated the service assists them to access assessments and supports from external health care professionals.

Processes support the minimisation of infection-related risks. The organisation has a procedure to guide staff on infection control and training has been provided in the effective use of personal protective equipment. Staff described and documentation showed, when consumers have infections, the service follows antimicrobial stewardship principles.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) for HCP and CHSP in Standard 3 Personal care and clinical care.

# Standard 4

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

Findings

Consumers receive safe and effective services and supports which meets their needs, goals, and preferences, and assist them to maintain their independence and well-being. Consumers are supported with specialised equipment where required to enable them to maintain their independence and quality of life. Consumers provided examples of where they were supported to maintain their independence.

Services and supports are in place which promote consumers’ emotional, spiritual, and psychological well-being. Consumers said staff provide them with support when they are feeling low. Care plans document information about consumers’ history, leisure and lifestyle needs, and this information assists to guide staff in the provision of individualised services.

Consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them, including being supported to connect with friends and family. Staff were able to describe how they knew what the interests were for consumers to whom they provide care too. Consumers stated staff know their needs in relation to their daily living supports. Documentation showed information is shared between other service providers responsible for delivering care.

Information about consumers’ conditions, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers stated staff know their needs. Consumer’s care plans were individualised and included information on the equipment and level of support required with transfers and mobility.

Consumers stated they are satisfied the service undertakes prompt referrals to appropriate providers of other services when required. Staff were able to describe the process for identifying when and how to make referrals to other providers, and documentation showed referrals are undertaken.

The service engages external meal organisations to provide meals to consumers who are no longer able to cook. The service records consumers’ dietary requirements and preferences in their electronic record, and this information is shared to the organisations. All consumers interviewed said they are satisfied with the meals provided.

The service monitors equipment utilised by consumers to ensure it is safe, suitable, clean, and well maintained. All equipment is assessed by a health professional prior to being purchased. This includes equipment to support pressure injury management and shower chairs to support independence.

Based on the evidence documented above, I find all requirements for CHSP and HCP in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service environment includes a respite facility that consists of a single unit. The respite facility was observed to be individualised and arranged in a way to support consumer comfort. The facility has ramps for ease of access, and wide halls to support consumers with mobility care needs.

The respite facility is safe, clean, and well maintained. Consumers report the service is clean and welcoming. Management stated the room and access to facilities can be adjusted if the independence level of the participants were to change. The consumer residing at the respite facility was observed moving freely throughout the area.

Fixture and fittings were observed to appear safe, clean, and well maintained. Maintenance staff confirmed processes to support the regular review of the environment, furniture, and fittings.

Based on the evidence documented above, I find all requirements for CHSP and HCP in Standard 5 Organisation’s service environment compliant.

# Standard 6

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

Findings

Consumers interviewed were aware of feedback processes. Feedback and suggestion forms are provided to all consumers in their welcome pack and during the care plan review process. Consumers are aware of other methods for resolving complaints including advocacy services. Information on contacting the Commission to escalate a concern is included in consumer information pack provide to consumers.

The service has a feedback register which showed all feedback and complaints are recorded and investigated, and open disclosure is undertaken when required. Staff demonstrated an understanding of the organisation’s feedback and complaints policy. The service has policies to support staff in receiving, reviewing, and resolving complaints.

Management described how feedback is analysed and used to support continuous improvement and was confirmed through the service’s plan for continuous improvement. Consumers were satisfied their feedback was reviewed to improve the quality of care and services.

Based on the evidence documented above, I find all requirements in Standard 6 feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Systems and processes inform staff planning to deliver safe and effective care. There service has an established network of sub-contractors and relationships with agencies. Consumers reported being satisfied with staffing levels and staff stated they felt there was enough staff do undertake all the tasks.

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff conduct regular consumer surveys to monitor staff practices. Staff onboarding includes training on diversity and the service has policies to support staff in providing care to consumers with dignity and respect. Consumers said staff provide care and services in a kind and respectful manner.

Consumers reported they received care from appropriately skilled and competent staff and felt safe in receiving care from all the staff. Staff feel supported by the service to undertake their roles and responsibilities. Workforce competencies are monitored by analysing consumer feedback, incident management and trends, and through self-identified learning needs from staff.

Onboarding processes ensure staff have the appropriate skills and clearances for their role. Capability checks are completed prior to care and services being delivered and the service has review mechanisms to ensure qualifications are maintained for all staff. The scheduling system prevents shift allocation to staff without the appropriate clearances. Consumers reported they are confident the workforce undertakes their care and services by sufficiently skilled and trained staff.

The service has a formal annual appraisal process, and policies and procedures to guide management and its workforce through all aspects of performance management and incident management. Staff could describe the annual appraisal process including their outcomes and how their learning needs have been addressed.

Based on the evidence documented above, I find all requirements for CHSP and HCP in Standard 7 Human resources compliant.

# Standard 8

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

**Findings**

I have assessed the Quality Standard for HCP and CHSP as non-compliant as I am satisfied requirement (3)(c) for HCP and CHSP and (3)(e) for HCP and CHSP and are non-compliant.

Requirement (3)(c)

The assessment team recommended requirement (3)(c) not met as the organisation did not demonstrate effective governance systems relating to information management, workforce governance and regulatory compliance system. The assessment team also included evidence of the organisation meeting the requirement relating to continuous improvement, financial governance and feedback and complaints. The following information was considered relevant to my decision:

* In relation to regulatory compliance, the service has not ensured the governing body consists of at least one member with experience in providing clinical care consistent with the *Aged Care Act* *1997* and the *Aged Care Quality and Safety Commission Act* *2018.*
* In relation to workforce governance, the position of the Quality and Compliance Officer was not filled, and whilst responsibilities have been redistributed, this was not effective.
* In relation to information management, not all records were transitioned onto the electronic documentation system. In addition, inconsistencies were identified in relation to care planning and use of electronic management system, position descriptions were inconsistent, monthly statements were not consistently provided.

The plan for continuous improvement included a range of actions to address the deficiencies identified including development of a quality and compliance committee, review of the information management system, review the corporate governance process and review of the training and development process.

Based on the assessment team’s evidence, I find the organisation was not able to demonstrate effective organisation wide governance systems relating to information management, regulatory compliance and workforce governance. I find the service did not effectively implement legislative changes specifically in relation to the governing body consistent with the Aged Care Act and the Aged Care Quality and Safety Commission Act. I have also considered evidence documented in Standard 1 requirement (3)(e) where consumers were not consistently provided monthly statements as outlined in the User Rights Principles 2014. In addition, I find effective governance processes specifically in relation to information management and workforce governance were not demonstrated with inconsistent practices in relation to managing information and ineffective monitoring process and oversight in relation to the workforce and quality and compliance roles. The service demonstrated effective organisational wide governance processes in relation to continuous improvement, financial governance and feedback and complaints.

For the reasons detailed above, I find requirement (3)(c) for CHSP and CHSP in Standard 8 Organisational governance non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met, as the service did not demonstrate effective processes to support staff in identifying and mitigating risks to inform safe and quality care. The assessment team also included evidence of the organisation meeting the requirement including effective use of the incident management system. The following information was considered relevant to my decision:

* The service has an incident management system which investigated incidents for improvement opportunities.
* There is no current policy or procedure to support consumers to live the best life they can or process to support dignity of risk.
* Staff have received training on identifying and responding to abuse and neglect impacting consumers.
* Deficits were identified in the assessment and management of high-impact and high-prevalence risks.

The plan for continuous improvement included a range of actions to address the deficiencies identified including, reviewing policies and procedures, implementing audits and developing policies and procedures in relation to dignity of risk and informed consent processes.

Based on the on the assessment team’s evidence, I find the service was able to demonstrate effective risk management systems and practices. Whilst the service was not able to demonstrate one aspect of the requirement being policies and procedures to support consumers to live the best life they can or process to support dignity of risk. I have considered this evidence as a deficit in my finding for requirement (3)(d) in Standard 1 Consumer dignity and choice. I have also considered this deficit in the context of other aspects of the requirement and I am satisfied the organisation was able to demonstrate other aspects of the requirement being effective use of the incident management system, effective processes to identify and respond to abuse and neglect and effective management of high-impact and high prevalence risks for each consumer which was also considered in my finding for requirement (3)(b) in Standard 3 Personal care and clinical care.

For the reasons detailed above, I find requirement (3)(d) for CHSP and HCP in Standard 8 Organisational governance compliant.

Requirement (3)(e)

The assessment team recommended requirement (3)(e) not met as the organisation did not demonstrate the clinical governance framework monitors and improves the reliability, safety and quality of clinical care and services being provided. The assessment team also included evidence of the organisation demonstrating they were meeting the requirements. The following information was considered relevant to my decision:

* The service has an internal audit process to ensure compliance with the Quality Standards, however this was not provided and the position responsible for undertaking the audits is currently vacant.
* Deficits were identified in the assessment, planning and delivery of clinical care for consumers sampled in relation to HCP.
* Staff interviewed had not considered restrictive practices in the home care setting.
* Practices in relation to open disclosure and antimicrobial stewardship were demonstrated.

The plan for continuous improvement included a range of actions to address the deficiencies identified including implementing an audit program, development of a quality and compliance committee and engaging an independent consultant to review the clinical governance framework.

Based on the on the assessment team’s evidence, I find the service was not able to demonstrate an effective clinical governance framework, specifically in relation to minimising use of restraint and effective processes to ensure the safe and effective delivery of clinical care. I have considered the deficits identified in Standard 2 and Standard 3 specifically in relation to clinical care and the role of an effective clinical governance framework which was not demonstrated including a relevant monitoring process such as audits consistent with the organisation’s internal process. I have also considered the evidence demonstrating the organisation did not consider restrictive practices in the context of providing care and services for both CHSP and HCP consumers. I find the service demonstrated effective processes in relation to open disclosure and antimicrobial stewardship. I have considered the planned improvements however these improvements have not been implemented or evaluated for effectiveness.

For the reasons detailed above, I find requirement (3)(e) for HCP and CHSP in Standard 8 Organisational governance non-compliant.

In relation to all other requirements. Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumer feedback and surveys support the organisation in identifying opportunities for improvement. Management stated they seek regular feedback in the form of surveys every six months and through the trending and analysis of complaints.

The organisation has a mission statement and overarching governance that supports inclusivity and quality care services. Management meetings inform the governing body of trends and undertakings. Brokered services are monitored through to formal agreements.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a) and (3)(b) for CHSP and HCP in Standard 8 Organisational governance.

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