**Performance**

**Report**

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| Name of service: | Chizim Care Services Incorporated |
| Service address: | Unit 3/1 Sarasota Pass CLARKSON WA 6030 |
| Commission ID: | 500300 |
| Home Service Provider: | Chizim Care Services Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 January 2023 |
| Performance report date: | 20 January 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 Chizim Care Services Incorporated (**the service**) has been prepared by S Bickerton, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care Packages:**

* Chizim Care Services Incorporated, 26234, Unit 3/1 Sarasota Pass, CLARKSON WA 6030

# 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 18 January 2023

# Assessment summary for HCP

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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.

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| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

# Other relevant matters:

Non-compliance of requirements 2(3)(a), 2(3)(c), 2(3)(e), 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(g), 6(3)(d), 7(3)(d), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) was identified during a quality audit conducted on 12 January 2022.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

* Evidencing that assessment and planning activities include the identification of consumer risks, in consultation with consumers and others.
* Evidencing regular reviews of consumer services, and bespoke reviews where consumer needs and preferences have changed.
* Evidencing the implementation of improvements to ensure assessment information is recorded in detail, including when consumer care plans are changed.

The service demonstrated assessment and planning processes consider risks to consumer’s health and well-being, and this informs the delivery of safe and effective services.

* One consumer representative explained being involved in assessment processes and recording information to inform care and services. This assessment included sharing information about relevant consumer risks.
* One consumer representative described being provided with information to ensure care was safe, as it related to recent hospital admissions, health diagnosis, and high risks. This information also included agreed strategies to mitigate these risks.
* Service documentation evidenced that information is collected during assessments using best practice assessment tools, discussions with consumers and their representatives, and other sources including allied health specialists.

The service demonstrated that planning and assessment processes occur in partnership with consumers, their representatives, and other services and organisations. Service documentation evidenced detailed information regarding consumer decision making and considerations of preferences and needs.

* One consumer representative supports the self-management of HCP packages. The representative described having discussions and regular contact with the service regarding this and commented that agreements and documentation is maintained and monitored by the service.
* One consumer representative described the service supporting a consumer in attending various medical appointments. The representative described an embedded service agreement is used to share and document relevant information, changes in the consumers health, and recommendations made by medical officers. This includes updates being made to the consumers care plan.
* Service staff described having access to contemporary consumer care documentation in consumer homes and on mobile devices to guide the delivery of care.
* Service staff demonstrated practises that record accurate consumer progress notes that transfer into consumer care plans where applicable following consultation with consumers and representatives.

The service demonstrated embedded processes ensure consumer care is regularly reviewed to meet consumers needs, including when changes are required to respond to declines in health, where incidents occur, or when personal preferences change.

* The service evidenced introduction of six-monthly reviews for consumers receiving services directly, and three-monthly reviews for consumers self-managing their HCP. Consumer representatives for more than one consumer self-managing HCP described being in regular contact with the service to review consumer health and services. Timely reviews of consumer agreements including the effective use of HCP budgets was evidenced by the service.
* One consumer representative described reviews being completed by the service when changes in consumer health arise. This includes reassessment of consumer needs, discussions around care options, and accurate updates of service records.
* Service documentation evidenced consumer care plans are changed to reflect consumer review processes.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

* Evidencing the identification and management of high impact, high prevalence consumer risks.
* Evidencing the use of validated best practice assessment tools to identify, discuss and action risk mitigation strategies.
* Demonstrating an understanding of the role the service has in monitoring and identifying consumer health deterioration, and coordinating mitigating services in a timely manner.
* Demonstrating the use of embedded infection prevention plans to minimise consumer risks.

The service demonstrated that consumers receive safe and effective personal care and clinical care that is tailored to their needs and optimises their health and well-being. The service has registered nurses who complete clinical assessments and make referrals to specialists including allied health professionals. Consumer care documentation evidenced the use of best practice assessment processes and strategies to support consumers in having safe and effective clinical and personal care.

* Two consumer representatives described in different ways that they have regular contact with the services registered nurses, who visited the respective consumers and completed comprehensive assessments. For one consumer, this involved a reassessment using best practice assessment tools, changes in care provisions, and realignment of consumer outcomes.
* Service care documentation evidenced several consumers receive best practice reviews using validated assessment tools.
* Service policies and processes evidenced registered nurses have access to a suite of assessment and care management tools to support the delivery of effective and safe clinical care.

The service demonstrated effective management of high impact and high prevalence consumer risks. Systems and processes embedded at the service guide staff in managing risks and providing personal and clinical care. Consumer representatives described in different ways that the service supports consumers in managing risks. The service evidenced incidents being reported with accompanying consumer reviews.

* The service demonstrated risks and potential impacts are identified through assessment processes. Four consumers described in different ways that they had been assessed for various risks and registered nurses had completed reviews for those consumers self-managing their HCP.
* One consumer assessment evidenced complex physical and cognitive risks being identified and detailed strategies embedded to reduce these risks. The consumers representative described regular reviews taking place by the service and evidenced regular consumer care plan updates.
* Service Staff described being provided with information about consumer risks and strategies to use in managing and mitigating risks.

The service evidenced embedded processes identify consumer changes including deterioration and ensure timely responses. Consumer representatives described regular communications from the service follow up on declines in consumers conditions and discuss changes in services and agreed actions. Service staff demonstrated understanding their responsibility to report and act on observed or discussed changes in consumer condition.

* One consumer representative described the service reassessing consumer care after a series of complications emerged in the consumers condition. This included addressing underspent funding and increasing service levels to support the consumer. Care documentation for this consumer evidenced identification of health deterioration, a series of reassessments, and implemented changes in service delivery
* One consumer representative described regular communication occurring with the service to review and identify any deterioration in the consumers condition

The service evidenced documented policies and processes support the minimisation of infection related risks through infection control practices.

* Service staff demonstrated competency in infection control practises and the use of personal protection equipment.
* The service evidenced information available to consumers regarding antimicrobial stewardship. However, there was limited information provided to service staff on supporting consumers specifically in this area.
* The service evidenced a series of improvement actions associated with this and demonstrated a responsive posture in uplifting the information available to staff.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

* Evidencing that feedback is used to improve services for consumers
* Evidencing provision of information to consumers and service staff to encourage feedback submissions
* The service evidenced that feedback and complaints are reviewed and used to improve the quality of consumer services. Consumer representatives described in different ways that feedback has resulted in service improvements. Service staff demonstrated knowledge of improvements being implemented following consumer and representative feedback. However, at the time of assessment the service did not consistently evidence this being recorded in improvement plans.
* One service staff member described how changes were made to the timing of consumer services following suggestions and feedback submissions. Service documentation for this specific example evidenced feedback was acted within 24 hours
* Service management described consumer reviews being used as an opportunity to request feedback from consumers including what is and may not be working about their services.
* A re-assessment for one consumer evidenced the consumer being appreciative of their services, and demonstrated the service modifying service provisions to accommodate reasonable requests
* The assessment team evidenced the services plan for continuous improvement did not include how consumer feedback is consistently recorded. Service management indicated that consumers are monitored individually due to confined consumer numbers and commensurate service levels
* The services consumer and employee handbooks evidenced comprehensive information encouraging consumers and staff to make complaints, suggest improvements, and provide feedback

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

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

* Evidencing recruitment activities, staff training, and issued equipment supports the workforce to deliver the outcomes required by the Quality Standards.

The service demonstrated that its workforce is supported by recruitment, induction and training processes to mitigate consumer risks and improve care outcomes. Monitoring processes demonstrated that all staff, including those engaged under self-managed arrangements, provide documentation to evidence their qualifications training competencies. Consumer representatives described in different ways that they are satisfied service staff have the skills necessary to care for consumers.

* One consumer representative described staff having completed education in dementia to better understand a consumer with memory loss.
* Service staff demonstrated having completed orientation and induction processes requiring them to complete core competencies. Service staff explained they could access key policies and procedures in the services electronic care system, and frequently received emails or phone calls requesting them to review policies or complete training.
* Service management described mandatory training that supports staff, including manual handling, medication management, and orientation processes
* The services employee register evidenced records of staff training, qualifications held, police certificates, and driving licenses
* Service documentation evidenced service staff being scheduled for regular comprehensive training sessions with service management.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

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

* Evidencing that service staff are supported and provided with access to information to guide care and service delivery.
* Demonstrating organisational systems are embedded to identify and mitigate consumer risks

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

* Demonstrating that the governing body is accountable for a culture of safe, inclusive and quality care.
* Evidencing clinical governance framework includes all requirements of the Quality Standards.

The service did not demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and is accountable for its delivery. The assessment team evidenced that senior management are not adhering to service policies and processes. The assessment team evidenced insufficient documentation was recorded to reflect information discussed by the board including any subsequent actions agreed by the board. Additionally, the ‘Terms of Reference’ (TOR) document agreed by service management of the Board was not being adhered to at the time of assessment.

* The service evidenced a TOR document as part of a suite of policies and processes. At the time of assessment, the service did not evidence the TOR being adhered to in directing board meetings and providing information before and after board meetings
* Board meeting minutes evidenced two meetings occurring in 12 months. The TOR defines these meetings should occur monthly.
* The TOR refers to meetings held by various committees including the Clinical Governance committee and the Finance, Risk and Audit committee. Service management explained the service does not have these committees due to the size of the service.
* The TOR defines requirements for an agenda including reports to be shared with members of the Board one week prior to the meeting. Service management did not evidence this occurring.
* Minutes of meetings from two board meetings held in 2022 evidenced that copies of agendas and reports were not included

The service demonstrated embedded governance systems manage and monitor information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. Service staff said they are provided with access to information to guide how they deliver care and services.

* Staff explained having been provided with education and coaching on using the services electronic systems containing consumer care documents, policies, processes, and rostering requirements
* Staff demonstrated using the services incident management processes. Staff described being provided with enough education on use of the incident management system and other electronic care systems.
* The services continuous improvement plans evidenced all self-managed consumer agreements have been reviewed, updated and signed by consumers and/or their representatives.
* The service demonstrated remaining alert to changes in compliance requirements and regularly engages with advisory services.

The service evidenced effective risk management systems and practices identify, assess and manage risks to the health, safety and well-being of consumers. Incidents are recorded and acted on promptly by the service. Consumer representatives and service staff explained procedures and provided examples of how incidents are reported and actioned. Service management indicated a review of systems is in progress to effectively collate incidents to identify trends across all services, as required by the Quality Standards.

* Consumer representatives described feeling that the service supports consumer to live the best life they can and responds promptly to suggestions for service improvements.
* Service staff demonstrated understanding high-prevalence risks associated with consumer care including falls-risks and elder abuse. Additionally, they could describe processes they would follow if they could not contact a consumer when they arrived to deliver services.
* Service management evidenced that all incidents are recorded and trigger immediate notifications to ensure appropriate action is promptly taken.
* The assessment team evidenced contemporary serious incident reporting (SIRS) work instructions and incident reporting procedures.

The service evidenced a clinical governance framework, however did not demonstrate that it is comprehensive in addressing all requirements of the Quality Standards including policies relating to minimising restrictive practices and antimicrobial stewardship.

* The services clinical governance framework was evidenced as part of a suite of policies acquired by the service. The assessment team evidenced that at the time of assessment the service had not fully reviewed and customised these policies.
* The service did not demonstrate where in its clinical governance framework there were links to overarching policies relevant to antimicrobial stewardship and minimisation of restrictive practices.
* The service evidenced embedded infection control processes and some information in relation to antimicrobial stewardship. The service did not evidence information being available regarding antimicrobial stewardship in community settings. While the service does provide some information to consumers regarding antimicrobial stewardship, at the time of assessment it did not provide this information to service staff.
* Service management did not evidence policies and processes to guide staff in the use of restrictive practices. The assessment team evidenced an assessment form relating to restrictive practices, however there was no supporting written guidance for staff to follow in utilising it.

In response to the assessment teams report and initial findings, the service submitted a response including a plan for continuous improvement to address the identified areas of non-compliance.

I find this response instils trust in the service, however the proposed corrective actions will require validation and re-assessment to measure their utility in achieving future compliance with this standard, specifically requirements 8(3)(b) and 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)