**Performance**

**Report**

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| Name: | Comfort Disability and Aged Home Care Services |
| Commission ID: | 201329 |
| Address: | 28 Queen Street, AUBURN, New South Wales, 2144 |
| 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: 9162 Comfort Disability and Aged Home Care Services Pty Ltd  
Service: 26885 Comfort disability and aged home care service

**This performance report**

This performance report for Comfort Disability and Aged Home Care Services (**the service**) has been prepared by G Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 April 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not 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.

*Requirement 3(3)(b)*

Ensure risks identified to the consumer’s health and wellbeing result in action taken, including risk mitigation strategies developed in the consumer’s care plan.

*Requirement 6(3)(a)*

Ensure consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints without fear of retribution.

*Requirement 8(3)(a)*

Ensure a wide range of consumers are asked about their experiences of care, are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement.

*Requirement 8(3)(c)*

Ensure effective organisation wide governance systems particularly in relation to information management, financial governance and feedback and complaints.

*Requirement 8(3)(d)*

Ensure effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Generally, most of the consumers and representatives interviewed indicated they are treated with dignity and respect at all times. Several consumers indicated they felt valued, and that staff are kind and helpful. The language used to describe consumers in care documentation is respectful. Documentation demonstrated consumers had been given the Charter of Aged Care Rights.

The service has processes in place in ensuring care and services are delivered in a culturally safe way. On entry to the service, staff complete a cultural care plan that seeks to understand what is important to the consumer. Staff could describe how they find out about the consumer and what is important to them acknowledging the consumer’s beliefs and rituals.

A review of care documentation indicate consumers and representatives are involved in discussions about the care and services they need and how they are delivered. Care documentation identifies family and friends the consumer chooses to be involved in their care. Management indicated that they are guided by the homecare package inclusions and exclusions and talk to consumers about how they prefer the service to be delivered to support their choices.

Management indicated the organisation has processes and procedures in place to support consumers who may wish to take risks to enable them to live the best life they can. Management said the service uses a risk waiver, explaining the risks to the consumer and what the service needs to do to mitigate the risk. An example was provided to demonstrate how this is done.

Most of the consumers and representatives interviewed by the Assessment Team were satisfied the service keeps them updated and they understood the information provided to them. One consumer indicated they were not but this was promptly followed up by management.

The service has systems in place to ensure each consumer’s privacy and personal information is kept confidential and accessed only by those involved in providing them with care and services. Consumers and representatives interviewed were satisfied their privacy and confidentiality was maintained. Support workers provided examples of how they respect consumer privacy and confidentiality in their day to day work.

I find six of the six requirements in Standard 1 compliant.

# Standard 2

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

Findings

The service demonstrated assessment and planning processes, including the consideration of risks to the consumer’s health and well-being, are used to deliver safe and effective care and services. The service has policies and procedures which provide guidance for staff to ensure assessment and care planning informs effective and safe delivery of care and services. Staff interviewed described assessment and care planning processes and the ways risks are considered and assessed. Assessment tools are used and applied to identify consumers’ individual needs, goals, and preferences. Depending on the complexity of the consumer’s needs further assessments are carried out by relevant staff and nursing assessments are conducted where necessary.

The service demonstrated 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. Care documentation showed consumers’ needs and preferences were captured, and advance care planning had been discussed with consumers and representatives. Consumers and representatives interviewed confirmed they had discussed advance care planning with the service and made their choices known.

The service demonstrated that assessment and planning is based on partnership with the consumers/their representatives and with the inclusion of providers responsible for their care and services. Consumers and representatives interviewed said the service has processes in place that enables them to be involved with management of their care. Most care and services plans sampled were noted to be reviewed and consumers and/or their representative indicated active participation in the care planning process. Consumer files reviewed contained medical officer (MO) information, allied health reports, health summaries, medical diagnosis, medication summaries, and hospital discharge summaries which are used in the assessment and care planning process.

The service demonstrated outcomes of assessment and planning are effectively communicated with consumers and care planning documentation is readily available to them. While some consumer sampled said they did not have a copy of their care plans, they did recall having discussion about the care and services they required and that if they needed a copy of the care plan, they would ring the case manager to get one.

The service demonstrated that care and service plans are regularly updated and when there are changes in the consumer condition. It was noted however that some consumers had not had their care reviewed within a 12-month period. This was addressed with Management who agreed to use their alert system to remind staff when annual reviews are required.

I find five of the five requirements in Standard 2 compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service demonstrated each consumer receives care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives interviewed said they were satisfied with the personal care provided and confirmed it to be safe and effective. While the service does not currently provide clinical care to any of their consumers, management advised they do have nursing staff available should the need arise. Policy and procedures have been developed in relation to care and services in line with the Quality Standards. One consumer requiring assistance with medication was identified by the Assessment Team as not having strategies in place to manage this. In their response to the Assessment Team’s report, the Approved Provider provided an updated care plan. This updated version however did not adequately cover the risk identified with regard to eye drop administration. This will be discussed further in Standard 3 Requirement (3)(b) in terms of the effective management of risk.

The service did not demonstrate they have effective systems in place for the management of high impact or high prevalence risks associated with the care of each consumer. While consumers and representatives sampled expressed satisfaction that risks associated with care and services are managed effectively, the service could not demonstrate how risk is effectively managed. The Approved Provider disagreed with these findings. In their response to the Assessment Team’s report, the Approved Provider provided a range of evidence including risk assessment documentation, completed home risk assessments, and completed welfare checks. The Approved Provider stated they had a Client Risk Register but this was not supplied in their response. Having reviewed the documentation supplied I find that where risks are identified to consumer’s health safety and wellbeing there is no action identified to mitigate the risk either on the risk assessment checklists or in the consumer’s care plan, for example, inappropriate footwear and risk of falls is not considered when planning social outings, triggers that may exacerbate a consumer’s behaviour are not considered in the care plan to the guide care worker to mitigate risk and neither are instructions provided to care workers on how to respond if a behaviour was exhibited. For example, the care plan states ‘avoid crowded places’ but provides no further advice to the support worker on how to conduct social outings into the community with the consumer. Furthermore, I find the Individual Risk Profile completed for one consumer and submitted as evidence by the Approved Provider of risk management is focussed on risk mitigation strategies to protect staff. There are no interventions contained in this document around mitigating risk to the consumer from their lifestyle choices and their falls risk.

Risks to a consumer needing assistance with eye drop medication was not managed effectively by the service. Whilst it was known the consumer required assistance with their eye drops thus was not covered in their care plan and staff were not adequately trained to support the consumer with eye drop administration.

The Assessment Team found welfare checks not been occurring weekly as planned for one consumer after 9 March 2024 and no action was taken to fix a broken wheelchair identified during a welfare check. In their response the Approved Provider stated that the wheelchair was too old to repair and they had offered the consumer a new one which had been declined, however, no evidence was provided to support this claim. The Approved Provider provided evidence of welfare checks which had occurred weekly until 11 March 2024. Each noted concerning issues about the consumer’s condition and presentation. All three welfare checks had been signed off by the co-ordinator but not dated, with no further action recorded as to how the consumer was to be supported. The Assessment Team identified a consumer with low blood pressure identified during welfare checks with no apparent action taken by the service to review the consumer. The Approved Provider, in their response, stated that blood pressure readings were no longer required on the instruction of the consumer’s doctor as the consumer is end of life but provided no further evidence to support this claim. The Approved Provider did not respond to the issue of low blood pressure readings not being followed up with the consumer’s doctor. These finding corresponds with the findings of the Assessment Team that it is unclear how risks identified to the health and wellbeing of consumers during the welfare checks are managed to effectively mitigate the risk.

The Assessment Team identified a consumer who’s Home Care Package was in deficit due to her needs exceeding the funding allocated for the services she needed. The Assessment Team were unable to identify how this risk was being managed by the Service. The Approved Provider responded to the Assessment Team’s report by stating that they had reviewed the consumer’s budget numerous times, had applied for an upgrade to the consumer’s package and services to the consumer were continuing, however, no evidence was provided to support these assertions.

Finally, the Assessment Team identified concerns regarding the safety of the home environment for one consumer. These concerns have remained ongoing for more than one year. The Approved Provider, in their response provided evidence that they had dealt with two complaints about home care package funds not being able to be used for home renovations but no other evidence was provided about how they had tried to mitigate risk to the consumer from his home environment. No evidence has been provided to show how the service fully discussed their concerns with the consumer and his family to develop strategies to deal with the issues, balancing both the consumer’s choice to live how he wished with their obligations to provide a duty of care to both the consumer and their staff when providing care and services.

Having reviewed the documentation provided by the Approved Provider and the Assessment Team’s report I find that there is insufficient attention paid by the service to effectively managing risks, once identified, for each consumer resulting in high prevalence, high impact risks not being effectively managed.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Assessments are focused on the needs and preferences of the consumers. Management said they have local supports who can provide emotional and religious support to consumers and their representatives when consumers are nearing end of life. The service has policies and procedures to guide staff practices and support workers interviewed felt confident to provide care and support for consumers nearing the end of life if needed.

The service demonstrated a deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and representatives sampled expressed confidence that the service and their staff would identify and respond to consumer deterioration or change in a timely and efficient manner. Support workers interviewed demonstrated knowledge and understanding regarding their responsibilities in reporting deterioration or change in consumers’ condition. There are policies and procedures to guide staff how to document and report consumer deterioration, however, staff are not consistently reporting these changes in a consumer’s condition. This issue was identified in Requirement (3)(b) with regard to welfare checks.

The Assessment Team found the service was unable to demonstrate information about consumers’ condition, needs and preferences are consistently communicated within the organisation and with others responsible for care. While consumers and representatives interviewed expressed satisfaction that consumers’ conditions, needs, and preferences are well communicated, the Assessment Team found that support workers do not consistently complete progress notes after the delivery of care. Additionally, co-ordination staff do not have immediate access to progress notes as paper based notes are kept in the consumer’s file at home and returned to the office at intervals. The Assessment Team brought forward issues regarding a consumer with a history of behaviour changes and his care plan did not contain sufficient detail to guide staff practice. I have addressed the issue regarding care plans not having sufficient detail to mitigate risk in Requirement 3(3)(b). The Assessment Team also brought forward issues regarding the follow-up of a consumer who was lonely and there had been a lack of progress note reporting to demonstrate her emotional state was being monitored. The Approved Provider disagreed with these findings. The Approved Provider responded to the Assessment Teams report by stating that they are in contact with this consumer’s daughter and are monitoring. Whilst no evidence was provided to support this claim I am content that progress notes were completed for some four weeks after a change was observed in the consumer. The Approved Provider stated that paper based progress notes are returned to the office on a weekly basis by staff. In July the service will move to a new online system which will improve accessibility of information. The Approved Provider stated that in the meantime staff know to contact the Management to report issues and incidents to ensure continuity of care. I am satisfied that information about a consumer’s condition, needs and preference is shared and communicated and find this Requirement complaint.

The service has systems in place to make appropriate and timely referrals to individuals, other organisations and providers of other care and services. Consumers and representatives interviewed said they are satisfied that when needed, the service enables appropriate individuals to be involved in the care and service delivery. Review of care documentation evidenced referrals were made in response to an identified need. Management and staff interviewed described referral networks and the processes the use to identify the need for additional service provision.

The service demonstrated the minimisation of infection related risks through the implementation of precautions to prevent and control infection. Consumers and representatives interviewed were satisfied with the measures taken by the support workers to protect consumers from infection. Support workers are provided with infection control training, personal protective equipment, and infection control protocols.

I find six of the seven requirements in Standard 3 compliant. Requirement 3(3)(b) is not compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated most consumers receive 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. Consumers and representatives were generally positive and felt they are supported to be independent when receiving services. Staff and management described how services provided to consumers are tailored to their needs, goals, and preferences, and optimised their independence, well-being, and quality of life. Review of care and service documentation indicates all consumers currently at the service have had assessments completed to identify their needs and preferences in relation to effective support for daily living.

The service demonstrated services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers and representatives stated staff know consumers well and described various ways services are provided to enhance their emotional and psychological well-being. Support workers interviewed acknowledged the role they play in offering companionship to those consumers who live alone and demonstrated specific knowledge of how to best support those consumers. Staff demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and to promote their psychological wellbeing.

The service undertakes assessments and supports consumers to participate in their community if they choose to do so and to have social and personal relationships. Care plans for consumers are developed to support them to do the things that are of interest to them and are conducive to maintaining important connections in their lives. Support workers were able to describe the social and personal relationships and preferred community activities for a range of consumers.

The service demonstrated they maintain current information about their consumers’ condition, needs and preferences. Information is available and communicated within the organisation and with others where responsibility is shared. Most consumers and representatives sampled said the regular staff know them well and they do not have to explain things repeatedly. Care plans are sent to support workers via email prior to their first shift with a consumer and updated via the same process when any changes to the consumer’s support needs are required. Support workers interviewed described the process for notifying management if changes are requested by the consumer. Progress notes are submitted by support workers either in person to the service’s office or via email. This can mean a delay in paper based progress notes kept in the consumer’s home being returned to the office however care workers demonstrated they knew when to escalate issues. The service is moving to a new on-line system in July 2024 so this issue is being addressed.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services. Feedback from consumers described an effective and timely referral process to other services such as podiatry and physiotherapy. Review of care and services documentation indicated timely and appropriate referrals are made in response to the support needs of the consumers.

The service demonstrated where equipment is provided, it is safe, suitable, clean, and well maintained. Documentation reviewed for sampled consumers confirmed assistive devices and aids provided were assessed by allied health professionals and consumers were satisfied it was safe and suitable. Management and staff described how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations.

I find six of the six requirements in Standard 4 compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was unable to demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Whilst two consumers indicated they had made a complaint which had been resolved satisfactorily, five consumers, who requested to remain anonymous, indicated they did not feel comfortable to provide feedback or make a complaint to the service for fear of possible negative consequences if they raise concerns or complain. They indicated they did not feel confident to be identified when raising the issues they discussed with the Assessment Team. One consumer reported being addressed in an ‘inappropriate tone’ by Management after he had raised an issue with the Assessment Team. The Approved Provider, in their response to the Assessment Team’s report, disagreed with these findings. The Approved Provider stated that consumers readily come to the office and telephone, adding that one of the consumers who provided negative feedback was disgruntled about how requests for equipment had been managed. I note that the Approved Provider stated they are looking for an electronic system to make it easier for consumers to raise issues. Have reviewed the information in the Assessment Team’s report and the response from the Approved Provider I have given more weight to the feedback provided by consumers than that provided by the Approved Provider and find this requirement non-compliant.

The service was able to demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. On entry to the service consumers and representatives are provided with an entry pack that contains information on advocacy services and external complaints mechanisms. Several consumers were able to show that they had used these mechanisms to raise issues. Documentation showed all staff were provided with online education on advocacy services in February 2024 to increase staff awareness of the role and importance of consumer advocates.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. A review of documented complaints reflects the service has a complaint handling system in place that involves consumers to find solutions. Consumers were satisfied with action taken to respond to their complaint and evidence was cited that open disclosure was used.

The service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Issues arising from complaints made were entered into the service’s plan for continuous improvement. For example, management advised the Assessment Team that their complaints are often related to excluded items under the Home Care Package. A review of the plan for continuous improvement dated in March 2024 shows the service identified consumers lacked understanding of what was excluded from home care packages and took action to address this by utilising an online platform for advice to clarify excluded items. This has resulted in consumers gaining a clearer understanding of excluded items and the service is confident in their decision making around this.

I find three of the four requirements in Standard 6 compliant. Requirement 6(3)(a) is not compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the workforce has the adequate number and mix of staff to deliver and manage safe and quality care, and systems in place to enable staff to adequately manage their roles to ensure that care is safe. They have system in place ensure consumers’ needs are met and continuity of care is maintained for consumers with cognitive impairment. Most consumers interviewed provided positive feedback regarding staff with the majority satisfied with the support workers currently attending services for them.

The service demonstrated that staff are kind and behave respectfully. Consumers said that the staff are kind, caring, and respectful of their identity, culture, and diversity. Staff demonstrated how they provide care that is respectful to identity, culture, and diversity.

The service demonstrated the workforce is competent and the members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles and responsibilities. Consumers and their representatives interviewed described how staff, including contractors, are well trained and have the knowledge to effectively perform their roles and felt staff were competent. Support workers are recruited with appropriate qualifications and undertake a processes of orientation and ongoing training. Qualifications are checked, and compliance monitored for currency by the CEO on recruitment.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. *A*ppropriate systems and processes ensure appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Review of the service’s education calendar confirmed job-specific training has been provided. A gap was identified in providing training to staff on antimicrobial stewardship, restrictive practice and open disclosure.The Approved Provider, in their response to the Assessment Team’s report indicated that training in open disclosure is planned for April 2024. All new staff undergo induction. On recruitment the service checks banning orders. Staff interviewed described completing relevant training and being supported in their role.

The service demonstrated it regularly assessed, monitors and reviews members of the workforce. The service has a performance appraisal system in place enabling them to annually engage with staff and discuss their performance. Management seek feedback from consumers in relation to staff that have attended to them. Staff are able to contribute to their appraisal and suggest training and development options. All support workers interviewed stated they had completed appraisal and found the experience supportive.

I find five of the five requirements in Standard 7 compliant.

# Standard 8

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

Findings

The Assessment Team found consumers were not sufficiently engaged in the development, delivery and evaluation of care and services and supported in that engagement. Whilst some consumers and representatives provided positive examples of providing feedback to the service, a number of consumers and representatives stated they felt a lack of engagement in the delivery and evaluation of care and services and did not feel supported in that engagement. The organisation has developed a quality care advisory body with the first advisory committee meeting scheduled to occur on 9 April 2024. It will have one consumer representative. A number of consumers and representatives stated they had not received information regarding the opportunity to be part of a consumer advisory body. Management advised that information was sent out within newsletters and emails/mail but did not provide evidence to support this claim to the Assessment Team. The Approved Provider, in their response to the Assessment Team’s report, disagreed with the Assessment Team’s findings. In their response the Approved Provider stated that they trend individual issues raised by consumers and action it through their plan for continuous improvement. The Approved Provider also stated they have recently reviewed their case conference form, copy provided, to emphasis partnership and engagement. Whilst I acknowledge this quality improvement, this form is designed to review care provided on an individual basis with each consumer to update their care plan, as required. I am of the view that utilising feedback provided by individual consumers to inform continuous improvement is one mechanism to achieve this Requirement as is discussion of the care provided with each consumer, however, neither initiative is about supporting consumers to participate in the development, delivery and evaluation of services at a more organisation wide level. I am concerned that a number of consumers felt a lack of engagement with the service and note that consumer case conferencing had not occurred for a number of consumers which may have contributed to their feeling of disengagement. I am also concerned that some consumers did not feel supported to raise complaints. Additionally, I am concerned that some consumers did not feel they had been offered the opportunity to participate in the consumer advisory body and that the service was unable to supply evidence of how all consumers were offered this opportunity. In this requirement organisations are expected to ask for feedback from a wide range of consumers about their experiences of care and services to shape service to meet consumer’s needs and I find the Approved Provider has been able to demonstrate they are doing this making this requirement not compliant.

The organisation demonstrated the governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Consumers and their representatives said they are satisfied with how the organisation promotes a culture of safe, inclusive, and quality care. The organisations plan for continuous improvement indicated both short-long term mitigation strategies with ways the organisations plans to action and implement changes. The organisation has a range of policies and procedures in place to drive care. The Assessment Team noted that these do not provide sufficient guidance to staff around the use of validated tools, falls management and timeframes for aspects of assessment and planning to be completed. To address this the organisation has recently appointed a consultant to assist and review these policies and ensure they reflect all recent legislative changes. Newsletters are provided to consumers and their representatives containing relevant information but, it was noted, this newsletter did not include information about the performance of the organisation. This needs to go forward as a quality improvement.

The Assessment Team found the organisation was able to demonstrate effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance but not in relation to financial governance and feedback and complaints. With regard to financial governance the Assessment Team found that the organisation was not appropriately monitoring the consumer’s home care package budget for both overspends and underspends and found this information was not being reported to the governing body. One consumer raised a concern that their overspend had not been raised with them. There were also concerns raised by consumers that they had not been provided with information about recent changes to fees and this had impacted the services they could afford leading to cancellations. With regard to feedback and complaints, the Assessment Team found that the service is not trending, analysing and reviewing complaints data and this information is not presented to the governing body. The Approved Provider, in their response, stated that they do trend their data and action this data through their improvement plan. I note some evidence of this was provided by the Assessment Team in Standard 6. In their response to the Assessment Team’s report the Approved Provider submitted a monthly report for March 2024. This showing raw figures for complaints and clinical indicators along with updates on staff meetings etc. It was not clear whether this report is submitted to the governing body or not. Raw data for complaints for January 2024 to March 2024 showing nil complaints with complaints data for the previous year was not included in the chart provided. From the information provided it was not possible to see how complaints data could be analysed and trended as only raw figures, quantitative data, was recorded.

With regard to the management of unspent funds, the Approved Provider in their response, stated they had reviewed one consumers overspend several times but provided no further evidence to support this claim and, regarding another consumer, stated their underspend was due to them wanting to spend money on home renovations which is exempt. Regarding fees and charges information, the Approved Provider stated information regarding fees and charges was sent to consumers but did not say when or provide evidence of this. The Approved Provider did not respond to the concern that consumers had to cancel services due to increased costs of services. I find that information provided to consumers about their fees and charges was not provided in such a way that it allowed consumers to make decisions about the care and services they required. I find the organisations system for monitoring complaints is not sufficiently robust to trend and analyse complaints as only raw figures collected. The organisations system for reporting on incidents and accidents and clinical indicators are also not sufficiently robust which I will discuss in Requirement 8(3)(c). Additionally, as discussed in Requirement 8(3)(b) some deficiencies in the policies and procedures staff utilised to guide practice were identified and the organisation has engaged a consultant to review. All of these issues relate to the organisation wide systems in place for effective information management.

I find this requirement not met as the organisation could not demonstrate their governance systems are sufficiently well developed and effective to confidently enable the organisation to provide reliable and safe quality services.

The organisation was unable to demonstrate they are managing high impact and high prevalence risks for consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing of incidents through the use of an incident management system.

Requirement 3(3)(b) was found not-compliant as the service was not effectively managing high impact, high prevalence risks for each consumer. As described In Requirement 3(3)(b) the service uses multiple risk assessment tools and conducts welfare checks for consumers thought to be vulnerable. There is insufficient evidence that the information collected through any of these mechanisms is utilised to effectively manage risk for each consumer. For one consumer in particular who’s home environment posed significant risk to him, possible signalling neglect, I found no evidence to show the service had fully discussed their concerns with the consumer and his family about the risks and consequences of living in that environment with a view to developing strategies to deal with the issues. The organisation could not demonstrate how they had tried to balance the consumers choice to live how he wished with their obligations to provide a duty of care to both the consumer and their staff when providing care and services. This demonstrated the organisation had not identified or responded to the possibility of neglect of this consumer and sought support from other organisations to deal with a complex situation.

The Approved Provider stated they have a Risk Register but this was not included in their response to the Assessment Team’s report. The Approved Provider submitted various charts showing accidents and incidents rates, wounds, and clinical indicators for the period January to March 2024. For the period January to March 2024 there was only one incident recorded – a non-response to a scheduled visit. No other hazards, medication incidents, verbal or physical altercations or WHS incidents were recorded. It is noted that this chart does not capture consumer falls. Similarly, the clinical indicator data submitted for March 2024 records only a consumer in hospital but no data for infections, or incidents involving staff and consumers. Falls are not captured and no wounds have been recorded for the three month period. For a service of 52 consumers, it seems unlikely that the system for capturing data is robust. It is also noteworthy that falls data is not being captured by the organisation. I therefore find the services systems for managing high impact high prevalence risks ineffective. The absence of incident and accident data suggests that the incident management system is not being utilised fully to capture incidents, accidents and near misses.

The Assessment Team found that whilst the organisation has a clinical governance framework there were some deficiencies in the policies and procedures staff utilised to guide practice. Staff were also not receiving training in restrictive practices, antimicrobial stewardship and open disclosure. In their response to the Assessment Team’s report the Approved Provider stated that training in open disclosure will occur in April 2024.

As discussed above in Standard 8, deficiencies were found in with regard to the capturing of clinical indicator information in order to guide clinical practice, clinical review and risk management which need to be addressed.

I noted however, that the organisation does not currently provide clinical care because none of their consumers require it. However, the organisation has the capacity to provide clinical care as they currently employ a Registered Nurse as their CEO and are actively seeking to recruit another registered nurse. As the organisation is not currently providing clinical care I find this Requirement compliant.

Whilst the service is not currently providing clinical care there is an intention to do so, and therefore, once clinical care is being provided, the organisations clinical governance systems need to be sufficiently robust to provide reliable and safe quality clinical care and improve the clinical care outcomes for consumers.

I find two of the five requirements in Standard 8 compliant. Requirements 8(3)(a), (c), and (d) are not compliant.

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)