**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Comfort Disability and Aged Home Care Services |
| Commission ID: | 201329 |
| Address: | Level 49, 8 Darcy Street, Parramatta Square, PARRAMATTA, New South Wales, 2150 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 September 2024 |
| Performance report date: | 23 October 2024 |

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.

# Services 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 has been prepared by M.Wyborn, 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 services it operates, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 8 October 2024 and 9 October 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 6** Feedback and complaints | **Not 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)**

Implement effective systems to ensure consumers receive best practice clinical care tailored to their needs which optimises their health and well-being. Implement effective systems to ensure identification, analysis and development of preventative measures related to high impact and high prevalence consumer risk(s).

Ensure appropriate assessment of the severity of a range of risks to consumers and ensure appropriate measures are implemented to safeguard consumers commensurate with the risk.

**Requirement 6(3)(a)**

Ensure that consumers and representatives are encouraged and supported to provide feedback and make complaints.

**Requirement 8(3)(a)**

Implement effective systems to advise consumers of support and engagement methods in the development, delivery and evaluation of care and services.

**Requirement 8(3)(c)**

Ensure effective organisational wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

**Requirement 8(3)(d)**

Ensure effective risk management practices and systems to manage high impact and high prevalence risks associated with consumer care.

Ensure the organisation’s risk management and incident management systems are effectively implemented.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |

Findings

The service was unable to demonstrate that high impact or high prevalence risks are routinely and effectively managed. The service was unable to demonstrate routine clinical assessments to identify consumer risk and lacked strategies to minimise potential risk to consumers. Interventions or mitigation of risk was not consistently documented and the service was unable to demonstrate effective actions are taken in response to consumer incidents. Consumers and support workers provided feedback that the service does not consistently deliver risk management strategies for consumers within the service’s care. Staff demonstrated some knowledge regarding risks associated with individual consumers, however, were unable to demonstrate or identify any tools, processes, or procedures used to support risk mitigation. Support workers demonstrated appropriate knowledge of escalation strategies when they recognise a risk, however stated the service, including senior management, service management and registered nursing staff were often nonresponsive to the concerns presented by staff, consumers and representatives.

In their response to the Assessment Team Report, the Approved Provider supplied their plan for continuous improvement along with a response to the contact assessment 19 September 2024 and other supporting documents. The Approved Provider highlighted that the service would ensure quarterly review of all care plans and gain feedback from consumers and representatives to integrate into their care plan updates. The Approved Provider highlighted that the service has implemented a monthly schedule for checking consumer documents for completeness, has developed a staff education planner, has a register for staff to sign once they have read the policies and procedure and care plans. The Approved Provider highlighted the service’s individualised consumer risk register, referral forms and consumer meeting/case conference form. The Approved Provider highlighted the service has a weekly staff debriefing form, administers an incident register and a complaints/feedback register and has developed a staff toolbox education planner.

The service’s continuous improvement actions require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information in relation to consumer personal and clinical care. Therefore, I find the service non-compliant in Requirement 3(3)(b).

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The service was unable to demonstrate effective engagement related to feedback and complaints and was unable to demonstrate a process of seeking feedback from consumers or representatives. Consumer, representative and staff feedback highlighted a lack of management engagement regarding complaints and how they are managed. Consumers advised that it is difficult to contact management to raise concerns. Not all consumers and support workers were aware of the Aged Care Quality and Safety Commission’s (the Commission) contact details or that of the Older Persons Advocacy Network (OPAN) and consumers were unaware that this was an avenue they could seek assistance to make a complaint or raise a concern. Support workers advised they forward any complaints raised to management via email, and management advised that they have received no emails regarding complaints. Senior management, service management and registered nursing staff provided a feedback and complaints register which indicated one complaint was made in 2024. There were no details regarding the details of the complaint, or actions taken by management in handling the complaint. In addition, there was no evidence of complaint management available in the respective consumer files.

In their response to the Assessment Team Report, the Approved Provider supplied their plan for continuous improvement along with a response to the contact assessment 19 September 2024 and other supporting documents. The service’s people and culture coordinator will implement regular meetings to drive encouragement of feedback from consumers, representatives and support workers. The service will ensure timely and effective communication with consumers, representatives and staff via SMS broadcast, ensuring messages are clear, useful and relevant. The Approved Provider highlighted that this would include consumer engagement tracking and monitoring consumer responses and engagement with the service’s SMS broadcasts. The service will ensure feedback collection and analysis, and send surveys or feedback requests via SMS to consumers and representatives. The Approved Provider also highlighted in their plan for continuous improvement that the service will implement regular collection of feedback via their information management system surveys or direct from consumers and representatives. The service highlighted that this feedback will be used to adjust care plans and consumer services accordingly.

The service’s continuous improvement actions require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information in relation to management of feedback and complaints. Therefore, I find the service non-compliant in Requirement 6(3)(a).

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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)(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 |

Findings

The organisation was unable to demonstrate that consumers are effectively engaged in the development, delivery and evaluation of care and services. The Chief Executive Officer (CEO) advised that they are liaising with the Aged & Community Care Providers Association (ACCPA) regarding their governance obligations and working on finalising their organisation chart. The CEO acknowledged not all consumers and representatives have been offered the opportunity to establish a Consumer Advisory Body and highlighted that an offer for involvement would delivered to consumers via the service’s newsletter. Not all consumers or representatives felt comfortable approaching the service with their concerns. Staff advised that they have escalated consumer feedback to the service which had not been actioned or resolved. The organisation was unable to demonstrate effective incident, complaints and feedback processes which include appropriate engagement with consumers to develop and evaluate care and services.

The organisation was unable to demonstrate governance processes to ensure effective information management, continuous improvement, financial governance, regulatory compliance, or feedback and complaints. The organisation was unable to demonstrate appropriate governance to monitor and support the service’s return to compliance.

In respect to information management, consumer progress notes highlighted that incidents and complaints are not routinely identified or recorded on the relevant registers. The service’s high risk register and welfare check register were incomplete, and their active consumer list differed to the list of active consumers in their electronic management system (EMS). The service’s EMS also highlighted that some documents had been attached to the incorrect consumer files. The organisation’s plan for continuous improvement does not clearly identify action required, progress and evaluation steps to support compliance with the Quality Standards. Comfort Disability and Aged Care Home Services is working through administration and the service’s EMS highlighted that some consumers have budget deficits and some with accumulated funds of more than $10,000. Some consumers and representatives advised they have made complaints about charges applied for services they had not received, and not all of these consumer complaints were recorded in the service’s complaints information. In relation to ensuring regulatory compliance, the organisation relies on their membership with the Aged & Community Care Providers Association (ACCPA) and receives regular updates regarding changes in legislation and changes to regulatory requirements. However, the organisation was unable to demonstrate understanding or evidence of implementation of an appropriate governance structure. The organisation was unable to demonstrate effective, defined or established feedback and complaints processes. The organisation provided a document titled Complaint Feedback Trending however this did not align with another document titled All Complaints and lacked evidence of trending or analysis.

The organisation was unable to demonstrate effective risk management systems to identify risk and to manage high impact or high prevalence risks. The service was unable to demonstrate an effective incident management system and staff were unable to demonstrate appropriate understanding of how to respond to suspected abuse or neglect. The service was not adhering to their policies and procedures related to risk management or incident reporting. Some consumer risks are identified during assessment and documented in individual care plans, however the service is not utilising validated assessment tools, rather the registered nursing staff advised that they use their clinical judgement to determine which consumers are high risk. The service is not identifying likelihood or potential impact of identified risk. The service’s high risk register and welfare checks are not up to date. The organisation was unable to demonstrate an effective incident register or relevant and routine data collation, trending, and analysis of incidents. There was no evidence that the organisation uses incident data to identify trends, drive continuous improvement of care and services, or prevent similar incidents from occurring.

In their response to the Assessment Team Report, the Approved Provider supplied their plan for continuous improvement (PCI), along with a response to the contact assessment 19 September 2024 and other supporting documents. The Approved Provider highlighted that the organisation would ensure routine and regular review of all consumer care plans, conduct regular safety audits that include falls, hazards and personal protective equipment (PPE). In relation to consumer incident response, the organisation will review and update their incident reporting processes, ensuring that all consumer incidents are documented and that feedback is provided. The organisation would conduct quarterly training sessions on incident handling, safety protocols, and consumer care to ensure up to date staff knowledge. In their PCI, the Approved Provider highlighted that the organisation will ensure that consumer-related tasks are scheduled, completed, and documented accurately, and will improve real-time exchange of information between support workers, healthcare teams, and service management. The Approved Provider highlighted that the service will incorporate consumer and family feedback into care plans and services in a more streamlined manner and strengthen reporting and resolution of incidents and issues through efficient platform system use. Targeted staff training will be delivered to ensure all staff are proficient in using the systems platform.

In their response to the Assessment Team Report, the Approved Provider advised the organisation will ensure robust incident reporting and tracking, and analyse incident reports and follow up on unresolved issues. The organisation will use the ACCAPA system to update consumer care plans ensuring they align with the latest consumer assessments. This system will also support the organisation to gather and analyse feedback via surveys and make necessary adjustments to services. The organisation will undertake regular data quality audits to check for missing or inaccurate information and will ensure that different E-Tools are properly integrated for seamless data flow.

The organisation will improve communication with staff regarding the importance of adhering to organisational policies and processes, will ensure timely submission of progress notes immediately after each shift, and address non-compliance issues through corrective action, training, and regular follow-ups. The Approved Provider also highlighted the service will reinforce attendance at mandatory education sessions to ensure staff are updated on current policies and care procedures.

In their PCI, the Approved Provider highlighted that the organisation will undertake a ‘sweep of consumer assessments’ to ensure risk is identified and managed effectively. This will include MMSE, wound, infection, falls assessment, pain and skin. The Approved Provider also referenced upcoming implementation of new risk register to support staff and management to undertake easy follow up and care plan updates for consumers.

The service’s continuous improvement actions require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information in relation to organisational governance. Therefore, I find the service non-compliant in Requirements 8(3)(a), 8(3)(c) and 8(3)(d).

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)