**Performance**

**Report**

**1800 951 822**

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| Name of service: | Comm Care Home Care |
| Service address: | 11 Royton Street BURWOOD EAST VIC 3151 |
| Commission ID: | 301032 |
| Home Service Provider: | Comm Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 8 November 2022 |

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 Comm Care Home Care (**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 (HCP):**

* Home Care Package, 27306, 11 Royton Street, BURWOOD EAST VIC 3151

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 2 November 2022

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **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 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. | Non-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. | Non-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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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. | 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. | Non-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. | 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 |

# 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

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

* Demonstrating that consumers are respected, supported, and receive culturally safe services with respect and dignity
* Evidencing other parties involved in consumer care are supported in understanding the consumers requirements and services
* Evidencing consumer information maintained with security and privacy
* Evidencing the provision of information to consumers is contemporary, accurate, and timely
* Demonstrating that consumers are supported to take risks in various individualised ways

# 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. | Non-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. | Non-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. | Non-compliant |

Findings

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

* Evidencing assessments are conducted with input from consumers, representatives, and other parties as nominated by the consumer
* Evidencing the effective documentation and communication of assessment outcomes to consumers and other involved parties

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

* Evidencing that risks are consistently identified and documented during assessment processes
* Evidencing that risks are consistently identified and assessed in an ongoing capacity once consumers begin receiving services
* Demonstrating consumer care plans and care instructions are updated with contemporary risks and provided to guide support staff in delivering services
* Demonstrating that information relevant to advanced care planning is discussed and disseminated to HCP consumers
* Evidencing the regular review of consumer care plans or when changes in consumers care arise

The service did not demonstrate that consumer assessments and planning consistently include consideration of consumer risks. Consumer documentation evidenced numerous forms are utilised by the service in assessment processes. However, not all documented risks are actioned to further identify risk nature or have associated risk assessments undertaken.

Service staff demonstrated an understanding of consumer risks and evidenced supporting consumers. However, the service indicated verbal discussions are held with consumers around some risks such as falls risks, and these were not evidenced in consumer files with relevant referrals. For example:

* One consumer experienced a fall and advised the service. The service arranged for in home physiotherapy to be delivered, however no falls risk assessment or physiotherapy assessment was evidenced on the consumers file. Additionally, when interviewed by the assessment team, service management explained the service does not utilise a falls risk assessment tool.

The service did not demonstrate that advanced care planning is discussed with consumers. Consumers and their representatives explained in different ways that they had no recollection of discussions with the service about advance care planning. Consumer assessment documentation and information packages evidenced that the service does not provide information about advanced care planning to consumers.

In response to the assessment teams findings in relation to advanced care planning, the service explained that since the time of quality audit, “advanced care panning is now in place for all consumers ongoing”. However, the service did not evidence this change by providing relevant documentation to inform a compliance decision and contrast the assessment teams findings.

The service did not demonstrate consistent consumer care reviews are undertaken, including when consumers move to higher level HCP. Consumers and representatives explained in different ways that they remain in regular contact with case managers. However, service documentation and consumer interviews evidenced inconsistency; while some consumers explained having undergone contemporary care planning reviews, their care plans did not evidence being updated with relevant documentation. Service management evidenced the recent implementation of an electronic consumer database with functionality to monitor and alert staff when consumer reviews are required.

* One consumer receiving HCP 2 commenced receiving services in September 2019. The service conducted consumer care plan reviews in March 2021 and July 2022. However, the consumers care plan did not evidence updates in documentation to reflect these reviews. Service management explained to the assessment team that reviews and updates to consumer care planning documentation are not completed, and updated copies of documentation are not provided to consumers or representatives.
* One consumer receiving HCP 3 transitioned from HCP 1 in February 2022. The consumers care plan and agreement reflected a review occurring at this time, however a new assessment was not conducted, a new care plan was not developed, and a new HCP agreement was not completed.

In response to the assessment teams findings in relation to care plan review, the service explained the service “uses a documented system of yearly reviews and level increase reviews”. Additionally, the service indicated documentation is kept in consumer files. In making a compliance decision, I consider that the service has made limited efforts to evidence this statement, and in contrast, the assessment team evidenced the services documentation did not accurately reflect all consumer reviews actually conducted.

# 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)(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

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

* Demonstrating that consumers are provided with safe personal and clinical care to meet their individualised needs
* Evidencing risk mitigation strategies for consumers with high impact high prevalence risks are implemented when they are identified
* Evidencing communication with others involved in consumer care, including when changes in consumer needs arise
* Evidencing processes are embedded to ensure infection control practises are undertaken in the provision of consumer care

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

* Demonstrating consumers get safe and effective services for daily living that meet goals, preferences, and optimises independence
* Demonstrating services for daily living promote individualised consumer needs including emotional, spiritual and psychological well-being
* Evidencing the provision of timely and appropriate referrals for individual consumers to access other care and services as required
* Demonstrating service provisions encourage and facilitate community participation and the maintenance of social connections
* Demonstrating that where consumer meals are provided, they are tailored to individualised consumer requirements
* Demonstrating where equipment is provided, it is safe, maintained, and selected for consumer suitability in line with recommendations of general practitioners and allied health professionals

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Quality Standard was not assessed during the quality audit, as the service does not provide a service environment to consumers.

# 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. | 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

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

* Demonstrating that consumers are encouraged and supported to provide feedback and make complaints
* Evidencing provision of information to consumers and representatives with information on advocacy, interpreter services and making complaints

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

* Demonstrating utilisation of open disclosure practises and processes
* Demonstrating utilisation of complaints information to make improvements and changes to consumer care and services

The service did not demonstrate open disclosure processes are utilised in the management and monitoring of complaints. Consumers and their representatives did not describe examples of where the service had used an open disclosure approach. Service staff could not describe what open disclosure means, or what the service process are in the event of something going wrong. The service did not evidence routinely seeking feedback from consumers or representatives regarding their satisfaction with care and services.

* The service complaints register did not evidence corrective actions taken as a result of feedback or complaints, and did not evidence open disclosure processes being utilised with consumers, representatives, or stakeholders
* Service management did not demonstrate awareness and understanding of open disclosure practises and processes
* The service did not evidence an open disclosure policy

The service did not demonstrate that outcomes of complaints and feedback are used to improve the quality of care to consumers. The service did not evidence processes or procedures to routinely review feedback and complaints, analyse complaint data, or identify subsequent improvements.

Service management did not demonstrate knowledge of improvements being made to consumer services as a result of feedback or complaints. Service management explained feedback and complaints are entered into the services complaints register, however it was not evidenced that changes or improvements are subsequently implemented. The service did not evidence complaint and feedback data is collectively monitored.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

* Demonstrating its workforce is planned to provide care and services to consumers, including utilising sub-contracted staff services when required
* Demonstrating staff interactions with consumers are respectful, kind, and caring
* Evidencing service staff are competent and skilled to effectively perform their roles
* Evidencing workforce performance is monitored, managed, and improved where required

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

* Evidencing regular and ongoing refresher training is provided to service staff
* Evidencing that subcontracted staff skills and training is monitored to ensure competence
* Evidencing that policies and procedures are updated to inform staff of changes

The service did not demonstrate its workforce is trained, equipped, and supported to deliver the outcomes required of this quality standard. Service management and service staff described in different ways that recruitment, onboarding, induction, and supervision supports them in their role’s. However, ongoing staff training was not evidenced in documented staff records.

* The service evidenced that all staff have undertaken infection control training. However, ongoing refresher training for foundational competencies such as first aid and manual handling was not evidenced in staff records
* One service staff member with a nursing background did not have re-registration details documented in their staff record

The services incident register evidenced that some service staff have incurred injuries as a result of manual handling in their roles, and the effected service staff records did not evidence provision of manual handling refresher training by the service.

In the services response to the assessment teams report, the service explained that as first aid training is not mandatory, it is not recorded in service staff files or on the services training register, and staff do not provide first aid or CPR to consumers. Additionally, the service indicated in contrast to the assessment team, that all staff have completed manual handling training. In considering this response, I take into account that the assessment team presented evidentiary findings linked to the services training records, and beyond stating adherence to this requirement, the service did not corroborate its statement with evidence differing from the assessment teams findings.

# 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. | 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. | 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. | Non-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. | 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 |

Findings

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

* Demonstrating consumers are engaged in the development, delivery and evaluation of care and services

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

* Evidencing information management systems hold accurate consumer records
* Demonstrating workforce governance around sub-contractors, including the monitoring of police checks and ongoing training
* Evidencing compliance with regulatory requirements such as having service staff renew police checks
* Evidencing financial governance practises ensure only eligible items are provided to consumers from HCP funds
* Evidencing risks in clinical governance are managed to ensure quality and safe care

The services governing body did not demonstrate an embedded culture or safe, inclusive quality care and services, and that it is accountable for this delivery. The service did not evidence that consumer vulnerability is identified and documented, and subsequently this information is not disseminated to service staff and other stakeholders.

Service management demonstrated an understanding of supporting consumers with vulnerabilities and demonstrated identifying consumers that are vulnerable by citing the circumstances of three specific consumers. However, at the time of quality audit it was not evidenced that this information is recorded or made readily available for service staff outside the management team delivering consumer services. The service evidenced a vulnerable person’s policy.

In response to the assessment teams findings in relation to vulnerable consumers, the service explained that since the time of the quality audit, it had made consumer vulnerability information available by documenting it in client information.

The services governing body did not evidence that all subcontracted services have valid agreements or contracts, and provide safe, inclusive and quality care for consumers. The service did not evidence documented information on subcontracted providers delivering services to self-managed consumers on behalf of the service.

* Subcontractor agreements for the provision of care to consumers (not self-managed packages) were reviewed by the assessment team. One out of eight agreements evidenced being valid and current, and seven agreements evidenced being expired.

*In relation to information management:*

The service did not evidence embedded processes consolidate consumer information securely. The assessment team evidenced consumer information stored in numerous locations, including: the services electronic database, consumer hard copy (paper) files, the services electronic shared drive, and in electronically in staff emails. For example:

* Hard copy (paper) consumer documentation evidenced information about other organisations, tax invoices, and the personal information of individuals
  + One consumer file evidenced the personal details of an allied health provider, including police check, insurance details, Aphra registration, and COVID-19 vaccination certificate
  + In its response to the assessment teams findings, the service explained that this example is isolated to one consumer only
* Service management explained a preference to save paper by recycling documents to copy consumer information stored in the consumer files
* Hard copy (paper) consumer information was not in filed in consistent sequences
* Electronic consumer information (staff emails) did not evidence consistent migration onto electronic consumer files. The assessment team was unable to review these records as they were located in individual staff email accounts

The service did not demonstrate utilisation of information on external complaint mechanisms for consumers, such as the Aged Care Quality and Safety Commission. The services complaints policy refers to a scheme and telephone number that was superseded in 2019. Additionally, only one page of the Charter of Aged Care Rights was evidenced in consumer files.

In response to the assessment teams initial findings, the service explained that a new electronic system was implemented in September 2022, and consumer information prior to this date is stored in different areas. Additionally, the service explained that staff emails are imported into this new system as consumer notes.

In considering the services response, I have formed the view that this system has been newly embedded, and it may take reasonable time for the service to migrate and consolidate data from multiple sources. I also consider that in its response, the service did not provide corroborative evidence to inform a robust contrast to the assessment teams findings.

*In relation to continuous improvement*

The service did not demonstrate that actions are taken as a result of feedback and complaints to improve consumer service delivery. The service evidenced a continuous improvement plan with 10 listed items and limited supporting detail. There was no accompanying information in regard to what is planned to make the proposed improvement, timeframes for completion, or actions and strategies required to implement changes.

*In relation to financial management*

The service did not evidence embedded financial governance systems and did not demonstrate systematic assessments are conducted prior to incurring consumer HCP funding expenditure.

Items purchased by consumers under HCP funding through the service did not evidence connection to consumer care goals, and were not supported by transparent justifications, reasonings, and consistent record keeping.

The assessment team reviewed a series of consumer HCP expenses and found majority of consumer files evidenced payments made from HCP funding for items lacking clear linkage to care goals. When interviewed by the assessment team, consumer representatives explained that they send a spreadsheet of expenses with attached invoices to the service and receive reimbursement.

One consumer had the following items claimed against HCP funding:

* Roof repairs ($1,800)
* Lights/lamps ($20.80)
* Ducted heating repairs ($600)
* Electrical work ($1,155)
* Replacement of bathroom fan ($210)

One consumer had the following items claimed against HCP funding:

* Electrical generator ($1,299)
* Fuel can ($43.70)
* Electrical lead ($67.68)
  + These items where accompanied by a letter from a doctor recommending a generator to keep electricity running
* Blinds ($3,180)
* Washing machine ($674)
  + These items where not accompanied by any recommendations from a doctor or allied health professional

One consumer had the following items claimed against HCP funding:

* iPad ($497)

One consumer had the following items claimed against HCP funding:

* Denture consultation and complete dentures ($3,391)

One consumer had the following items claimed against HCP funding:

* Maintenance of heater ($1500)
* Dyson vacuum ($2000)
* Security door ($3800)
* Air conditioner ($1599)
* Installing air conditioner ($1375)
* Slippers ($125)
* Skip bin hire ($48)
* Microwave ($159)
* Sustagen ($71)
* Repairs to deck and staircase ($8100)
* Make rear balcony suitable for pedestrian access ($45,250)
  + This work was completed by the consumers family member, at the family members own property (the consumer resides with the family member)
  + In its response to the assessment teams findings, the service explained that these works had been required to facilitate ambulance transfers for the consumer and had been approved by the regulatory authority at the time, although evidence of this was not provided. The service additionally referenced different costings in its response ($14,520 quoted for balcony repairs). I find that the details around this expenditure limited in transparency, and at the time of decision do not have confidence of the services rigour in financial governance.

Service management explained that the service seeks clarity from the Department of Health before authorising any HCP payments, however, the service did not evidence information or approvals issued by the Department of Health to the assessment team at the time of quality audit, or in its response to the assessment teams report.

*In relation to workforce governance*

The service did not demonstrate embedded process to monitor service staff in providing care to consumers under its self-managed program, and additionally its sub-contracted workforce with regards to police checks, training, and qualifications.

Service management indicated the service does not know who is providing consumer care in this regard, and so they are not monitored. Additionally, the service did not evidence seeking or receive consistent feedback from its sub-contracted workforce.

*In relation to regulatory compliance*

The service did not demonstrate how it monitors regulatory compliance against aged care legislation.

* Service documentation evidenced that service management and staff have not undertaken training on the Aged Care Quality Standards 2019
* Service management did not demonstrate an understanding of the requirement for all service staff (including management) with access to consumers and/or their information, to have valid police checks renewed every three years
* The assessment team evidenced that police checks for two office-based coordinators and two administration personnel have not been undertaken by the service. Additionally, a recently recruited manager was not evidenced to be subject to police checks prior to onboarding
* The assessment team evidenced some service staff hold NDIS checks in lieu of national police checks
  + In its response to the assessment teams findings, the service explained that NDIS checks incorporate and include national police checks
* The service did not evidence that it monitors consumer services delivered by its sub-contracted workforce and did not demonstrate that it ensures this workforce has valid police checks, training, and qualifications to effectively perform their roles.
* The service did not demonstrate oversight or awareness of those providing care to self-managed consumers, including foundational vetting to ensure valid police checks, training, and qualifications are held
* The service did not evidence seeking or receiving any feedback from the support worker staff of self-managed consumers, and therefore did not demonstrate that it monitors these consumers condition or deterioration

Service management explained that updates on changes in aged care are sought from the Department of Health, and changes to systems have been implemented. However, the service did not evidence policies and procedures have been updated since 2019.

*In relation to feedback and complaints*

The service did not evidence an open disclosure process to manage and monitor consumer feedback and complaints. Details of findings under requirement 6(3)(c) refer further details.

The service did not demonstrate embedded risk management frameworks monitor risks to the organisation, its workforce, or consumers. The service did not evidence processes to gather and review data regarding consumer high impact, high prevenance risks such as falls, skin integrity, pain management, dementia, behavioural change, diabetes, and the monitoring of vulnerable consumers.

Service management did not demonstrate an understanding of organisational risk management and did not evidence risk management frameworks, matrix’s, policies or procedures.

In relation to abuse and neglect of consumers, the service provided an example of a consumer being supported when suspected elder abuse was identified. In this example the service implemented processes of daily welfare checks and described working with Health professionals to support the consumer.

The service evidenced that it monitors and investigates reported incidents. However, not all incidents are reported or documented such as falls, skin integrity and pain management. Sub-contracted support workers for self-managed consumers do not provide feedback on consumers changing needs, or incidents including falls, pain, deterioration or reduced mobility. The service evidenced a reliance on feedback from consumer representatives in this regard.

The service did not demonstrate an embedded clinical governance framework to capture information on antimicrobial issues, restrictive practices or open disclosure. However, clinical and infection control processes are embedded to manage consumer care. The service demonstrated that the monitoring of clinical information is primarily conducted by personnel with nursing backgrounds reporting directly to service management. This excludes consumers supported under self-managed packages, as the service did not demonstrate unawareness of any clinical issues of these consumers, as reporting from sub-contracted support workers does not take place.

The service did not evidence that restrictive practise and restraint information is integrated in initial or on-going consumer assessment processes. When interviewed by the assessment team, service staff did not demonstrate contemporary knowledge regarding different categories of restraints, and the application of restraint provisions as they may apply to individual consumers.

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)