**Performance**

**Report**

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| Name: | Community Care NESB Inc. CACP Service |
| Commission ID: | 300272 |
| Address: | 7 Techno Park Drive, KINGS MEADOWS, Tasmania, 7249 |
| 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: 1402 Community Care Tasmania  
Service: 17156 Community Care NESB Inc.Northern

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7599 Community Care NESB Inc.  
Service: 24428 Community Care NESB Inc. - Community and Home Support  
Service: 24429 Community Care NESB Inc. - Care Relationships and Carer Support

**This performance report**

This performance report for Community Care NESB Inc. CACP Service (**the service**) has been prepared by Nicola Eastwood, 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 23 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

**Standard 2**

* Requirement 2(3)(a) implement adequate systems to identify risk and support clinical assessment and care planning for HCP consumers with complex care needs,
* Requirement 2(3)(e) ensure assessments and care planning are updated when changes in condition or incidents occur for HCP consumers,

**Standard 3**

* Requirement 3(3)(a) implement and ensure clinical practices are consistent with best practice principles for HCP consumers,
* Requirement 3(3)(b) identify and implement adequate mitigation strategies and documentation related to identified risk for HCP consumers,
* Requirement 3(3)(e) ensure consumer care documentation reflect accurate consumer care needs for HCP consumers,

**Standard 6**

* Requirement 6(3)(c) implement and sustain improvements to ensure appropriate actions and recording of actions and resolution of complaints,

**Standard 7**

* Requirement 7(3)(a) review and consider options to ensure consistency of staffing and monitoring of brokered arrangements to meet consumer care needs,
* Requirement 7(3)(d) implement a system to monitor compliance with mandatory and annual training,
* Requirement 7(3)(e) implement and sustain performance monitoring strategies for staff including identification of improvements in practice,

**Standard 8**

* Requirement 8(3)(c) ensure adequate information management, identification of risk, identification and monitoring of workforce governance and feedback and complaints processes,
* Requirement 8(3)(d) implement and sustain risk management systems to monitor and assess high impact or high prevalence risks,
* Requirement 8(3)(e) implement and sustain an effective clinical governance framework with supporting policies and processes.

# Standard 1

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are treated with dignity and respect by staff at the service. Staff provided examples of how they exercise dignity and respect including taking the time to understand consumer differences and the provision of individualised care. Consumer documentation demonstrated consideration to consumer culture recording country of birth, language, life story, and Aboriginal or Torres Strait Islander identity. Staff explained they consider consumer culture and are mindful of conversation, particularly for clients who may have experienced previous trauma.

Staff provided examples of how they support consumers with choice and independence, by listening to consumers, providing information about care and service options and respecting the consumer preferences. Management explained consumers are provided information about services and supports that can be provided in the service’s home care package agreement and welcome pack.

Management described how the service takes reasonable care to avoid risks without limiting the ability of consumers to make choices regarding how they wish to live their lives. This was supported by a consumer example who had declined further assessment of equipment and supporting documentation reflecting discussion of risk.

Consumers and representatives confirmed they receive timely and clear information including hard and soft copies of care plans, invoices for services and monthly statements detailing services provided. Consumer information is password protected with consumer information visible only to those who are responsible for provision of care and to whom the consumer has consented. The service has policies concerning privacy and confidentiality to guide staff.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement’s 2(3)(a) and 2(3)(e) for Home Care Package (HCP) consumers and as a result does not comply with Standard 2.

Requirement 2(3)(a):

Clinical assessment and care planning for HCP consumers with complex care needs, such as consumers on oxygen therapy and those with a diagnosis of diabetes, were not reflected in consumer care plans. A review of eight consumer files did not demonstrate effective assessment and planning or consideration of risk where clinical conditions were identified. The same concerns were not identified for consumers receiving CHSP funding.

Management acknowledged this is an area for improvement and explained they had recently engaged a team of clinical staff to review all existing HCP consumer care plans. The Assessment Team noted the service’s clinical care policy and procedure does not provide clear guidelines on assessment and planning for consumers with specialised, complex nursing care or where care and services are shared with other providers, including brokerage providers.

The Approved Provider submitted a response (the response) and supporting Plan for Continuous Improvement (PCI) indicating recruitment of additional clinical staff to review care needs of consumers including those identified as high risk. I note the PCI was initiated following an independent external audit in October 2023 and now includes actions following the Quality Audit of 19 March 2024. I acknowledge the actions completed to date and commencement of consumer care review, given these actions are in progress further time is required to ensure successful completion and evaluation of actions. As a result, this Requirement is non-compliant.

Requirement 2(3)(e):

While HCP consumers and representatives reported being contacted by their case managers and confirmed a review of their needs, consumers reported this did not always occur following a change in health condition or an incident. Clinical staff explained the service was in the process of implementing 6 monthly reviews of HCP level 3 and 4 care plans. Care plans for consumers who experienced health changes and deterioration in their conditions, did not reflect their needs were reassessed and did not reflect changes in accordance with allied health recommendations. The same concerns were not identified for consumers receiving CHSP funding.

The response and PCI propose a number of actions to related to the review of consumer needs. Training is to be commenced related to care plan revision and documentation, reporting of change and incident reporting and associated audit to ensure timely review and compliance with documentation requirements. As indicated in Requirement 2(3)(a) these areas for improvement had previously been identified and are currently in progress. Given these actions are in progress further time is required to ensure successful completion and evaluation of actions. As a result, this Requirement is non-compliant.

Compliance with remaining Requirements:

Management described how they facilitate discussions during assessments, and reviews to promote informed decision making and end of life planning. Care documentation recorded where discussion around advance care planning had occurred. Consumers and representatives confirmed they are encouraged to contribute to discussions in relation to assessment and planning for the services and care they receive.

Care documentation reflected details of allied health engagement; however, care plans did not always include personalised recommendations made by allied health professionals or reflect the involvement of other professionals. Staff described having access to care plans and relevant information in the consumer’s home as well as access to sufficient information through a mobile device at the point of care.

# Standard 3

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement’s 3(3)(a), 3(3)(b) and 3(3)(e) for HCP consumers and as a result does not comply with Standard 3.

Requirement 3(3)(a):

The service did not demonstrate pain, skin, pressure injuries, and specialised nursing care were managed in line with best practice guidelines and tailored to HCP consumer needs. Wound management and impaired skin integrity was not adequately documented and strategies to reduce risk or support future care were not evident. Where specific recommendations for management had been made these recommendations had not occurred. Pain assessments has not been conducted following evidence of a fall or where risk had been identified and care planning documentation did not contain consideration to pain or recommended pain management strategies. Where complex care needs had been identified documentation did not reflect consideration of clinical assessment or review. The same concerns were not identified for consumers receiving CHSP funding.

The response and PCI include completed actions related to updated care plan tools, risk registers and clinical care requirement registers to inform specialised clinical care. I note the commencement of these registers and acknowledge the immediate attention to these actions following the Assessment Teams recommendations. To ensure adequate implementation and evaluation of these actions further time is required to sustain improvement in practice. As a result, this Requirement is non-compliant.

Requirement 3(3)(b):

Care documentation demonstrated the service does not always identify and manage risks, including those associated with falls and nutrition for HCP consumers. Record of falls or near misses, and actions implemented in response, are not always reflected in consumer care documentation. Where falls risk assessments were completed, individualised mitigation strategies were not always incorporated in care plans to support the delivery of safe care. Where consumers received allied health input following a fall, their care plans were not always updated to reflect recommendations. Where risk of malnutrition had been identified, no further clinical interventions had been carried out. The services policy and procedure on clinical care does not provide guidance or protocols on the management of high impact or high prevalence risk, including a post fall management protocol. The same concerns were not identified for consumers receiving CHSP funding.

The response and PCI indicate a policy has been developed regarding the management of high impact high prevalence risk including identification and minimisation of restrictive practice. Risk registers have been created and training related to implemented of the new policy is planned. To ensure adequate implementation and evaluation of these actions further time is required to sustain improvement in practice. As a result, this Requirement is non-compliant.

Requirement 3(3)(e):

A review of consumer care documentation demonstrated care plans did not always provide correct and current information about consumer care needs and preferences following a change to condition for HCP consumers. Where responsibility for care was shared, the review demonstrated information is not always shared to support safe delivery of care. Consumers receiving care and services from a brokered provider, reflected limited or no information was shared in relation to the effectiveness of care and services being delivered. The same concerns were not identified for consumers receiving CHSP funding.

The response and PCI include actions and information regarding the transition to a new client management system as well as training for staff and supporting auditing and policy development. I acknowledge the proactive approach to the implementation of this system and note further time will be required to ensure its efficacy and ongoing evaluation of improvement. As a result, this Requirement is non-compliant.

Compliance with remaining Requirements:

Consumer end of life goals is documented as part of the service’s initial assessment. Where an advance care directive is in place, this is recorded in consumer records. Most consumers advised they had not provided a copy of their advance care directive to the service but would do so if required. The service does not currently provide palliative care for consumers.

Staff described how changes in clinical and personal care needs are reported to the management immediately. Consumer reviews are completed following email referral and report of consumer deterioration. Consumers and representatives confirmed the service makes referrals to appropriate individuals, other organisations, and service providers; however, stated referrals were not always timely. The service has agreements in place with a range of allied health services to support consumers needing podiatry, occupational therapy, and physiotherapy.

Staff confirmed they had completed hand hygiene and infection prevention and control training during induction, as required for obtaining their employment with the service. Staff described the use of Personal Protective Equipment (PPE) and staff allocated meal preparation tasks had completed safe food handling training.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the services they receive help them to maintain independence and quality of life. Care file documentation reflected individual support plans are developed in consultation with consumers and representatives reflecting their individual and unique needs, goals, and preferences about support services. Staff described how they assist consumers to do the things they like or want to do. Management explained workers are matched with consideration to background, language spoken, gender, and cultural appropriateness.

Care planning documentation recorded personal relationships of importance and demonstrated consumers are supported to attend scheduled appointments and activities. This was supported by a consumer account confirming attendance and connection with the ‘CHAT’ social group which facilitates introductions to others and broadening social contacts.

There was evidence of arrangements to assist consumers with specific needs to access specialty social group resources. Management explained they assist consumers with access to alternate services by providing them with support and information, or referral if required. Care file documentation demonstrated examples of referrals to a range of services and supports for daily living.

Consumers have access to prepared meals through a meal delivery service partially funded through packages, with consumers contributing to the balance. Consumers receiving delivered meals were satisfied with the choice, quality and quantity of meals as well as access to alternate meal providers if required.

Management explained equipment purchase follow assessment and recommendation by allied health clinicians to ensure the product meets consumer needs. Consumers and representatives are responsible for reporting hazards, risks, or maintenance issues with equipment and aids. HCP and CHSP consumer documentation confirmed processes for appropriate and timely equipment referrals to support daily living requirements.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 6(3)(c) and as a result does not comply with Standard 6.

Requirement 6(3)(c):

The service is in the process of implementing a new complaints management system with some complaints from the previous system not captured. Staff have not consistently recorded complaints in the complaints register, which has prevented complaints from being reviewed and used to improve services.

The response and PCI indicate a number of actions to establish improvements with responding to complaints and incorporating principles of open disclosure. The service is in the process of reviewing consumer handbooks and implementing additional staff training. I note the active approach to addressing the identified deficits and consider additional time is required to ensure the successful implantation of revised material and approach. As a result, this Requirement is non-compliant.

Compliance with remaining Requirements:

Information is included in consumer agreements regarding internal and external entity feedback and complaints processes. Consumers were also aware to contact the service with any issues.

There was evidence of some consideration to consistent complaints with training sessions planned for staff aimed at improving communication with consumers.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not Compliant | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement’s 7(3)(a), 7(3)(d) and 7(3)(e) and as a result does not comply with Standard 7.

Requirement 7(3)(a):

Consumers and representatives were satisfied the workforce was planned; however, staff shortages had impacted the consistent delivery of safe and quality care and services. Rostering did not always support consumer care requirements. The service has permanent employees as well as arrangements with brokered services to meet workforce demands. Management confirmed ongoing recruitment with recent employment of a number of staff. The Assessment Team noted a significant number of unfilled shifts in the coming roster.

The PCI indicates recruitment of Human Resources staff to review position descriptions and contracts and implementation of monthly reporting measures related to brokered services and ongoing recruitment strategies. I encourage the Approved Provider to ensure that staffing is sufficient to avoid impact to consumer care where unexpected leave occurs. I consider this Requirement is non-compliant.

Requirement 7(3)(d):

While consumers and representatives expressed confidence in the abilities of staff to perform their duties, staff provided mixed feedback in relation to training. The service did not have a system of monitoring compliance with mandatory and annual refresher training and competencies to ensure the workforce is equipped with the skills to perform their roles effectively. There is no system to identify staff training needs through feedback mechanisms, performance appraisals, observations, audits, incidents, and continuous professional development.

The PCI indicates a proposed onboarding process for contracted and subcontracted staff to ensure completion of mandatory training, awareness of incident, complaints and complying with the Aged Care Code of Conduct. There is also a plan to audit training and ensure all records for new staff are recorded. A training platform has been implemented and additional consideration to supporting policies and procedures and review of current and future Human Resources processes. I note further consideration to training in the PCI at Requirement 7(3)(e) in assessment of performance of contractors and subcontractors. As a result, I consider this Requirement is non-compliant.

Requirement 7(3)(e):

Staff explained that annual performance appraisals were not always conducted. There was inadequate evidence to support consistent completion or monitoring of appraisals. The Assessment Team also noted inconsistent completion of probationary staff assessments and information related to brokered service staff performance.

The PCI indicates a feedback policy has been implemented with capacity to share information with contracted services as well as recorded education. The service plans to conduct consumer surveys and is considering access to mandatory online training modules for contractor and subcontractor staff as well as appraisal processes and a supporting audit with reporting to ensure compliance. These actions are in the early stages of implementation and require further time to embed in practice. As a result, I consider this Requirement non-compliant.

Compliance with remaining Requirements:

Consumers and representatives confirmed staff are kind and respectful. Most consumers described staff engaging in a kind, caring, and respectful manner. The service has documents and processes, including consumer and employee handbooks which support the provisions of respectful and inclusive care.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. The Assessment Team noted limited screening information related to brokered and subcontracted staff, management committed to improving current human resources processes with an action added to the Plan for Continuous Improvement (PCI).

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement’s 8(3)(c), 8(3)(d) and 8(3)(e) and as a result does not comply with Standard 8.

Requirement 8(3)(c):

The service did not demonstrate effective information management, affecting how consumer risks are identified and monitored. A review of files did not reflect best practice record keeping, with consumer files incomplete, and not current. The Assessment Team noted a range of records either saved in hard drives, or the current information management system, or both.

The service did not demonstrate a system of identifying and planning its workforce requirements. Scheduling records reflected the service does not have a system of monitoring to gather data on unfilled shifts and reports to inform if staffing numbers, are adequate to address consumer needs and preferences. Feedback and complaints were not consistently recorded or reported.

The Assessment Team reviewed the services PCI which reflected a range and number of continuous improvement activities, with information about each activity and corresponding quality standard. The service provides consumers with monthly expenditure statements and management explained that the service monitors unspent funds during preparation of monthly statements with discussions held regarding any surplus.

The PCI indicates development and implementation of a feedback and complaints policy and register with associated trending and reporting. The service is further developing and implementing a Regulatory Compliance policy and procedure and ensuring memberships to peak body subscriptions are detailed and available. An incident management and client management platform have been implemented as well as clarification of suitability of Board members and commencement of a Consumer Advisory Body. I note the extensive number of actions associated with this and other corresponding Requirements and acknowledge the progress toward ensuring progression of proposed actions. With consideration to the timeframes proposed for completion of these actions additional time will be required to ensure successful implementation and evaluation. As a result, I consider this Requirement is non-compliant.

Requirement 8(3)(d):

The Assessment Team noted the service has recently implemented risk management systems to monitor and assess high impact or high prevalence risks although the assessment and documentation of risks was inconsistent and incomplete. At the time of the Site Audit, care plan documents of consumers did not accurately reflect their most current care needs and associated risks. The service did not have a process whereby risks are routinely reported, escalated, and reviewed.

There was also no evidence to support consideration or compliance with Serious Incident Response Scheme (SIRS) reporting.

The PCI indicates that incident reports will be recorded through the newly implemented client management platform with reporting to the Quality Care Advisory Body and registers maintained by clinical care staff related to high impact and high prevalence risks. Audits are to be conducted with further analysis and trending of incident information as well as associated monitoring of high-risk consumers. Updates have made to the reportable incident policy and staff training on the client management platform and reportable incidents is planned. I acknowledge the actions taken to date and those in progress, further time is required to ensure the successful implementation and evaluation of these actions. I consider this Requirement is non-compliant.

Requirement 8(3)(e):

The service is in the process of implementing clinical governance oversight to ensure the quality and safety of clinical care. Where the service had processes of maintaining a register of falls, wounds, and incidents, registers were not evident for infections, and restrictive practices. The service demonstrated an organisational structure, with clinical governance roles and responsibilities, clinical and quality meetings and monitoring and review of obligations to promote quality care. While the service’s clinical governance framework refers to antimicrobial stewardship, and open disclosure, these policies are not included in the policy framework.

The PCI indicated a number of actions related to incident reporting under Requirement 8(3)(d) as well as review and actions proposed and in progress to support the successful implementation of a clinical governance framework. I note the overarching clinical governance framework implementation remains in progress with supporting policies under review and updated. I acknowledge the progress to date and note the proposed time frames for completion of this proposed improvements required, as the proposed actions remain largely in progress additional time is required to ensure the successful implementation of actions and evaluation. I consider this Requirement non-compliant.

Compliance with Remaining Requirements:

There was evidence of commencement of a Consumer Advisory Body (CAB) and appropriate reporting structure to support oversight by the Board. Consumers and representatives were overall satisfied with the provision of inclusive care based on their individual needs, goals, and preferences.

The service demonstrated that the Board is accountable for care delivery and is implementing processes that drive a culture of safe care. A review of documentation showed the service has an appropriate policy framework, including a comprehensive clinical governance framework to ensure a culture of safe and inclusive care is fostered and maintained.

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)