**Performance**

**Report**

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| Name: | Community Home Care - Bunbury |
| Commission ID: | 500026 |
| Address: | 3 Parade Road, SOUTH BUNBURY, Western Australia, 6231 |
| Activity type: | Quality Audit |
| Activity date: | 25 March 2024 to 28 March 2024 |
| Performance report date: | 14 May 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3470 Community Home Care Inc  
Service: 19132 Community Home Care CACP  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9460 COMMUNITY HOME CARE INCORPORATED  
Service: 27174 COMMUNITY HOME CARE INCORPORATED - Care Relationships and Carer Support  
Service: 27173 COMMUNITY HOME CARE INCORPORATED - Community and Home Support

**This performance report**

This performance report for Community Home Care - Bunbury (**the service**) has been prepared by M Glenn, 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. The report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 29 April 2024. The response includes commentary directly relating to the deficits identified in the assessment team’s report, as well as supporting documentation. The response also outlines a range of actions taken and/or planned to address the deficits, including at an individual consumer level and an overall systems and process level.

# 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 | **Compliant** |
| **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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **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 requirements (3)(a) and (3)(e) – HCP and CHSP**

* Ensure assessments are undertaken initially and on an ongoing basis, and use information gathered to develop care plans which are tailored and reflective of consumers’ current care and service needs.
* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure care plans are reviewed for effectiveness and/or updated in response to incidents and changes in consumers’ circumstances. Ensure care plans are reflective of consumers’ current and assessed needs, preferences and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 2 requirement (3)(b) –CHSP**

* Ensure consumers’ goals, needs and preferences, including those related to advance care and end of life planning where consumers wish to disclose, are identified and appropriate management strategies developed.

**Standard 3 requirements (3)(a) and (3)(b) – HCP**

* Ensure staff have the skills and knowledge to provide personal and/or clinical care and services to consumers in line with their assessed needs and preferences and that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to wounds, pain and medication management.
* Ensure staff have the skills and knowledge to identify, manage, monitor and provide appropriate care relating to high impact or high prevalence risks.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence risks are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence risks.

**Standard 6 requirement (3)(c) – HCP and CHSP**

* Ensure feedback and complaints are documented, including actions taken and follow-up with the complainant to ensure satisfaction is achieved.

**Standard 7 requirement (3)(c) – HCP and CHSP**

* Review processes relating to how staff competency, skills and knowledge are assessed, monitored and tested to ensure staff are competent to undertake their roles, and how additional training requirements are identified and addressed.

**Standard 8 requirement (3)(d) – HCP and CHSP**

* Review the organisation’s risk management processes in relation to managing and preventing incidents.

# Standard 1

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

All consumers and representatives are happy with the services consumers receive and feel service staff, support workers, cleaners and gardeners that come to their home are respectful and friendly. They said staff treat consumers with dignity and respect, communicate with them and take the time to get to know them. Staff are knowledgeable about each consumer’s preferences and described how they are respectful and uphold consumers’ dignity.

Consumers said staff understand their needs and preferences and know what to do to make sure they are valued and safe when receiving care and services. Consumers’ preferences and choice for culturally safe care are identified during the initial assessment, and includes an exclusion list of care staff a consumer has advised they are not comfortable with. Systems and processes have been developed to enable choice and preference to ensure all consumers receive culturally safe care.

Consumers and representatives said consumers are encouraged to make choices, communicate their decisions, and maintain relationships of choice. They said consumers can make decisions relating to the care they want and work with the service to have the care when they need it. Intake processes capture relationships important to consumers and their wishes for people important to them to be included in care planning. Care files identify consumers’ partners in care, and details of whom consumers wish to be involved or not involved in care planning and communication.

The service supports consumers to make decisions which may involve risk taking activities they wish to continue to do, to enable them to live the best life they can. Care files show where consumers choose to take a risk, risks are assessed and information documented in consultation with the consumer, representative and the service, and the agreement is signed by all parties. Staff are aware of risks taken by consumers, and said they support consumers’ wishes to take risks to live the way they choose.

A starter pack provided to consumers includes documents outlining the fees and charges and information setting out consumer choice and charter of rights. HCP statements are clearly set out and include itemised charges throughout the month and opening and closing balances. The service provides a newsletter which includes a message from the Board and any changes and activities. Staff interviewed said when they are aware of changes, they ensure the information is in the consumer’s in home file and check with the consumer about the changes made and their understanding. Consumers interviewed said information is available to them to help make choices about their care and lifestyle activities. Three consumers said they receive their financial statements, stating when they have any queries the service responds timely and any updated information is provided to them and updated in their home files. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant for both HCP and CHSP, therefore, the Standard is compliant.

# Standard 2

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| --- | --- | --- | --- |
| 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 | Not 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 | Not 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 | Not Compliant |

Findings

The Quality Standard is non-compliant as two of the five requirements assessed for HCP and three of the five requirements assessed for CHSP have been found non-compliant. The assessment team recommended requirements (3)(a) and (3)(e) for both HCP and CHSP not met and requirement (3)(b) for CHSP not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met for both HCP and CHSP as assessments, including for risk and mitigation are not included in planning documentation for HCP consumers and assessment and planning is not undertaken for CHSP consumers. My Aged Care (MAC) assessment information is used to identify CHSP consumers’ care needs, goals and assessments, regardless of when MAC assessment was completed. Coordinators said service notes can be entered for direction of services to guide staff in undertaking tasks, however, staff said they cannot view the MAC assessment on their mobile devices and rely on service notes entered by coordinators. Records for five consumers show care planning and MAC assessments have not been selected to be accessible or visible by staff.

Risks, supports and management strategies relating to mobility, falls, skin integrity and a specialised nursing care need are not included in service notes to guide staff in the care of a consumer receiving CHSP while waiting for a HCP and assessed by MAC as having high care needs. For another CHSP consumer, service notes relating to assistance required with showering are not consistent with the MAC assessment, and while the MAC plan indicates the consumer has falls risk, difficulty with fine motor skills, cognitive impairment and tremors, this information is not included in service notes. A goal for a HCP consumer with severe depression states they would like to feel better about life. There is no guidance for staff on how to monitor the consumer’s mood or what will help them feel better. Care files sampled include completed falls risk, however, consideration of risks to consumers and supports to mitigate risk are not documented.

The provider’s response shows a comprehensive review has been undertaken of consumers identified in the assessment team’s report. Reassessment of HCP consumers has commenced to ensure support plans are reflective of current care needs. For CHSP consumers, a prioritisation table has been developed to identify consumers most at risk and a review has been completed to ensure an individualised person-centred support plan in place. The reassessment/review for both CHSP and HCP consumers includes identification of real and perceived risks, risk mitigation strategies and interventions included in support plans. The MAC plan is now visible to support workers. Following a review of CHSP consumers most at risk, all remaining consumers will be reviewed by September 2024. Service notes will also be reviewed to ensure they are reflective of the support plan and provide sufficient information to support the delivery of safe and effective care.

I acknowledge the provider’s response. However, I find assessment and planning processes do not effectively inform delivery of safe and effective care and services, including consideration of risks to consumers’ health and well-being. Assessment processes have not been undertaken to identify risks, including risks relating to consumers’ diagnosed conditions and strategies to manage these risks have not been developed to guide staff in the delivery of safe care. While MAC assessments are used to identify consumers’ care needs, goals and preferences, the currency of this information or if it is reflective of consumers’ current care and service needs is not assured. Staff also do not have access to detailed, current information to assist them to provide care and services to consumers, and where information is available, in some cases, it is not aligned with consumers’ current care requirements. As such, I find current assessment and planning processes do not ensure consumers are supported to get the best possible care and services or that their safety, health and well-being are not compromised.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant for both HCP and CHSP.

**Requirement (3)(b) – CHSP** The assessment team recommended this requirement not met as the needs, goals and preferences for CHSP consumers are not identified and documented. MAC plans are used for all CHSP consumers, and service notes are documented to inform staff of task requirements of the services scheduled. No other assessments are conducted for CHSP consumers. For one CHSP consumer, staff said as they only attend social groups no information is required. A new client form asks consumers about advance care planning and resuscitation preferences, which are recorded and available in consumers’ files. This process has not yet occurred for all consumers.

The provider’s response shows a comprehensive review has been undertaken of consumers identified in the assessment team’s report. A prioritisation table has been developed to identify CHSP consumers most at risk and a review of these consumers has been completed to ensure they have an individualised person-centred support plan in place. To further support relationship-based care, each support plan now contains social history of each consumer, accessible to support workers.

I acknowledge the provider’s response. However, this requirement expects that services do everything they reasonably can to plan care and services that centre on consumers’ goals, needs and preferences. I find the service’s current practices have not ensured this has occurred for CHSP consumers. Only information from MAC assessments/plans is considered, however, the currency of this information and congruency with consumers’ current goals, needs and preferences cannot be assured. Assessments to supplement MAC assessment and plan information are not undertaken. As noted in the assessment team’s report in requirement (3)(e) of this Standard, management and staff said MAC assessments/plans are used for assessment and planning even when they are several years old. As such, I find the lack of supplementary assessment processes does not enable the service to understand what is important to the consumer and identify what assistance they require to live as well as they can.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant for CHSP.

**Requirement (3)(e)** The assessment team recommended this requirement not met for HCP and CHSP as care and services are not regularly reviewed for effectiveness or in response to changes in consumer’s condition, return from hospital or following incidents. CHSP consumers do not have care plans and the service relies on MAC assessments for reviews. Two hundred and twenty eight annual CHSP reviews and six annual HCP reviews are outstanding. Key performance indicators for reviews is eight weeks either side of the review date; 151 CHSP annual reviews are outside of this timeframe.

One CHSP consumer’s care plan and falls risk had not been updated following a recent discharge from hospital for a fall. The consumer said no one has contacted them to discuss any changes of circumstance following their hospital stay. This is not in line with the organisation’s policy. Wound care plans for a HCP consumer have not been regularly assessed to ensure current dressings are effective. While wounds have been ongoing since July 2023, documentation for the previous three months shows an alternative product has only been trialled on one occasion. The last wound assessment for this consumer was completed in September 2023. For another HCP consumer documentation does not accurately reflect where skin excoriation is located, the care plan has not been updated to reflect skin excoriation, and there is no wound plan or evidence of review by clinical staff. For a consumer who said they have hurt their back, the care plan and assessment do not evidence the change in condition has been reviewed or the care plan evaluated for effectiveness.

The provider’s response shows a comprehensive review has been undertaken of consumers identified in the assessment team’s report. The provider states all 228 CHSP overdue reviews have been completed and all have a support plan. The overdue report count has been added to the monthly manager’s report to ensure they are monitored and attended in line with policy. All but one HCP review has been completed. The response includes commentary relating to consumers with wounds and excoriation and describes care provided and actions taken prior to the quality audit, including referrals to the clinical team and general practitioner.

In coming to my finding, I have also considered evidence highlighted in requirement (3)(a) of Standard 3 where a tailored wound care plan was not implemented for a HCP consumer following identification of a wound in March 2024. The only outcome recorded from a clinical team referral was that family were aware. There is no documentation showing completion of wound, pain or clinical assessments.

I find the service has not ensured care and services are reviewed regularly for effectiveness, including in response to changes in condition or circumstance. I acknowledge actions taken by the provider, including completing a comprehensive review of consumers named in the assessment team’s report and completion of overdue CHSP and HCP reviews. However, these reviews had not been completed in line with the service’s processes. Additionally, reassessment of consumers’ care and service needs had not been undertaken in response to changes in their circumstance. While the provider’s response states they were not informed of a consumer’s sore back, when contacted by the service, the consumer stated these issues had been longstanding and discussed when they joined the service, however, this was not reflected in the care plan nor identified through review processes. As such, I find the service’s current practices do not ensure care and services are being delivered in line with consumers’ current needs and preferences.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant for both HCP and CHSP.

**In relation to requirements (3)(c) and (3)(d) for HCP and CHSP and requirement (3)(b) for HCP**, consumers said they are included in their care planning. Identifying partners in care, representatives and alternative decision makers is part of the initial onboarding process with new consumers. The service has established relationships with general practitioners, allied health professionals and local pharmacies to support assessment and planning of consumers’ care needs and privacy and information sharing consent is obtained from consumers prior to including other providers of care.

An original copy of care planning documentation is provided to consumers when they sign their agreement, on review or when the care plan is changed. Care files sampled demonstrate the service seeks consumers signature/acknowledgement of completed care plans and for agreed services. All consumers and/or representatives interviewed said they have access to care planning documentation in consumers’ in-home care folder, as well as a services schedule, and support workers said they access service notes for all consumers which advise them on the tasks required.

Assessment and planning for HCP consumers includes identification and documentation of goals and preferences. Consumers described being asked what was important for their care needs and staff stated goals and preferences are captured as part of the initial meeting and at reviews.

Based on the assessment team’s report, I find requirements (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers compliant for both HCP and CHSP, and requirement (3)(b) compliant for HCP.

# 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. | 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

The Quality Standard is non-compliant for HCP as two of the seven requirements have been found non-compliant. The Quality Standard is compliant for CHSP as all seven requirements have been found compliant. The assessment team recommended requirements (3)(a), (3)(b) and (3)(e) for both HCP and CHSP not met.

**Requirement (3)(a)** The assessment team recommended requirement (3)(a) not met for HCP and CHSP as each consumer did not receive safe and effective care and services which were tailored to their needs and is best practice. For a HCP consumer (Consumer A), staff reported a concern with client form in March 2024 as the consumer had developed a rash and wanted assistance to apply cream. The action response was the consumer will apply the cream. The consumer stated the rash is an ongoing issue, and as the general practitioner was away the cream could not be charted and staff could not apply it.

Another HCP consumer (Consumer B) has had ongoing wounds since July 2023. Documentation shows daily dressings to one area Monday to Friday. The service could not provide a clinical reasoning for not requiring daily dressings over the weekend. Wounds continue to be in various stages of healing, requiring antibiotics at times and a recent hospitalisation. Referral to an external wound specialist was not initiated until February 2024. While documentation dated February 2024 states multiple interventions trialled, documentation did not reflect this with only one occasion when a different product was trialled. Regular wound assessments have not occurred, with the last dated September 2023. Another provider has since taken over the wound dressings.

A tailored wound care plan was not implemented for a HCP consumer (Consumer C) following identification of a wound in March 2024. A concern with client form was lodged stating the consumer was complaining of pain from the wound. A clinical team referral was conducted with the only outcome recorded noting family were aware. Completion of wound, pain or clinical assessments was not evidenced. The consumer also missed medications on two occasions due to staff not being aware that a second morning medication was required, or that they were scheduled to prompt for medications. Documentation also evidenced a 2.00pm medication was missed on several occasions.

A CHSP consumer requires personal care services seven days per week, however, the initial arrangement of services to be provided is only for a Monday to Friday service.

I acknowledge the provider’s response which addressed each consumer highlighted. However, I find HCP consumers are not consistently receiving tailored clinical care which optimises their health and well-being, specifically in relation to wounds, pain and medication management.

The provider’s response includes commentary detailing the history of Consumer B’s wounds, treatment, the consumer’s reluctance to have alternate wound products and their non-compliance with related medications which has led to wound deterioration. However, I have placed weight on information brought forward by the assessment team. The provider’s response outlines strategies implemented to enable wound treatments to be attended on weekends, however, the provider states wound care was not routinely attended to. There is no indication as to how long this arrangement was in place, if other arrangements were made in a timely manner in response to the treatments not consistently occurring, or if the condition of the wound was impacted as a result. The provider states Consumer B has since been transferred to another provider who are able to provide wound care seven days a week, however, the date this occurred is not noted. While the provider asserts wound assessments occurred at least weekly, documentation to support this was not included in the response, with the assessment team’s report stating the last assessment was conducted in September 2023.

I also find a tailored wound care plan and strategies to manage pain were not implemented for Consumer C following identification of a wound in March 2024. Wound, pain, and clinical assessments were not completed to identify, plan and manage Consumer C’s wound and associated pain. I have also considered staff have not identified and reported medication omissions to enable appropriate and timely investigation to occur and implement actions. Subsequent to the quality audit, the provider has undertaken a review and investigation of the two medication incidents which identified packaging as a contributing factor and included additional information to alert staff. A medication review has also been conducted with the family and the general practitioner, with the 2.00pm medication ceased.

While I acknowledge Consumer A requested staff assistance with application of a medicated cream, actions implemented were in line with the organisation’s policies and staff scope of practice. The organisation’s policy does not support application of medications that have not been prescribed. While I acknowledge Consumer A found it hard to apply the cream, staff were available to guide them with this and the provider’s response states the rash was monitored and has since resolved.

I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant for CHSP. In relation to the CHSP consumer highlighted, I consider personal care services are being provided in line with their preferences. Commentary and supporting documentation demonstrates services commenced three days prior to the quality audit, with weekend services commenced two days subsequent to the quality audit.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant for HCP and compliant for CHSP.

**Requirement (3)(b)** The assessment team recommended this requirement not met for both HCP and CHSP as assessment and planning information is not available to staff regarding falls risk, fluctuating mobility and management strategies at point of care, MAC assessment recommendations are not being followed and documented, and one consumer’s risk of pressure injuries is not monitored. Service notes did not identify a CHSP consumer’s mobility equipment, fluctuating mobility or strategies to monitor for skin redness in response to their pressure injury risk. Another CHSP consumer’s assistance requirement for showering were not specified.

A HCP consumer has had multiple falls in the six months prior to the quality audit. An allied health review in January 2024 noted increasing falls in the previous three months with four self-reported falls with recommendations for weekly physiotherapy treatments. Evidence that this has been implemented was not noted and the consumer had a further two falls in February and March 2024. Staff also raised concern with client forms on two occasions in March 2024 noting the consumer stated their diabetes readings were high and one staff member raised concerns that the consumer had not taken their tablets, with the consumer stating they did not know what they were for and the tablets were too big to swallow. The consumer was reviewed by clinical staff, however, there is no evidence the cause of falls has been investigated or consideration of non-compliance with the diabetes regime or medications are a contributing factor.

Another HCP consumer sustained laceration in March 2024 following a fall. Wound documentation was completed, but there is no documentation evidencing acknowledgement of the fall, reassessment of falls risk or completion of an incident form. In February 2024, the physiotherapist had identified kitchen chairs as a safety issue, however, purchasing of chairs was not actioned until after the fall.

The provider’s response states a review of HCP consumers has commenced and falls risk strategies updated, where required. Falls risks for CHSP consumers are being reviewed and interventions will be available to staff at point of services. For one HCP consumer, the provider acknowledges an incident form was not completed at the time of the incident. This has now been added and the staff member involved counselled. The provider states for this consumer, the chair was identified as a need in March 2024 when the fall was identified and the chair was ordered three days later and delivered six days after the quality audit.

I acknowledge the provider’s response. However, this requirement expects organisations do all they can to manage risks related to the personal and clinical care of each consumer. That is, each consumer should expect to have their high impact or high prevalence risks effectively managed. I find this has not occurred for one HCP consumer. The provider’s response states for this consumer, weekly physiotherapy sessions, as identified on an initial physiotherapy report dated 31 January 2024, have been interrupted by frequent hospital admissions. However, this is not supported by supporting documentation included in the provider’s response. When considering the dates the consumer is noted to be in hospital, four of five weekly physiotherapy sessions have not been provided. Additionally, there is no indication that support worker concerns relating to factors contributing to falls, including the consumer’s unstable diabetes and missed medications, or the consumer’s feedback stating the medications were too big, had been investigated or additional actions taken to address these matters. Additionally, an email dated 27 March 2024 from the physiotherapist also highlights concerns relating to the consumer’s well-being and unstable blood glucose levels, suggesting a dietitian consult. Again, there is no evidence demonstrating further actions relating to these concerns have been initiated.

The evidence presented does not persuade me that high impact or high prevalence risks are not managed for CHSP consumers. The evidence relating to two CHSP consumers reflects assessment and planning processes and availability of information at point of services to guide staff in delivery of care, not provision of care. There is no evidence to suggest that risks to these consumers have not been managed or that their health and well-being has been impacted as a result. The provider’s response shows one of the highlighted consumers has been fully reassessed and risks updated, and the other CHSP consumer has been reviewed and the support plan updated to reflect their current needs. Support plans are also now visible at point of care delivery.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant for HCP and compliant for CHSP.

**Requirement (3)(e)** The assessment team recommended this requirement not met for HCP and CHSP as the service’s information management system has limitations where staff recording changes in a consumer’s care needs cannot be seen by the next staff member. A concern with client form is used by support workers to alert the coordinator to a change or concern with a consumer’s condition. The form is not visible on mobile devices used by support workers. Concern or actions were not documented in the progress notes for seven concern with client forms sampled. Concerns on these forms related to skin integrity and fluctuating mobility. Four staff said they would like more information about consumers, particularly when they see a consumer for the first time.

I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant. In coming to my finding, I have placed weight on the provider’s response which outlines actions taken to ensure all support workers can view information at the point of care delivery and add notes which are now visible to all staff. All concern with client notes and support plans for CHSP and HCP consumers are now visible to all frontline staff. The provider is planning to provide training to staff on documentation and use of the mobile application. I find the actions implemented will ensure staff have access to information relating to consumers’ current care needs, enabling them to provide safe and effective care and services.

For the reasons detailed above, I find requirement (3)(e) in Standard 3 Personal care and clinical care compliant for both HCP and CHSP.

**In relation to all other requirements**, the service demonstrated an understanding of the importance of recognising the needs, goals and preferences of consumers nearing the end of their life, ensuring their dignity and comfort is maintained and cultural preferences respected. Where required, end of life care is arranged in line with consumer and family wishes, including involvement of palliative care specialists in consultation with the general practitioner and other specialists involved in care.

Deterioration of a consumer’s mental health, cognitive or physical function or condition is recognised by staff and escalated in a timely manner, and consumers are happy with how staff respond to their changing care needs. Staff described actions they would take where they identify a deterioration in a consumer’s condition, including completing the concern with client process or calling an ambulance for any urgent deterioration. All concern with client referrals are triaged by the clinical team, and staff can call directly for a consult if they are concerned. Most care files demonstrate prompt actions in response to identified changes in consumers’ condition, including review by the registered nurse and changes to services. Care files also demonstrate timely and appropriate referrals are initiated to other organisations and external providers to meet consumers’ needs. However, some allied health providers are taking upwards of four to six weeks to provide an assessment and recommendations potentially causing a delay in consumers’ receiving adaptive equipment to ensure safety and independence.

There are systems to minimise infection related risk, including procedures to guide staff practice, and consumers feel staff are capable of managing their care needs safely. Infections are captured when consumers report them, the immunisation status of all consumers is recorded, and community infections are monitored to enable increased precautions to be implemented when there is community spread. The service has standardised all personal protective equipment and hand sanitisers to ensure they meet appropriate Australian standards, and management said practical competency training for hand hygiene will be introduced in the new training planner.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant for both HCP and CHSP.

# 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

The Quality Standard is compliant as all seven requirements assessed have been found compliant. The assessment team recommended requirement (3)(d) not met for both HCP and CHSP.

**Requirement (3)(d)** The assessment team recommended this requirement not met for HCP and CHSP as information in most care planning documentation sampled was not up to date and available for others where responsibility for care is shared. MAC care plans for CHSP consumers are not accessible on staffs’ mobile devices and are not up to date. Staff said when providing social support for consumers it would help to have more information about their interests and background to engage consumers in conversation.

I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant. I have placed weight on the provider’s response which outlines actions taken to ensure all support workers can view information at the point of care delivery, including support plans for CHSP and HCP consumers which are now visible to all frontline staff. Support plans have also been updated to include information relating to consumers’ social history and HCP support plans are inclusive of an all about me template to support care and service delivery. I find the actions implemented have ensured staff have access to information relating to consumers’ current care and service needs, enabling them to provide safe and effective services and supports for daily living. I have also considered evidence in the assessment team’s report showing there are processes to include consumers and others they want to include in communication about their services and supports. Staff said care plans include information about consumers’ daily living supports, needs and preferences and consumers said most staff know their needs and preferences and they do not have to repeat themselves.

**In relation to all other requirements**, most consumers and representatives are satisfied the service takes time to get to know consumers to find out what is important to them, how they want to live their lives and support them to achieve this. Consumers are assessed by the allied health team and then provided with the appropriate equipment or support to enable their independence, such as mobility aids, shower chairs, and strengthening exercises.

Consumers said staff provide them with support when they are feeling low and prompt referrals to appropriate providers of other services are initiated, when required. Assessments to identify consumers’ spiritual and emotional support needs are completed and referrals to specialist services are initiated, as required. Care plans include information about consumers’ history, leisure and lifestyle needs to guide provision of individualised services. Staff described how they build trust with consumers to enable them to identify when consumers need support with their psychological well-being. Progress notes show staff recognise, record and report to their coordinator when they recognise a consumer is feeling low or requires support.

The service’ day centre program provides an extensive range of activities and outings which are constantly evolving, and activities are directly driven by the interests and feedback from consumers. Staff said consumers lead the social support services and direct what activities they want to do each day or time. Consumers said some of the outings are the highlight of their week and the connection to other people this enables is very important to them.

All consumers interviewed are satisfied with the meals provided. The service enlists the services of external meal organisations to provide meals to consumers, as required, including organisations who can provide texture modified meals that are easy for consumers to prepare. A volunteer, with the required qualifications, assists with food preparation for consumers who attend the day centre. Dietary requirements and preferences are recorded for consumers who attend the day centre and are available to the volunteer to assist with meal preparation.

Equipment used by consumers is monitored to ensure it is safe, suitable, clean, and well maintained. Consumers who require equipment are assessed by an occupational therapist. An allied health provider said equipment used by consumers is in good condition and if they note any issues with the equipment, they will contact the office to inform them to arrange for replacement or repairs. There are also processes in place to ensure the bus used to transport consumers is well maintained, safe and clean.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant for both HCP and CHSP, therefore, the Standard is compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service environment consumers access to undertake social activities, access staff and service supports are located at two different day centres, including one co-located with the main office. The layout and design of both environments are easy to understand. The back entrance to one of the centres has access for the bus to pull up on flat ground enabling direct entry for consumers who may have decreased mobility. Consumers said the service environment is welcoming, has spaces to interact, share meals, as well as for doing activities.

Centre environments are clean, safe and well maintained and consumers can move around the environment freely. One centre has indoor and outdoor areas that consumers can access and participate in activities. Volunteers who run the groups have a cleaning checklist to ensure areas are left clean and contracted cleaners are also used. A gardener attends to the outdoor area to ensure it is well maintained and pathways are clean and free from trip hazards. Consumers said they feel comfortable when accessing the service’s day centre, the centre is clean and volunteers assist to make sure the area is clean and tidy after their activities.

There are processes to ensure furniture, fittings and equipment is safe and suitable for consumers. The centres are regularly checked and any faults found as part of the regular scheduled upkeep are reported immediately. A preventative maintenance schedule is in place for the building owned by the organisation and where issues arise with other buildings, the appropriate person is contacted. Consumers said they have access to appropriate equipment in a clean well-maintained environment.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s living environment compliant for both HCP and CHSP, therefore, the Standard is compliant.

# 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

The Quality Standard is non-compliant as one of the four requirements assessed has been found non-compliant for both HCP and CHSP. The assessment team recommended requirement (3)(c) not met for both HCP and CHSP.

**Requirement (3)(c)** The assessment team recommended this requirement not met for HCP and CHSP as consumers are not involved in finding options to resolve complaints, and consumers do not feel the organisation has given them an honest explanation when things have gone wrong, stating they do not know if their complaints have been actioned. Not all interactions with consumers following a complaint are documented, and while evidence of discussions with consumers regarding progress of complaints and satisfaction with resolutions achieved was requested, management said the electronic complaints management system does not routinely capture this information. Five complaints sampled do not demonstrate consumers are involved in the resolution process or that the service works with consumers to achieve an agreeable outcome before closing the complaint.

The provider’s response includes actions taken to address the deficits identified, including conducting a retrospective audit of all complaints from the last three months to ensure they have been appropriately actioned and feedback provided to the complainant. A review of the complaints system has also been undertaken to ensure it supports managing the end to end feedback and complaints process. Concerns have also been addressed with the consumers’ highlighted in the assessment team’s report.

I acknowledge the provider’s response. However, I find a best practice system to manage and resolve feedback and complaints was not demonstrated. This requirement expects the organisation to tell consumers where things have gone wrong, apologise and explain what has happened. The evidence presented demonstrates this has not routinely occurred. As such, I find the service has not ensured consumers are actively involved in the feedback and complaints process to find solutions and outcomes from complaints they raise.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints non-compliant for both HCP and CHSP.

**In relation to all other requirements**, consumers interviewed know how to lodge a complaint or compliment and are confident in doing so without concern or retribution. Consumers also described accessing advocacy services. Advocacy services and complaints escalation information is included in information packs provided to consumers. Consumers are supported to provide feedback, suggestions and complaints through various avenues, including surveys and a client advisory committee. Feedback is also actively sought from consumers to support the staff performance management processes. Staff interviewed described how they would assist consumers to lodge complaints or feedback regarding care and services. Feedback and complaints are reviewed and common themes are discussed for the purpose of process improvements for care and services. Total complaint numbers and trends are tracked from month to month and details are reported to executives. Client advisory committee meeting minutes include discussions relating to complaints trends for quality of service and communication issues.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(d) in Standard 6 Feedback and complaints compliant for both HCP and CHSP.

# 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. | Compliant | 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Quality Standard is non-compliant as one of the five requirements assessed has been found non-compliant for both HCP and CHSP. The assessment team recommended requirements (3)(a) and (3)(c) not met for both HCP and CHSP.

**Requirement (3)(a)** The assessment team recommended this requirement not met for both HCP and CHSP as the workforce does not consistently complete scheduled work to provide safe and quality care and services, and management could not provide evidence that missed shifts are monitored. Management said ‘priority’ services, such as medication and personal care are not missed and the service will always organise for a staff member to attend to these shifts. However, three medication incidents were noted to have taken place due to staff not showing up to a scheduled work appointment and this not being communicated to the consumer. One consumer said six shifts were missed in the last six months, however, the service had only noted two of the missed shifts. The consumer said they had not been charged for the missed shifts. Management said, and the system showed the shifts had gone ahead. One consumer said they had to break into their own lockbox to get to the medications in December 2023 as no one turned up. One consumer had a domestic assistance service cancelled due to staff sickness in March 2024 and said they were not able to have a makeup visit rescheduled. One consumer wanted weekly cleaning services but was informed there were not enough staff available to do it weekly. The service instead stated they could only provide cleaning fortnightly.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. While I acknowledge the incidence of services not provided or missed for four consumers highlighted in the assessment team’s report, I do not consider this demonstrates systemic issues with the sufficiency of the workforce or their ability to deliver and manage safe and quality care and services. In coming to my finding, I have considered the majority (90 per cent) of consumers and/or representatives interviewed did not provide negative feedback to staffing. The provider’s response includes evidence demonstrating alternate arrangements were made to ensure a consumer’s medication administration; an apology for missed medication has been provided to another consumer and strengthened processes have been implemented; a consumer’s domestic assistance service was rescheduled; and domestic assistance is being provided to another consumer weekly, with recruitment for domestic assistance positions continuing.

I have also considered other information in the assessment team’s report demonstrating there are systems and processes in place to inform and review staffing skills and resources required to deliver safe and effective care for consumers. The service has established a network of sub-contractors and established relationships with agencies to meet temporary or unexpected care needs and changes. Staffing levels and skills are discussed and reviewed regularly at management meetings. The process for scheduling support workers for consumers occurs after the initial meeting where schedulers are asked to see if they have capacity for what is needed. Management feel there are enough skilled staff to undertake all the tasks, they have access to support staff, and can escalate care needs in a timely manner.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources compliant for HCP and CHSP.

**Requirement (3)(c)** The assessment team recommended this requirement not met as support staff did not have effective knowledge or were competent relevant to their roles, specifically in relation to medication management following a trend of medicine-based incidents. While members of the workforce involved in these incidents were performance managed, the trend was not identified and acted upon. Additionally, staff interviewed said they had not received any supports or additional training/competency on a specialised care need.

The provider’s response includes actions implemented in response to the deficits identified, including, but not limited to, undertaking a review of the end to end process of training staff to become medication competent; retraining all medication competent staff using the newly developed training package; and providing all medication competent staff a copy of the new self-directed learning package.

I acknowledge the provider’s response. However, I find the organisation’s systems to monitor workforce competency have not been effective in identifying whether staff are working within their skills. While I note performance management processes occurred with individual staff members involved in medication incidents, issues relating to medication management more broadly were not identified and no actions had been taken to address the trends in medication incidents. I acknowledge actions implemented by the provider subsequent to the quality audit in relation to specialised care needs, including reviewing and updating support plans for consumers with the specialised care need to ensure staff have the required information to monitor this during care interventions.

For the reasons detailed above, I find requirement (3)(c) in Standard 7 Human resources non-compliant for both HCP and CHSP.

**In relation to all other requirements**, consumers said staff treat them with respect and are caring and kind in their interactions. Staff provided examples of how they provide care to consumers that is respectful, including getting to know consumers and checking in with consumers on preferences for tasks. Staff are supported through the promotion of consumer centred care services, training and buddy shifts with an experienced team member who can check competencies. Management ensure staff are providing kind and respectful care by seeking consumer feedback through feedback and complaints processes, an annual census assessment, and performance appraisal processes where consumer feedback is sought.

Consumers said they receive care from appropriately skilled and competent staff and feel safe in receiving care. There are systems and processes as part of onboarding to ensure staff have the appropriate skills and clearances for their role. Capability checks are completed prior to care services being undertaken and review mechanisms ensure qualifications are maintained for all staff. The service’s scheduling system prevents shift allocation to staff without the appropriate clearances. Position descriptions clearly define qualifications required to undertake each role. The workforce receives online training in line with the service’s training matrix, and are kept up to date and informed of legislative compliance changes. Sub-contractor agreements include the code of conduct and the requirement to provide evidence of appropriate skills, qualifications and clearances which are reviewed annually.

A formal annual appraisal process is in place for staff performance, and policies and procedures are available to guide management and the workforce through all aspects of performance management. Four staff said they have had their performance reviewed in the last year and they can request training or support at any time outside of the performance cycle. As a part of the appraisal process, consumer feedback is sought on staff who visit them. Incident and feedback data is used to review performance and training needs outside of the annual performance appraisal process. Management provided three examples of where staff were performance managed in response to medication incidents.

Based on the assessment team’s report, I find requirements (3)(b), (3)(d) and (3)(e) in Standard 7 Human resources compliant for both HCP and CHSP.

# 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. | Compliant | 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. | Compliant | Compliant |

Findings

The Quality Standard is non-compliant as one of the five requirements assessed has been found non-compliant for both HCP and CHSP. The assessment team recommended requirements (3)(c), (3)(d) and (3)(e) not met for both HCP and CHSP.

**Requirement (3)(c)** The assessment team recommended this requirement not met as effective governance systems relating to information management and workforce governance were not demonstrated. Management said organisational governance process and policies were in the process of being developed. Processes for recording changes in consumers’ condition is not visible for staff providing care. Staff are to complete a progress note in addition to reporting a concern with client form, however, this process is not routinely followed or reviewed by management to ensure it occurs. The complaints and feedback system does not contain all components of the complaint, including evidence of consumer conversations and satisfaction of resolutions and open disclosure documentation, with this information recorded in various other forms or systems. The service did not demonstrate that the workforce is being developed to equip them with the skills and knowledge to perform their duties safely, such as medication incidents, and rescheduling no shows. Management did not demonstrate cancelled services are monitored or rescheduled services due to shortfalls in staffing, or any impacts this may have on consumers.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. While I acknowledge the deficiencies identified in relation to information management and workforce governance, I do not consider the evidence presented demonstrates systemic deficits relating these governance systems overall. In coming to my finding in relation to information management, I have placed weight on the provider’s response and actions initiated subsequent to the quality audit demonstrating all support workers now have access to information at the point of care delivery. All concern with client notes and support plans for CHSP and HCP consumers are now visible to all frontline staff. In relation to the complaints and feedback system, I have considered this evidence in my finding for Standard 6 requirement (3)(c). In relation to workforce governance, I acknowledge the deficits identified, however, do not consider these deficits to be systemic. I have considered this evidence more broadly in my findings for requirements (3)(a) and (3)(c) in Standard 7. I have also considered evidence in the assessment team’s report demonstrates meeting minutes and board communications show the service has a governance structure that supports strategic priorities, consumer care and financial governance, and effective governance systems relating to continuous improvement, regulatory compliance and feedback and complaints were demonstrated.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance compliant for both HCP and CHSP.

**Requirement (3)(d)** The assessment team recommended this requirement no met for both HCP and CHSP as effective systems and processes to manage incidents were not demonstrated. Not all incidents are recorded in the incident management system and trends are not identified to prevent further incidents or improve care and services. An incident form had not been completed in relation to feedback provided by a consumer nor the incident investigated or actioned. Incident forms for another consumer had not been completed following falls, and one incident was not documented in the register or progress notes. The assessment team identified a trend relating to staff administering medications either outside of scope or not following medication directions. Management had not identified any trends and said the incidents were related to staff performance which had been individually addressed. Management had not considered there was a knowledge deficit in relation to medication policies or procedures.

The provider’s response outlines actions taken in response to the deficits highlighted, including, but not limited to, reviewing the end to end process of training staff to become medication competent, resulting in a new competency package and training presentation and development of a medication incident form. A review of all medication incidents from the last 12 months has been conducted to provide information to trend and analyse to influence and improve service delivery. Additionally, incident policies and procedures have been reviewed and training will be delivered to staff in May 2024.

I acknowledge the provider’s response. I find effective risk management systems and practices relating to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; and supporting consumers to live the best life they can were demonstrated. However, systems and practices to manage and prevent incidents are not effective. Not all incidents have been reported and appropriately actioned and while the service has taken actions with individual staff involved in medication incidents, medication incident trends more broadly have not been identified or considered. This has not ensured appropriate safeguards have been implemented to minimise and/or eliminate risks to consumers’ health and well-being or deficits in staff competence are identified and appropriate actions taken.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant for both HCP and CHSP.

**Requirement (3)(e)** The assessment team recommended this requirement not met for HCP and CHSP as the current clinical governance did not include assessing CHSP consumers for risk. All CHSP consumers do not have a current care plan, as the service relies on previously completed MAC plans which are not current or accessible to staff in the field. The plan for continuous improvement in December 2023 identified all new CHSP consumers would be moved to the new documentation which would include assessments and support plans. Those current consumers at greatest risk, such as those receiving personal care and meals on wheels were to be the first to be moved across. However, one new CHSP consumer at risk due to high care needs has not had this completed. Assessments, including for risk and mitigation are not included in planning documentation for HCP consumers.

Policies and procedures are currently being updated and are yet to be embedded. Wound assessments for three consumers have not been conducted monthly in line with the wound management policy and procedure. Management said this was due to the new policy having only just been completed and there was no previous policy available to staff.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. I do not consider the evidence presented demonstrates systemic deficits relating the organisation’s clinical governance framework or that good clinical results for consumers are not being achieved. The provider’s response demonstrates appropriate actions have commenced to identify consumers most at risk and a review has been completed to ensure an individualised person-centred support plan in place. The reassessment/review for both CHSP and HCP consumers includes identification of real and perceived risks, risk mitigation strategies and interventions included in support plans. The MAC plan for CHSP consumers is now visible to support workers at point of services. I have considered deficits relating to assessment, planning and review in my findings for Standard 2.

In coming to my finding, I have considered evidence in the assessment team’s report demonstrating a clinical governance framework that supports clinical staff in the provision of safe clinical care, and includes antimicrobial stewardship, minimising use of restraint and open disclosure, is in place. Clinical care staff are supported to promote and educate consumers on the use of antibiotics when a consumer discloses this to the service. Possible infections are investigated and referrals to general practitioners are initiated for decisions regarding antibiotics usage. Staff and management were knowledgeable of restraints, and practices and strategies to minimise use. Governance systems identify roles and responsibilities for staff when the service is aware of restraints, including notification and/or escalation if inappropriate use of restraints are identified. The incident management register demonstrated open disclosure is practiced. Policies and procedures support staff through incident management and the practice of open disclosure throughout the investigation, resolution, and process improvement stages.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant for both HCP and CHSP.

**In relation to requirements (3)(a) and (3)(b)**, consumers are engaged and supported in the development, delivery and evaluation of care and services in various ways, including an annual consumer censuses and feedback and complaints processes, with outcomes and feedback discussed at monthly Board meetings. The service organises a client advisory committee quarterly which enables consumers and representatives to receive feedback on any topic and a quarterly quality care advisory committee to collect feedback on care provided to consumers.

The service and organisation has a governance structure that supports inclusivity and quality care services. Clinical and management meetings inform the Board of trends and areas for improvement. The clinical governance committee is a subcommittee of the Board and outline the service’s commitment to safe and quality care. Sub-contracted organisations and staff are informed and contractually obligated through agreements to adhere to the code of conduct whilst performing services and care.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) in Standard 8 Organisational governance compliant for both HCP and CHSP.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)