Cura In-Home Care

Performance Report

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| **Address:** | Unit 3, 8 Welshpool RoadEAST VICTORIA PARK WA 6101 |
| **Phone:** | 08 9382 4186 |
| **Commission ID:** | 500053 |
| **Provider name:** | Dutch Aged Care (Western Australia) Inc |
| **Activity type:** | Quality Audit |
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| **Performance report date:** | 5 July 2022 |

# Performance report prepared by

J Taylor, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Cura In-Home Care, 19137, Unit 3, 8 Welshpool Road, EAST VICTORIA PARK WA 6101

# Overall assessment of Service/s

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| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Not Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
| Requirement 1(3)(c)  | HCP | Compliant |
| Requirement 1(3)(d)  | HCP | Not Compliant |
| Requirement 1(3)(e)  | HCP | Compliant |
| Requirement 1(3)(f)  | HCP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP  | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
| Requirement 2(3)(d) | HCP | Not Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| Requirement 3(3)(a) | HCP | Not Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
| Requirement 3(3)(c)  | HCP | Compliant |
| Requirement 3(3)(d)  | HCP | Not Compliant |
| Requirement 3(3)(e)  | HCP | Compliant |
| Requirement 3(3)(f)  | HCP | Compliant |
| Requirement 3(3)(g)  | HCP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP  | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant |
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| Standard 5 Organisation’s service environment | HCP  | Not Applicable |
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| Standard 6 Feedback and complaints | HCP  | Compliant |
| Requirement 6(3)(a) | HCP  | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c)  | HCP | Compliant |
| Requirement 6(3)(d)  | HCP | Compliant |
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| Standard 7 Human resources | HCP  | Compliant |
| Requirement 7(3)(a) | HCP  | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c)  | HCP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
| Requirement 7(3)(e)  | HCP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP  | Not Compliant |
| Requirement 8(3)(a) | HCP  | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
| Requirement 8(3)(c)  | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e)  | HCP | Not Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Quality Audit report received 15 June 2022.

# STANDARD 1 Consumer dignity and choice

#  HCP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives interviewed said staff treat them with respect and they are provided with dignity when care and services are delivered and provided examples of how this occurs. Consumers interviewed confirmed they are able to discuss their choices and who they would like to be involved in discussions about their care and services.

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued.

The service demonstrated care and services are culturally safe. Staff are trained to deliver culturally safe care and they were able to describe what this means in practice. The service considers and supports consumers cultural needs and preferences when providing care, in consultation with the consumer and representative. The service demonstrated information is provided to each consumer which is current, accurate and timely. Staff provided examples of how they communicate with consumers including where there may be sensory or cognitive decline. Consumers said they were provided mostly timely information, and for home care package consumers, they understand their monthly statements.

The service demonstrated consumers and their representatives are supported to exercise choice and independence. The service documents decisions about others involved in decision making. Staff provided examples of where they support consumers to make choices and remain connected and maintain current relationships.

The service demonstrated policies and processes in place to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. Consumers and their representatives said they felt their information was kept confidential and privacy was provided by staff.

The Assessment Team noted there are some deficits in how the service records how risks are to be managed to support consumers to live their best life. Information regarding risk for the consumer is not consistently recorded nor how it will be managed. The service management were able to demonstrate they are implementing improvements to address how staff are to complete recording of the risks. However, at the time of the assessment visit supporting consumers to take risk has not always been discussed or recorded and strategies agreed. Support staff were able to demonstrate how known risks are being supported.

The Quality Standard for the Home Care Packages service is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | HCP  | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| Requirement 1(3)(b) | HCP  | Compliant |

### *Care and services are culturally safe.*

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| Requirement 1(3)(c) | HCP  | Compliant |

*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.*

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| Requirement 1(3)(d) | HCP  | Not Compliant |

*Each consumer is supported to take risks to enable them to live the best life they can.*

Findings

The Assessment Team noted there are some deficits in how the service records how risks are to be managed to support consumers. Information regarding risk for the consumer is not consistently recorded nor how the risk will be managed. Whilst support staff interviewed described how they manage risk to support consumers, support coordinators are not consistently using information provided from the consumer and others to record the risk and how it will be managed on the support plan. For example:

* The support plan for one consumer raised concerns about the consumers balance. The information recorded in the plan states ‘they are encouraged to use a seated 4 wheeled walker indoors and outdoors’. This information, however, has not been transferred to the ‘Risks identified and management plan’ section of the support plan nor are further concerns for this consumer regarding medication management recorded in the Risk section of the plan.

The Assessment Team discussed the issues identified regarding recording risks with management at the time of the quality review. Management interviewed advised work was underway to address completion of support plans and a timeframe of two months has been set for all documentation to be completed. The care team manager advised new guidance and documentation is being reviewed and updated to ensure how the risk will be managed is not just in the summary information.

In response to the Assessment Report, the provider evidenced work has commenced to ensure risk is managed and recorded in enough detail consistently across consumer care plans to enable effective consumer supports provided to also include an update to the current templates. While the provider provided a number of examples of completed care plans using the new template, information contained in the plan did include limited generalised strategies to guide staff in delivering supports and services that could be further expanded to guide staff.

In considering the evidence provided during the quality review and subsequently by the provider, and acknowledging the work undertaken by the provider, I find this requirement Not Compliant as further work is required in regard to inclusion of strategies to assist staff in the provision of supports and services.

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| Requirement 1(3)(e) | HCP  | Compliant |

*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.*

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| Requirement 1(3)(f) | HCP  | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives interviewed reported the service supports them when their needs change. They said staff are very good and they always respond when they want to change services provided to them. While consumers and representatives interviewed said support plans are accessible to them, there is insufficient information documented on the support plan to show that outcomes of assessment and planning are available where the care and services are delivered.

Consumers, representatives and staff interviewed confirmed support plans are reviewed on an annual basis. However, care plan and assessment documentation did not consistently show episodic review of the support plan to reflect changes to the care and services implemented following a change in the consumers circumstances including in response to an incident. For example:

* A number of care plans reviewed indicated that where higher level packages for consumers were identified, there was no update made to the care plan identifying changes to services and increased needs.
* Another consumer care plan identified a consumer with leg ulcers however, this was not noted in the care plan and therefore no mention of strategies to manage this, such as ensuring dressing to remain dry and intact.

The organisation’s policy indicated support plans should be updated when there is a decline in health, incidents have occurred, following discharge from hospital, a change in level of care provided or when there are changes in the consumers preferences. However, the Assessment Team noted this does not consistently occur.

The Quality Standard for the Home Care Packages service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2**

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| Requirement 2(3)(a) | HCP  | Not Compliant |

*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.*

Findings

Consumers and representatives interviewed were satisfied with the assessment and planning process. However, a review of documentation showed risks to consumers have not been identified through the assessment and planning process, to ensure care plans are sufficiently detailed to provide staff with information that guides the delivery of care while ensuring staff are aware of the risks associated with each consumers care.

Review of the documentation for consumers indicated assessment information is not comprehensive and the support plan does not provide the support workers with enough information to guide the delivery of safe care. For example:

* The care plan for one consumer identified that while a number of strategies were in place for this consumer, there were no strategies in place to manage alcohol or drug dependence to enable staff to provide appropriate support. A review of this consumers care plan in February 2022 did not reflect information regarding this consumers alcohol intake nor changes to his funding.
* Another consumer care plan identified leg ulcers however, this was not noted in the care plan and therefore no mention of strategies to manage this, such as ensuring dressing to remain dry and intact.

The Assessment Team noted a policy available to staff regarding the onboarding of new consumers included an assessment and support planning procedure however, the client assessment form does not include detailed assessment information or additional validated assessment tools. The potential impact of this is that staff may be providing care and services without sufficient information of the risks associated with the care of each consumer.

The service did not demonstrate effective assessment and planning, including the consideration of risks to consumer health and well-being, and ensuring sufficient information is available to support workers in the delivery of safe and effective care delivery. The service did not evidence that information regarding the risks identities for consumers is not identified, reviewed or considered when developing the care plan.

In response to the Assessment Report, the provider advised of changes made to updating care plans for consumers however further work is required regarding comprehensive assessment and the use of validated assessment tools. The provider acknowledged further work is underway expanding clinical assessments which will be included in care plans.

In considering the evidence provided during the quality review and subsequently by the provider, and acknowledging the work undertaken by the provider, it will take time to embed the changes into business as usual. Therefore, I find this requirement Not Compliant.

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| Requirement 2(3)(b) | HCP  | Compliant |

*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.*

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| Requirement 2(3)(c) | HCP  | Compliant |

*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.*

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| Requirement 2(3)(d) | HCP  | Not Compliant |

*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.*

Findings

The Assessment Team found support plans are provided to the consumer and stored in an in-home file that contains the consumers personal details form, the home care agreement, the organisation privacy statement, the consumer handbook, communication notes for support worker to use and, if applicable, information related to the management of a consumer’s medication. However, it was noted the assessments are not fully completed and do not clearly identify risks to the consumers. As a result, documented support plans are not sufficiently detailed to provide staff with information to guide the delivery of care.

For example, a care plan reviewed identified a consumer with a medical history of cognitive impairment and frequent falls and while there was a list of tasks for support workers to assist the consumer, there was no detail around strategies to mitigate the risk of falls nor were there strategies to assist support workers provide support regarding the consumers cognitive impairment.

Staff interviewed advised that individual care plans are available in the consumers home and when additional information is available, staff have a conversation with the support coordinator. However, staff interviewed stated they are usually directed by the consumer when they visit the home. Staff confirmed the use of communication notes to record information and the Assessment Team noted that progress notes confirmed consumers’ representatives are notified should an incident occur.

In response to the Assessment Report, the provider advised of changes made to updating care plans for consumers and consolidation of planning documents however, delays in updating consumer care plans at the point of delivery relies solely on input from consumers regarding changes to the delivery of services.

In considering the evidence provided during the quality review and subsequently by the provider, and acknowledging the work undertaken by the provider, it will take time to embed the changes into business as usual. Therefore, I find this requirement Not Compliant.

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| Requirement 2(3)(e) | HCP  | Not Compliant |

*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.*

Findings

The service did not demonstrate care and services are reviewed for effectiveness on a regular basis, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The organisation’s policy provides staff with guidance when and what to include when a change in the consumers condition occurs. However, a review of documentation noted while support plans are reviewed annually, support plans are not always reviewed when a consumer’s condition or situation changes, or an incident occurs. For example:

* a number of care plans reviewed indicated that while consumers support needs had increased resulting in higher level packages, there were no subsequent updates made to the consumers care plans.

Policy reviewed indicates support plans should be updated when there is a decline in health, incidents have occurred, following discharge from hospital, a change in level of care provided or when there are changes in the consumers preferences. However, the Assessment Team noted this does not consistently occur. For example:

* review of an individual consumer care plan highlighted that while a hospital admission had been recorded, no discharge had been recorded in the care plan with the next notes recording the tasks undertaken for the consumer some 10 days later. Discussion with the care coordinator indicated that while a visit had occurred with the consumer the day after discharge there was no documented evidence of any conversation nor strategies documented to assist support workers.

While the consumers, representatives and staff interviewed confirmed support plans are reviewed on a regular basis and the continuation or changes to care services provided to consumers is discussed, support plan and assessment documentation reviewed does not consistently show regular or episodic review of the plans. Plans reviewed did not consistently reflect identified changes to the care and services implemented following a change in the consumers circumstances including in response to an incident.

In response to the Assessment Report, the provider advised of changes made to updating care plans for consumers and consolidation of planning documents however, the process and procedures to ensure consistent update of records indicating changes to consumer needs and episodic review of care plans continues remains a concern.

In considering the evidence provided during the quality review and subsequently by the provider, and acknowledging the work undertaken by the provider, it will take time to embed the changes into business as usual. Therefore, I find this requirement Not Compliant.

# STANDARD 3 Personal care and clinical care

#  HCP Not Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

While consumers and representatives interviewed stated they felt consumers received personal and clinical care that is safe, timely and right for them; the service did not demonstrate that consumers get safe and effective personal care, clinical care, or both clinical and personal care that is best practice, is tailored to consumers’ needs and optimises consumers health and well-being. The service did not evidence effective assessment and review processes nor comprehensive policies and procedures to guide staff practice to mitigate against risks. For example:

* Documentation reviewed by the Assessment Team indicated that risks such as falls, weight loss, behaviours of concern and wound management is inconsistently recorded in the consumer information section of the care plan and strategies for staff to use or actions they should take are not consistently recorded.
* The Assessment Team were advised of one consumer requiring ongoing wound management. Following staff changes, the service worked with the consumer and representative to seek alternative support with the management of their wounds. The consumer elected to attend their general practitioner’s surgery. The package funds continue to support the costs of the dressings. However, it is noted the service did not proactively seek feedback regarding the progress of the consumers wound and did not communicate with the surgery staff to ensure adequate supplies of dressing materials were available to the consumer prior to the visits resulting in the consumer having to pay for the dressings and seek a reimbursement.

The Assessment Team identified that risk assessments were not consistently completed resulting in consumers identified as at potential risk of harm not having strategies in place to reduce identified risk. For example:

* One consumers documentation indicated a discharge from hospital and while the support coordinator advised they had visited the consumer following discharge, there were no notes recorded as to what changes were required in the provision of care and services for this consumer.
* Another consumer record reviewed noted a consumer had an appointment with a pain clinic however, no record of the outcome of the appointment or strategies to assist the consumer were noted.

The service did not demonstrate policies and procedures in place related to clinical deterioration including signs of acute and chronic deterioration and actions for staff to support outcomes for a clinically deteriorating consumer. The service did not demonstrate information provided to consumers, representatives, staff and others supporting consumers with personal and clinical care needs is effectively communicated.

The Quality Standard for the Home Care Packages service is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | HCP  | Not Compliant |

*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.*

Findings

The service did not demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being. Whilst all consumers interviewed reported satisfaction with the care they receive, the Assessment Team found that the lack of effective assessment and review processes, and the lack of comprehensive policies and procedures to guide staff practice potentially puts all consumers at risk of receiving clinical care that is not best practice, not tailored to each consumers needs and does not optimises their health and well-being. For example:

* The assessment form reviewed did not prompt staff to identify the need for additional clinical assessment. Other supports needed included examples of occupational therapy or physiotherapy only.
* The care team manager advised the organisation employed a registered nurse to complete clinical assessments and attend to clinical care needs such as wound management. However, the staff member recently resigned, and while the position remains vacant a review is underway to determine the need for a nurse on the staff versus engaging an external contracting service.
* The Assessment Team were advised there is currently one consumer who requires ongoing wound management. Following staff changes, the staff worked with the consumer and his representative to seek alternative support with the management of his wounds. The consumer elected to attend his general practitioner’s surgery. The package funds continue to support the costs of the dressings. However, it is noted the staff do not proactively seek feedback regarding the progress of the consumers wound and do not communicate with the surgery staff to ensure adequate supplies of dressing materials are available to the consumer prior to his visits resulting in the consumer having to pay for the dressings and seek a reimbursement.
* The organisation did not have policies and procedures related to the provision of personal and clinical care including skin care and wound management policies, continence management behaviour management, including the use of restraint and the management of consumer pain.

In response to the Assessment Report, the provider advised of changes made to updating care plans for consumers and consolidation of planning documents and associated procedure documents to better enable documentation to be updated in a timely manner. The provider advised clinical care policies and procedures will be established to better document consumer needs and provide guidance to staff providing services.

In considering the evidence provided during the quality review and subsequently by the provider, and acknowledging the work undertaken by the provider, it will take time to embed the changes into business as usual. Therefore, I find this requirement Not Compliant.

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| Requirement 3(3)(b) | HCP  | Not Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The care team manager advised the identification of risk and strategies to mitigate or reduce the risk to each consumer is not discussed with the consumer or their representative at the time of admission or during the ongoing review process. The service does not have a process in place to guide staff to ensure consumers understand, acknowledge and accept risks identified. The organisation has an incident reporting system in place to ensure incidents are reported and reviewed however, the information is not collated to identify opportunities for improvement resulting in improved outcomes for consumers.

While the Assessment Team was advised that incident forms are collated and discussed at quarterly home care meeting and changes to support plans are made, as appropriate, it was noted that this did not occur consistently. For example:

* An incident occurred when a consumer left oil on a stove top that caught fire. The fire was extinguished however the incident form indicates no further actions were required and the incident closed. The Assessment Team did not note any additional alerts had been placed on the consumers care plan.
* Documentation reviewed indicated that risks such as falls, weight loss, behaviours of concern and wound management is inconsistently recorded in the consumer information section of the care plan and strategies for staff to use or actions they should take are not consistently recorded.

In response to the Assessment Report, the provider advised of changes made to updating care plans for consumers, as noted previously in this report. Acknowledging the work undertaken subsequent to the quality review by the provider regarding improvements to the initial assessment and ongoing review of consumer’s needs, it will take time to embed the new processes into business as usual.

Therefore, I find this requirement Not Compliant.

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| Requirement 3(3)(c) | HCP  | Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP  | Not Compliant |

*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.*

Findings

The service did not effectively demonstrate they recognise and respond to changes in the consumers’ health or condition in a timely manner. The service did not evidence that consumers are reassessed following a change in their physical or mental health or well-being. Referrals to health professional are not consistently sought when issues are identified such as registered nurses, continence advisors, dietician or speech pathologist. For example:

* A representative interviewed advised they had asked on a number of occasions for staff to investigate social activities a consumer could participate in as the representative had noticed the consumer getting depressed staying at home all the time. The representative stated that staff had not acted in a timely manner to increase the services provided to the consumer, noting in addition to the consumers increased lethargy and depression, there was also an increase in funding.

Review of documentation by the Assessment Team noted that incidents where a consumers mental or physical function or condition are noted to have deteriorated, are not consistently recognised and responded to in a timely manner. For example:

* One consumers documentation indicated a discharge from hospital and while the support coordinator advised they had visited the consumer following discharge, there were no notes recorded as to what changes were required in the provision of care and services for this consumer.
* Another consumer record reviewed noted a consumer had an appointment with a pain clinic however, no record of the outcome of the appointment or strategies to assist the consumer were noted.

The Assessment Team noted the service’s policy manual does not specifically outline the services responsibilities to identify and respond to any deterioration of health of a consumer in a timely manner. The Assessment Team raised this with the service at the time of the quality review and were advised that a review is ongoing looking at the information available to guide staff practice.

The organisation did not demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The service does not have policies and procedures related to clinical deterioration including signs of acute and chronic deterioration and steps to be taken by staff to support effective outcomes for a clinically deteriorating consumer.

In response to the Assessment Report, and as previously noted in this report, in relation to the identification of risk to consumers, the provider has initiated a number of changes to better enable visibility and recording of changes to consumer’s needs. The provider advised of work underway to establish clinical care policy and procedure improvements however, the changes will take time to embed into standard practice. Therefore, I find this requirement Not Compliant.

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| Requirement 3(3)(e) | HCP  | Compliant |

*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.*

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| Requirement 3(3)(f) | HCP  | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 3(3)(g) | HCP  | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living

#  HCP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives interviewed expressed in various ways their satisfaction with the safe and effective services received for daily living that meet their needs, goals and preferences and optimises their independence, well-being and quality of life. Consumers interviewed provided examples including, how they are supported to continue their interest in participating in local community activities.

Staff interviewed demonstrated how they provided meaningful activity, ensured consumers were safe and how the connection to their culture is important for consumers receiving services. The staff interviewed demonstrated an understanding of the emotional, spiritual and psychological well-being of the consumers. Staff demonstrated knowledge of the needs, goals and preferences of each consumer.

Management interviewed provided examples where the service works with other providers and organisations to enable consumers to be supported to participate in the community. The service demonstrated consumers are provided with appropriately assessed equipment which is well maintained.

The Quality Standard for the Home Care Packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant. One requirement was deemed Not Applicable.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP  | Compliant |

*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.*

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| Requirement 4(3)(b) | HCP  | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | HCP  | Compliant |

*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.*

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| Requirement 4(3)(d) | HCP  | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) | HCP  | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | HCP  | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

This requirement is deemed Not Applicable as the provider does not provide meals.

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| Requirement 4(3)(g) | HCP  | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

#  HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for the Home Care Package services was not assessed during this Assessment. Consumers are not provided services where they are delivered at a centre run by the service.

# STANDARD 6 Feedback and complaints

#  HCP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed provided examples of how they are encouraged and supported to provide feedback and make complaints.

Staff interviewed demonstrated an understanding of how feedback or raising complaints can be made. The service has policies and processes to guide staff in supporting feedback and complaints.

The service demonstrated information is provided for consumers and representatives regarding access to advocates, language services and other methods for raising and resolving complaints. The service evidenced information is provided to consumers and representatives at the commencement of their service, in the form of brochures and as part of the consumer home care agreement.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure approach is followed. The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services.

The Quality Standard for the Home Care Packages service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | HCP  | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(b) | HCP  | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| Requirement 6(3)(c) | HCP  | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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| Requirement 6(3)(d) | HCP  | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

#  HCP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives interviewed, expressed in various ways, they felt there are enough staff to provide care and services.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management interviewed advised staff performance is monitored for competency through feedback from consumers, observation of practice and through discussion at the weekly care management meeting. The service evidenced job descriptions which describe competencies, responsibilities and experience required for the role. Where services are brokered there is monitoring through the support coordinators and procurement officer.

The service demonstrated the workforce is recruited, trained and equipped to deliver outcomes required by these standards. The service demonstrated that staff are recruited through a comprehensive process and complete onboarding. Management interviewed advised staff are provided initial and ongoing training and education based on consumer assessed needs, feedback and where it is identified as required. There are processes in place to monitor training. The service demonstrated staff performance is monitored.

The service brokers allied health, clinical and other maintenance services. There is regular monitoring and discussion around planning of staffing dependent on consumer’s assessed need or preferences.

The Quality Standard for the Home Care Packages service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | HCP  | Compliant |

*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.*

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| Requirement 7(3)(b) | HCP  | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| Requirement 7(3)(c) | HCP  | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | HCP  | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| Requirement 7(3)(e) | HCP  | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

#  HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers interviewed said they felt involved in the development, review and evaluation of their services. The service demonstrated how consumers are encouraged to provide feedback through processes including review of care and calls to consumers and representatives. Consumer and representatives interviewed expressed they are able to identify and ask for preferred external providers to deliver their care and services. Staff interviewed said the service is well run and they feel supported by their management team.

The service evidenced governance systems in place relating to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. However, the service did not demonstrate effective information management in place regarding assessment documentation, which guides staff to identify possible consumer risk and record how the risk and impact will be managed on the consumer support plan.

The service did not demonstrate there are risk management systems and practices to managing high impact or high prevalence risks associated with the care of consumers. The service did not evidence use of assessment processes effectively to identify and record where there may be risks for the consumer. The service did not demonstrate effective use of the incident management system to report, review and identify opportunities for improvement.

While the service evidenced a clinical governance framework document to guide staff in their roles and responsibilities the service was unable to demonstrate there is policy and procedures in place for open disclosure, antimicrobial stewardship and minimising the use of restraint. The service did not demonstrate that staff have been provided education on open disclosure, antimicrobial stewardship and minimising the use of restraint and staff interviewed were not able to describe how these topics are relevant to their role.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | HCP  | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

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| Requirement 8(3)(b) | HCP  | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| Requirement 8(3)(c) | HCP  | Not Compliant |

*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.*

Findings

The service has governance systems in place relating to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. However, the service was not able to demonstrate there is effective information management in relation to assessment documentation which guides staff to identify possible consumer risk and record how the risk and impact will be managed on the consumer support plan.

#### Information management

The Assessment Team found that while there are systems in place for the capture of information, these systems are not consistently used to provide comprehensive information. For example:

* Review of consumer care documentation showed there was inconsistencies in what was recorded. It was noted information recorded in the brief consumer summary section of the support plan is not always transferred to the care and services section for all consumers.
* Review of the current template used for assessment and review of consumers does not reflect the information required to understand the complexity of consumers who have been allocated higher level home care packages. The Assessment Team noted there were missed opportunities to capture information that could inform risk and strategies on the consumer support plan and provide the support worker with increased knowledge of the consumer’s health and emotional needs.
* Support plans are not necessarily being updated to reflect current consumer care and needs following reporting of deterioration, discharge from hospital, incidents or when a consumer is allocated a higher-level home care package.

Staff interviewed said they had access to systems to access consumer information to support delivery of services and the point of delivery. Staff said they were confident that should they require further information, they would speak with coordinators and scheduling staff.

The service provided the Assessment Team with a draft assessment form which has been developed following the identification of the requirement to have comprehensive consumer information to inform discussion about care and services. The service advised the new form will be implemented for all consumers shortly.

**Continuous improvement**

The service demonstrated use of a continuous improvement plan and strategic plan to guide its improvement activity. Improvements are identified through feedback, incidents, suggestions and changes in compliance requirements. The CEO, when interviewed, confirmed continuous improvements are discussed with the management committee, including the provision of updates on improvement activities.

**Financial governance**

The service demonstrated an effective financial governance systems are in place to ensure ongoing oversight with annual financial reporting and external auditing compliance observed to be in place.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The service demonstrated workforce governance is in place and includes the assignment of clear responsibilities and accountabilities for staff.

#### Regulatory compliance

The service demonstrated membership of peak industry bodies to ensure access to current sector information and demonstrated changes made to support delivery of services based on regulatory compliance.

**Feedback and complaints**

The service demonstrated an effective feedback and complaints system which is monitored and directly contributes to improvement activity within the service.

In response to the Assessment Report, and as previously detailed earlier in this report, the provider advised of actions taken to improved information capture and recording. While the provider demonstrated improvements in the capture of information relating to risks and assessment of consumer needs, it will take time to embed into standard practice to enable effective record keeping for both assessment and risk analysis.

Therefore, I find this requirement Not Compliant.

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| Requirement 8(3)(d) | HCP  | Not Compliant |

*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.*

Findings

The service did not demonstrate there are risk management systems and practices in place to manage high impact or high prevalence risks associated with the care of consumers. The service did not evidence assessment processes are in place to effectively identify and record where there may be risks for the consumer. The service did not demonstrate effective use of the incident management system to report, review and identify opportunities for improvement. For example:

* Care plans reviewed for a number of consumers indicated did not include reassessment on discharge from hospital or where changes in a consumer’s behaviour was identified. The impact of this was no subsequent strategies to enable staff to best support these consumers.

In relation to managing and preventing incidents, including use of an incident management system, the service demonstrated an incident reporting system is in place. However, the service did not demonstrate how the information is collated to identify opportunities for improvement resulting in improved outcomes for consumers.

In relation to identifying and responding to abuse and neglect of consumers, staff interviewed were able to demonstrate an awareness of elder abuse and their role in reporting any suspected or actual issues relating to observation of physical abuse, emotional concerns or coercive behaviours of others.

In relation to supporting consumers to live their best life, staff demonstrated how they manage consumer risk and support consumers to live their best life including provision of regular exercise recommended by a physiotherapist to increase mobility and capacity and, supporting consumers to enjoy activities important to them. However, the service did not demonstrate processes in place to guide staff in ensuring consumers understand, acknowledge and accept risks identified.

In response to the Assessment Report, and highlighted earlier in this report, the provider advised of changes made to capture of information regarding identification and management of risks to consumers, including the review and establishment of policies and procedures to support this activity. The changes identified by the provider will contribute to improvements in this are however, it will take time to embed these changes in standard practice. Therefore, I find this requirement Not Compliant.

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| Requirement 8(3)(e) | HCP  | Not Compliant |

*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.*

Findings

While the service evidenced a clinical governance framework in place, the framework does not refer to or have policy and processes to guide staff understanding of the service’s approach to open disclosure, antimicrobial stewardship and minimising the use of restraint. The framework reviewed sets out the roles and responsibilities of the management committee and all staff and others who are involved in the care and services of the consumer.

While staff demonstrated an open disclosure approach to resolving complaints and incidents where something has gone wrong, the service does not have an open disclosure policy in place and staff have not been provided guidance on open disclosure.

Training documents reviewed indicated staff had not received education on antimicrobial stewardship and their role in supporting the reduction of the need for such medication. Staff had not been made aware of resources available to support consumer choice in the use of antibiotics nor were they aware of what minimising restraint may look like in a community setting and their role in supporting consumers

In response to the Assessment Report, the provider advised development of policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Evidence was provided of inclusion of these topics in the services Continuous Improvement Plan. While acknowledging the word commenced by the provider, it will take time to develop and implement the changes into standard practice. Therefore, I find this requirement Not Compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 1(3)(d) | HCP  | Not Compliant  |

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| Requirement 2(3)(a) | HCP  | Not Compliant |

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| Requirement 2(3)(d) | HCP  | Not Compliant |

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| Requirement 2(3)(e) | HCP  | Not Compliant |

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| Requirement 3(3)(a) | HCP  | Not Compliant |

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| Requirement 3(3)(b) | HCP  | Not Compliant |

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| Requirement 3(3)(d) | HCP  | Not Compliant |

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| Requirement 8(3)(c) | HCP  | Not Compliant |

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| Requirement 8(3)(d) | HCP  | Not Compliant |

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| Requirement 8(3)(e) | HCP  | Not Compliant |