Decia Pty Limited

Performance Report

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| **Address:** | 350 Liverpool RdASHFIELD NSW 2131 |
| **Phone:** | 02 9798 3077 |
| **Commission ID:** | 201116 |
| **Provider name:** | Decia Pty Limited |
| **Activity type:** | Quality Audit |
| **Activity date:** | 2 May 2022 to 5 May 2022 |
| **Performance report date:** | 5 July 2022 |

# Performance report prepared by

G.McNamara, 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:**

* Eremea Home Care Services, 26668, 350 Liverpool Rd, ASHFIELD NSW 2131

**CHSP:**

* CHSP Personal Care, 4-7WJ6YT3, 350 Liverpool Rd, ASHFIELD NSW 2131
* CHSP Transport, 4-7WJGJDZ, 350 Liverpool Rd, ASHFIELD NSW 2131
* Domestic Assistance, 4-7WJGJMH, 350 Liverpool Rd, ASHFIELD NSW 2131
* Flexible Respite, 4-7WJGJV5, 350 Liverpool Rd, ASHFIELD NSW 2131
* Social Support - Individual, 4-7WJT0L5, 350 Liverpool Rd, ASHFIELD NSW 2131

# Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice  | HCP  | Not Compliant |
| CHSP | Not Compliant |
| Requirement 1(3)(a) | HCP  |  Compliant |
|   | CHSP |  Compliant |
| Requirement 1(3)(b) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 1(3)(c)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 1(3)(d)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 1(3)(e)  | HCP |  Not Compliant |
|  | CHSP |  Not Compliant |
| Requirement 1(3)(f)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Standard 2 Ongoing assessment and planning with consumers | HCP  | Not Compliant |
| CHSP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 2(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Standard 3 Personal care and clinical care  | HCP  | Not Compliant |
| CHSP | Not Compliant |
| Requirement 3(3)(a) | HCP  |  Compliant |
|   | CHSP |  Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 3(3)(c)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 3(3)(d)  | HCP |  Compliant |
|  | CHSP |  Compliant  |
| Requirement 3(3)(e)  | HCP | Not Compliant |
|  | CHSP | Not Compliant  |
| Requirement 3(3)(f)  | HCP | Not Compliant |
|  | CHSP | Not Compliant  |
| Requirement 3(3)(g)  | HCP |  Compliant  |
|  | CHSP |  Compliant  |
| Standard 4 Services and supports for daily living | HCP  | Not Compliant |
| CHSP | Not Compliant |
| Requirement 4(3)(a) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 4(3)(b) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 4(3)(c) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 4(3)(d) | HCP |  Not Compliant |
|  | CHSP |  Not Compliant |
| Requirement 4(3)(e) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 4(3)(f) | HCP |  Not Applicable |
|  | CHSP |  Not Applicable |
| Requirement 4(3)(g) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Standard 5 Organisation’s service environment |  | Not Applicable |
| Standard 6 Feedback and complaints  | HCP  |  Compliant |
| CHSP |  Compliant |
| Requirement 6(3)(a) | HCP  |  Compliant |
|   | CHSP |  Compliant |
| Requirement 6(3)(b) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 6(3)(c)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 6(3)(d)  | HCP |  Compliant |
| Standard 7 Human resources  | HCP  |  Compliant |
| CHSP |  Compliant |
| Requirement 7(3)(a) | HCP  |  Compliant |
|   | CHSP |  Compliant |
| Requirement 7(3)(b) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 7(3)(c)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 7(3)(d) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 7(3)(e)  | HCP |  Compliant |
|  | CHSP |  Compliant |
| Standard 8 Organisational governance  | HCP  | Not Compliant |
| CHSP | Not Compliant |
| Requirement 8(3)(a) | HCP  |  Compliant |
|   | CHSP |  Compliant |
| Requirement 8(3)(b) | HCP |  Compliant |
|  | CHSP |  Compliant |
| Requirement 8(3)(c)  | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(e)  | HCP |  Compliant |
|  | CHSP |  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
* the provider’s response to the Quality Audit report received 15 June 2022.

# STANDARD 1 Consumer dignity and choice

#  HCP Not Compliant CHSP 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

Overall consumers and representatives interviewed considered consumers are treated with dignity and respect, can maintain their identity, are supported to take risks and live the life they choose.

The organisation has policies and procedures in place that have an inclusive, consumer-centred approach to organisational practices and care and service delivery; including supporting consumers to take risks and how the organisation protects privacy and confidentiality. Staff described how they support consumers to make informed choices about their care and services and make decisions about when others should be involved in their care and decision making.

However, although consumers were provided with initial information on services through an information pack and service agreement and interpreters were organised when needed to ensure understanding, there were several issues identified regarding the provision of information on an ongoing basis.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the six specific requirements has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the six specific requirements has been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP  | Not Compliant |
|  | CHSP  | Not 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.*

Findings

All consumers/representatives interviewed confirmed they received an initial information pack, service agreement and budget (HCP) and usually received weekly (or more frequent) rosters. Those interviewed from CALD backgrounds also confirmed they were offered assistance to understand information provided through the use of interpreters or staff that spoke their language.

However, the Assessment Team found that the service did not demonstrate the information provided to each consumer on an ongoing basis was current, accurate and timely to enable consumers and representatives to exercise choice. Issues identified regarding the provision of information on an ongoing basis related to:

* The provision of new agreements and budgets for home care package consumers/representatives where upgrades had occurred or where they had moved from a CHSP service to a home care package.
* Information was not provided to consumers/representatives regarding individual rosters where frequent changes were made regarding support workers providing services.
* Many consumers/representatives interviewed, although happy with their support workers, said service coordinators (HCP) and service representatives (CHSP) were difficult to contact by phone as calls went straight to message bank and often messages were not returned in a timely manner or not returned at all. This resulted in them having unanswered questions or information about their services or they were often unable to sort out service delivery issues. Several consumers/representatives interviewed said this had been occurring for “quite some time”.

The Assessment Team reported that management acknowledged they had issues with communication from the office and were currently working to rectify this, and that support and supervision processes have been put in place for service coordinators/representatives regarding management of their caseloads to ensure they are able to return calls in timely manner to consumers and representatives.

In its written response the approved provider stated that prior to the Quality Audit it was aware through its own investigations of the challenges being faced by consumers and its own workforce including, in relation to the above matters, effective and timely communication and rostering changes occasioned by the restrictions of COVID and resultant staff shortages and loss of staff, and its need to implement new technologies and systems to address these and related matters. It stated it had already commenced work on areas of concern, including a more advanced phone system and onboarding more contractors and suppliers. It also stated it had taken further actions based on the Assessment team’s report, including review of the Co-ordinators role.

I acknowledge the challenges faced and improvements identified, and the approved provider’s positive engagement with the issues. However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Not Compliant CHSP 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

The majority of consumers and representatives were satisfied with the assessment and planning process. However, consumers said in different ways that their needs had been assessed primarily over the telephone and were not always understood. While consumers sampled have current assessments that identify consumers’ health conditions, review of care documentation and interviews showed some risks to consumers have not been identified through the assessment and planning process, to inform safe and effective care and service delivery. Management advised they have new clinical team and staff are to refer the consumer to the service’s clinical care team for consideration of complex needs identified and incorporation of recommendations into care planning, this does not consistently occur.

Assessment and planning identify some individual needs and goals, however not all consumer care and service needs and goals are documented and current. The service assessment tool prompts discussion about advanced care planning and the majority of consumers and representatives are satisfied this occurs. However, some consumers and representatives said advance care planning had not been discussed with them.

Most consumers and representatives said that assessment, planning and review occurs in partnership with them and others that they choose to involve, including other individuals and organisations involved in their care. Partnerships with consumers and others as described by consumers, representatives, staff and management were evident in sampled assessment, planning and review documentation.

The service could not demonstrate the outcomes of assessment and planning are documented in a care and service plan and accordingly did not demonstrate that a care and services plan is available where care and services are provided. While the service expects the consumer will make the care plan available to support workers providing care and services, most support workers interviewed said they did not have access to any care and services plan and they took their guidance for the provision of care and services from the consumer or representative.

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. Not all consumers and representatives are satisfied their care and services are reviewed regularly. Care and services are not always reviewed when a consumer’s condition or situation changes, or an incident occurs. Care documentation but does not consistently show regular and episodic review of care and services occur.

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

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

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

The Assessment Team found that the service has assessment and care planning processes in place that identify potential risks to the consumer's health and well-being and inform the development of the care plan. However, most sampled consumer files did not have assessment and planning or had minimal information, including risk considerations.

While assessments are undertaken, including an initial assessment for some consumers, the Assessment Team found that most risk assessments do not outline the consumer's ability to undertake tasks independently and highlight any risks or concerns about the consumer's health and well-being. Assessments and care plans were not completed in most sampled consumer files or they had minimal information. Some were not up to date nor outlined the relevant risks for each consumer, including risk areas such as allergies, cognition level, dementia, medical history, fall risk, dietary requirements, manual handling, environmental and social.

One consumer’s representative they had been calling the service for assessment and care post-hospital discharge, and no one is answering the phone or giving them a call back. That representative stated the consumer is frail and he needs equipment for falls prevention. Another consumer said they had a fall and since then had been cautious and fearful however, staff didn’t have updated information to provide the care. Support workers said they receive information on the consumer's needs and preferences mostly through the representatives. They also said they also access the consumer database on their phone apps; however, it is not always updated.

The Assessment Team reported that management stated the organisational care documentation guide manual guides staff practice regarding assessment and care planning processes, and all staff have received induction and training in their role, including identifying individual consumer risks. They said that due to new service coordinators and representatives, there has been a lack of consistency in assessment and care planning as they are still learning. They had identified the need for improvement in this area and have created a clinical team with two new RNs. They said the clinical team are good at identifying and managing risks and ensuring support workers receive the necessary information to provide safe services. However, management acknowledged the need to improve assessment and planning, including considering the risk to the consumer's health and well-being.

In its written response the approved provider stated that prior to the Quality Audit it was aware through its own investigations of the challenges being faced by consumers and its own workforce as a result of the COVID pandemic and that it had already commenced work on areas of concern, including a review project to ensure assessment and planning is up to date for all consumers, and immediate review of named consumers. I accept that in relation to these and other matters the approved provider had identified areas for improvement prior to the Quality Audit and had commenced actions to address these areas.

I acknowledge the challenges faced and improvements identified, and the approved provider’s positive engagement with the issues. However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP  | Not Compliant |
|  | CHSP  | Not 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.*

Findings

The Assessment Team found that care plans of sampled consumers did not outline care needs in response to consumers' goals and preferences to consider their physical, medical, psychosocial and cultural profile. The care plans and assessments are general, with minimal information and schedule focused. Support workers were guided by the consumers' representative rather than the care plan of the consumers when providing care. Most of the consumers/representatives did not recall particular discussions regarding advanced care planning and end of life care. Nine out of 14 consumers' files sighted did not have assessment and planning documentation to address the consumer's current needs, goals and preferences, and the rest of the files only have minimal information.

Most of the consumers interviewed confirmed that they get the care and services they need and described what was necessary regarding their received services. However some other consumers and representatives said they have not received the care and services they need.

The Assessment Team reported that some service coordinators said that due to the increasing consumer caseloads, they are not keeping up to date with the assessment and planning. Support workers could not always describe what is essential to the sampled consumers regarding how care is delivered, including their needs, goals and preferences.

The service has a care documentation guide manual in place to guide staff in undertaking an assessment, including references to advance care planning and end of life planning. However, management said they are in the process of developing and reviewing the assessment and care planning policies and procedures to provide additional support to staff.

I acknowledge the approved provider’s engagement with the issues as identified throughout the Quality Audit and in its written response. The measures it identified as being in place and the actions it is taking, including full review of all consumers, are clearly designed to achieve positive outcomes for consumers, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP  | Not Compliant |
|  | CHSP  | 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 that the service demonstrated that consumers and nominated representatives are involved in assessment and planning processes, and details are communicated through in-person, emails and phone calls. The process is to provide a care plan to the consumer and nominated representative, however, consumers and nominated representatives interviewed could not recall having a written care plan. Review of consumer files also confirmed that for most consumers care plans were not in place. 9 out of 14 consumer files reviewed did not have assessments and care plans documented. This was also confirmed through discussions with the service coordinators and representatives.

I acknowledge the approved provider’s engagement with the issues as identified throughout the Quality Audit and in its written response. The measures it identified as being in place and the actions it is taking, including full review of all consumer’s care plans, are clearly designed to achieve positive outcomes for consumers, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP  | Not Compliant |
|  | CHSP  | 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 Assessment Team found that the service did not demonstrate care, and services are reviewed for effectiveness regularly when circumstances change or based on the consumer's needs, goals, or preferences. Not all consumers and representatives are satisfied that their care and services are reviewed regularly. Care and services are not always reviewed when a consumer's condition or situation changes or an incident occurs. Care documentation does not consistently show regular and episodic reviews of care and services.

In its written response to this requirement and other requirements in this Standard which have been found Non-Compliant the approved provider did not dispute the Assessment Team’s findings, and gave some context on the challenges it faced, including the impact of COVID.

I acknowledge the challenges faced and improvements identified, and the approved provider’s positive engagement with the issues. However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# STANDARD 3 Personal care and clinical care

#  HCP Not Compliant CHSP 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

Most consumers are receiving safe and effective personal care and clinical care that is best practice and tailored to the needs of the consumer. The service has access to a new internal clinical care team, the clinical needs of consumers are effectively monitored. Clinical care team referrals and assessments to ensure best practice and care tailored to the consumer do consistently occur when a need is identified. The service does receive regular medical/or nursing reports in relation to wound care.

However, while the service is aware of the high-impact and high-prevalence risk of falls for the frail elderly and responds accordingly, risks for consumers are not always not identified through the initial assessment and ongoing review processes.

Some consumers/representatives interviewed could not recall whether advanced care directives and end of life planning were discussed as part of their assessment. Some consumers do not want to discuss this with the service yet. Management advised that they did not have any consumers on an end of life pathway at present but would raise this with consumers whose care needs increased.

The service did not demonstrate information provision by consumers, representatives, staff and others supporting consumers with personal and clinical care needs is effectively communicated.

While the service demonstrated that referrals are made to ensure consumers receive the timely provision of care and services, such as allied health services or geriatricians, timely and appropriate referrals in relation to the equipment services are not consistently completed.

Consumers and representative discussed regular contact and information from the service regarding safe practices during COVID-19.

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.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP  | Compliant |
|  | CHSP  | 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.*

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

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

Findings

The Assessment Team found that the service is aware of the high-impact and high-prevalence risk of falls for the frail elderly and responds accordingly to any identified or potential falls risk by assessing that risk and making appropriate referrals to allied health such as occupational therapists and physiotherapists. An incident reporting system is in place, and staff report incidents as they occur, with service coordinators/representatives and management following up as required. There is also a process to manage the risks around when consumers do not respond to a scheduled visit.

However, risks for consumers are not always not identified through the initial assessment and ongoing review processes. Where clinical needs may be present, assessments and reviews are conducted by an RN, however, there is no consistency in the referral process from the service coordinators or representatives. Consumer clinical needs were not identified in a timely manner through the initial assessment.

In its written response the approved identified a number of improvements it had commenced prior to the Quality Audit, during the Quality Audit and as a result of the Quality Audit, including expansion of its clinical team, improved clinical practices and review of consumers care needs.

However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP  | Not Compliant |
|  | CHSP  | Not 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.*

Findings

Management said communication systems at the service enable information about consumers to be shared with those involved in delivering services, such as support workers, RNs, service coordinators/representatives and allied health services. Communication with representatives was evidenced in consumer files sighted, however sampled care plans did not have detailed documentation about consumers’ conditions, needs and preferences.

Consumers/representatives provided positive feedback on the support staff who provided their care, however some consumers/representatives confirmed that their needs and preferences are not effectively communicated to support workers, as they usually have to repeat the same information to new staff. They also confirmed that new support workers typically don’t know if anything has changed regarding their care. Also some consumers said some care staff may not have been provided with all the information they need regarding service delivery. For example:

All consumers sampled have frequent consumer notes. Evidence sighted indicated that the notes of service coordinators were regular, detailed and reflected discussions with support workers, consumers/representatives and allied health services, however care plans and assessments were not updated accordingly.

In its written response the approved identified a number of improvements it had commenced prior to the Quality Audit, during the Quality Audit and as a result of the Quality Audit, including expansion of improvements in its information systems and review of care planning.

However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP  | Not Compliant |
|  | CHSP  | Not Compliant |

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

Findings

The Assessment Team found that while the service demonstrated that referrals are made to ensure consumers receive the timely provision of care and services, such as allied health services or geriatricians, it found that consumers expressed dissatisfaction in relation to the equipment services. Evidence sighted of consumers request for equipment, and there are frequent enquires about the waiting period.

In its written response the approved identified a number of improvements it had commenced prior to the Quality Audit, during the Quality Audit and as a result of the Quality Audit, including expansion of improvements in its information systems and enhancing the ability of consumers to contact the organisation.

However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP  | Compliant |
|  | CHSP  | 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 Not Compliant CHSP Not 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

Overall sampled consumers confirmed they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers/representatives interviewed confirmed that, where needed, they are supported to keep in touch with people who are important to them.

Some consumers are enjoying accessing the community independently and said the service supports them to do this. Consumers said they felt supported to live their life the way they choose and had their preferences considered when receiving care.

However, while support workers were familiar with consumers’ interests, information about the consumer’s condition, needs and preferences relating to their supports for daily living are not always available to staff at the point of care. Consumer information is gained through familiarity with consumers and/or from representatives.

Referrals are made to external providers for services and the provision of equipment when needed. All consumers/representatives said they have access to a range of various services which meets their needs.

Staff are aware of the organisational philosophy of care. Examples were provided by staff, management and consumers/representatives of how consumers’ individual needs are met and how they are supported to live the life they want. Details of these were also noted to be included in consumer notes and some in care plan.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the six applicable requirements has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the six applicable requirements has been assessed as Non-compliant.

**Assessment of Standard 4**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant |
|  | CHSP  | 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP  | Compliant |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP  | Not Compliant |
|  | CHSP  | Not Compliant |

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

Findings

The Assessment Team found that the service did not demonstrate that information about the consumer’s condition, needs and preferences relating to their supports for daily living are always available to staff at the point of care. Care documentation provided to support workers to direct care did not contain information regarding consumers’ life histories, interests or what is important to them in relation to supports for daily living. When care planning documents did include detail, this information was not necessarily transferred to service provider request forms and used to guide others responsible for the shared care of the consumer. Support staff said in various ways that consumer information is gained through familiarity with consumers and/or from representatives.

In its written response the approved identified a number of improvements it had commenced prior to the Quality Audit, during the Quality Audit and as a result of the Quality Audit, including improvements in recording and managing information.

However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

The organisation does not provide meals therefore this requirement is Not Applicable.

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

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

# STANDARD 5 Organisation’s service environment

#  HCP Not Applicable CHSP 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.

The organisation does not provide a physical service environment therefore this Standard is Not Applicable.

# STANDARD 6 Feedback and complaints

#  HCP Compliant CHSP 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/representatives confirmed they are able to provide feedback and suggestions at any time through a range of mechanisms such as verbal, email and through surveys. Their feedback and suggestions are sought throughout the course of care and service provision. They are informed of their right to make a complaint and are provided with information on external complaints mechanisms and advocacy services they can access. Consumers and representatives advised they feel comfortable in providing feedback and suggestions or making a complaint should they wish to do so. Some said they have done this and they felt appropriate action had been taken to address their concerns.

Staff encourage consumers to provide feedback and internal processes are in place to document and action feedback. Although some aspects of complaints would be actioned at the service coordinator/representative level, information on actions taken are fed up to relevant regional staff. External complaints through the Aged Care Quality and Safety Commission (the Commission), or more serious complaints, are managed by the two regional managers at the service. Statistics regarding complaints/feedback are reported to the Executive Team on a regular basis and trending of this information occurs to identify continuous improvement opportunities. Open disclosure is practiced.

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.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 Human resources

#  HCP Compliant CHSP 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/representatives, interviewed advised care and services are provided on the agreed days and times. They were complimentary of the respect, care and attention shown to them by support staff, service coordinators and representatives overall and management. Consumers confirmed staff are not usually rushed when delivering services and will receive a phone call on the occasion a staff member is running late or if services need to be rescheduled they are offered options.

The service demonstrated new staff are supported with an onboarding program, with roles and responsibilities of each role clearly defined. Staff performance is also reviewed regularly and as required and action is taken promptly if consumers raise any issues regarding support workers or office based staff.

All staff reported feeling supported in their role via frequent team and individual communications and supported to access additional training if needed or requested. The service keeps a record of qualifications and training completed by all staff.

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.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Assessment of Standard 7 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP  | Compliant |
|  | CHSP  | 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.*

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

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

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

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

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

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

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

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

# STANDARD 8 Organisational governance

#  HCP Not Compliant CHSP 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/representatives described how they are engaged to provide feedback, with some reporting they had completed surveys on occasion. Some also indicated they would give feedback verbally to staff if they wanted to provide it.

Staff demonstrated an understanding of policies and procedures overseeing the delivery of safe, quality care and services. They said communication with service coordinators and representatives makes sure services run smoothly and they felt they have the information they need to provide safe care to consumers. They said coordination staff and management are approachable and make themselves available at any time to discuss any concerns or queries.

The organisation has a risk management system in place that identifies and responds to vulnerable consumers. The Executive is informed of any emerging risks and trends of incidents, complaints and continuous improvement activities. Regular planning mechanisms are in place and management advised they have ready access to all information to ensure transparency and informed decision making. The service focuses on achieving positive lifestyle outcomes for consumers.

However, concerns were identified in relation to information management, including the provision of information to consumers/representatives, office based staff being hard to contact and consumers or their representatives not having copies of care planning documentation.

In relation to risk management systems, issues were identified around high impact and high prevalent risks to consumers, including concerns regarding identification of consumer risks through the initial assessment and ongoing review process.

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

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8

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

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

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

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

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

Overall the service was able to demonstrate effective organisation wide governance systems relating to continuous improvement, financial governance, feedback and complaints, regulatory compliance and workforce governance, including the assignment of clear responsibilities and accountabilities. However issues were identified regarding information management and provision of information to consumers/representatives and support staff. In particular:

* Office based staff stated they can access information when they need it, however support staff advised often care plans are not updated and they need to speak to consumers/representatives or service coordinators/representatives in order to get information on consumers’ current care needs and relevant services.
* Although consumers were provided with initial information on services and assisted to understand that information through use of interpreters or CALD staff, the provision of information to consumers/representatives on an ongoing basis was difficult for many consumers/representatives. Consumers and their representatives indicated office based staff were hard to contact and often did not return calls. Many consumers/representatives interviewed did not have copies of care planning documentation provided to them or updated agreements and budgets when their HCP was upgraded.
* Although overall many consumers said they were consulted regarding changes to rosters, some consumers/representatives said rosters change so frequently it is hard to keep up and there have been occasions where different staff turned up to their homes and they were not advised.

In its written response the approved identified a number of improvements it had commenced prior to the Quality Audit, during the Quality Audit and as a result of the Quality Audit, including improvements in recording and managing information through improved communication systems.

However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP  | Not Compliant |
|  | CHSP  | 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 has processes in place for responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents, including an incident management system. They also had policies and procedures in place to guide staff practice. However these processes were not always effective. Issues were identified with regards to high impact and high prevalence risks of consumers due to:

* lack of information on individual consumers’ risks identified in assessments and care planning documentation
* lack of regular care reviews
* lack of timely information to support staff around needs and individual risks
* lack of follow up regarding timely home modifications where risks had been identified.

In its written response the approved identified a number of improvements it had commenced prior to the Quality Audit, during the Quality Audit and as a result of the Quality Audit, including improvements in care planning and review, increased clinical resources and improved communication systems.

However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP  | Compliant |
|  | CHSP  | 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.*

# Areas for improvement

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

|  |  |  |
| --- | --- | --- |
| Requirement 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) |  |  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) |  |  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*