**Performance**

**Report**

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| Name: | Dedicated Carers |
| Commission ID: | 201281 |
| Address: | 45 Sun Hill Drive, MERRYWEATHER HEIGHTS, New South Wales, 2291 |
| Activity type: | Quality Audit |
| Activity date: | 21 March 2024 to 22 March 2024 |
| Performance report date: | 27 June 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7028 Dedicated Carers Pty Limited  
Service: 26520 Dedicated Carers

**This performance report**

This performance report for Dedicated Carers (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or not compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the Assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment team’s report received 12 June 2024 and 26 June 2024
* other information known by the Commission

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard. An assessment of performance is not provided for Requirement 4(3)(f) and Standard 5 as they are not within scope for this service.

# 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 2(3)(a) Ensure systems and processes support strategies to minimise risk and the outcomes of assessments from others involved in consumers’ care planning, informs the delivery of safe and effective care and services.

Requirement 2(3)(b) Ensure systems support assessment and planning is individualised to the consumer and identifies and addresses advance care planning and end of life planning if the consumer wishes.

Requirement 2(3)(e) Ensure systems support care plans are effectively reviewed regularly, and as per requirements of the Home Care Package Program.

Requirement 3(3)(a) Ensure systems support consumers are receiving safe and effective care tailored to their needs.

Requirement 3(3)(b) Ensure systems support consumers are receiving effective management of high impact high prevalence risks.

Requirement 3(3)(d) Ensure systems support the service is effectively recognising and responding to deterioration or changes to the consumers’ needs.

Requirement 3(3)(e) Ensure systems support the service is effectively documenting and communicating information about consumers’ condition, needs and preferences.

Requirement 7(3)(d) Ensure systems support the workforce is trained to deliver the outcomes required by the Quality Standards including, but not limited to, recognising and responding to elder abuse and neglect.

Requirement 8(3)(c) Ensure information and workforce governance systems are effective.

Requirement 8(3)(d) Ensure systems support the organisation has an effective incident management system.**Standard 1**

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

Findings

The Assessment team’s report brought forward information that the service does not support a culture of treating consumers with dignity and respect or encourages and supports staff to value identity, cultural difference and diversity. The Assessment team’s report included:

* The service did not have policies or procedures relating to consumer dignity and respect, cultural awareness, diversity or personal identity.
* Staff said, and management confirmed, staff had not received training on cultural issues, diversity, dignity or on matters of personal identity.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* A Diversity and Inclusion Policy has been developed.
* A toolbox talk topic on Dignity, Respect and Cultural Safety has been developed.
* Training on the policy and toolbox talk has been provided to staff.

I have placed weight on the information which identifies consumers said they felt that the staff were polite and treated them with dignity and respect when providing care and services. I am satisfied where a consumer raises concerns with the service regarding dignity and respect it is appropriately actioned to the satisfaction of the consumer. I have considered other information within Standard 1 which demonstrates upon commencement with the service consumers are provided the Charter of Aged Care Rights which informs them of their right to be treated with dignity and respect. I have considered the Assessment team’s report in Requirement 7(3)(b) which states all consumers interviewed said the staff were always kind, caring and respectful. I am of the view the service has mitigated risk to consumers with the continuous improvement actions implemented and I find Requirement 1(3)(a) compliant.

The Assessment team brought forward information that the service did not demonstrate care and services were culturally safe. The Assessment team’s report included:

* The service did not have policies or procedures relating to consumer dignity and respect, cultural awareness, diversity, or personal identity, nor does the provider have a cultural diversity plan in place.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* A Diversity and Inclusion Policy has been developed.
* A toolbox talk topic on Dignity, Respect and Cultural Safety has been developed.
* Training on the policy and toolbox talk has been provided to staff.

I have also placed weight on the information within the Assessment team’s report which identifies consumers said they felt that the staff were polite and treated them with dignity and respect when providing care and services and identified to the Assessment team that they did not feel that they had any specific cultural needs. I have considered other information within Standard 1 which demonstrates consumers are provided the Charter of Aged Care Rights which informs consumers of their right to have their identity, culture and diversity valued and supported. I have considered the Assessment team’s report in Requirement 7(3)(b) which states all consumers interviewed said the staff were always kind, caring and respectful. I am of the view the service has mitigated risk to consumers with the continuous improvement actions implemented and I find Requirement 1(3)(b) compliant.

The Assessment team brought forward information that the service did not demonstrate each consumer is supported to exercise choice and independence. The Assessment team’s report included:

* The service’s policy which guided staff in relation to consumer interactions, did not discuss consumer choice or independence.
* A procedure which guided staff in an approach to care planning that focuses on supporting consumer independence and choice, did not require staff to discuss consumer choice nor to offer the consumer support to exercise choice or independence in how services are delivered.
* Staff advised they do not have access to information related to consumer choice or independence.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* A toolbox talk topic and a Diversity and Inclusion Policy supports consumers to exercise choice and independence. The documents discuss ensuring consumers can make informed choices about their care and services, treating consumers as individuals, offering a person-centred approach to care and enabling consumers to express their needs and wants and maintain the maximum level of independence, choice and control.
* The service has implemented a new electronic care management system which will improve staff access to consumer information. Staff have been provided training on the system and the service has commenced review of care plans.

The Assessment team’s report did not include evidence consumers were dissatisfied with their ability to exercise choice and independence. I have considered the consumer voice in relation to other Requirements in Standard 1 and consider consumers provided positive feedback in relation to consumer dignity and choice. I have considered other information in Standard 1 including that consumers are provided with current, accurate and timely information which supports consumers to make informed decisions about their care and services. I am of the view the service has mitigated risk to consumers with the continuous improvement actions implemented and in progress, and that the lack of a documented policy or process alone without further corroboration that the service were not supporting consumers to exercise choice or independence, nor information of impact to consumers, does not sufficiently support a finding of not met. I find Requirement 1(3)(c) compliant.

Consumers said that while they did not feel they particularly undertook high risk behaviour or activities, they provided positive feedback they felt they would be supported by the service if their choices changed. Management and staff spoke about supporting consumers in living their best life and that should a consumer want to participate in activities or services that would be deemed a risk to them, the risks would be discussed and the service has a policy and process to guide staff in the management of such care. I find Requirement 1(3)(d) compliant.

Consumers receive information that is current, accurate and timely including the Charter of Aged Care Rights, the service’s fee schedule and charging structures and their contract which all consumers confirmed they were able to read and understand. Staff and management advised consumers are additionally provided with leaflets relating to advocacy services and local social groups as well as regular communications with management to ensure all consumers are up to date with any information about their care and services. I find Requirement 1(3)(e) compliant.

Consumers believe their personal privacy is respected and their information is kept confidential. Policies and procedures guide staff’s approach to ensuring each consumer’s privacy is respected and personal information kept confidential. Observations by the Assessment team supported that information was secure. I find Requirement 1(3)(f) compliant.

# Standard 2

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

Findings

The Assessment team brought forward information the service did not demonstrate assessment and care planning included consideration of risks. The Assessment team’s report included:

* Risk mitigating strategies were not consistently developed or documented to inform staff practice when delivering care and services for consumers who experience falls, diabetes, have poor skin integrity and are at risk of choking.
* Staff did not have access to care plan information or systems to guide staff practice in relation to consumer’s risks, however, were verbally informed about the outcomes of assessment and planning by management or the consumer themselves.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system.
* New care plan documentation is being sourced.
* Consumers’ care plans are under review.

The Assessment team’s report includes that while consumers reported they are satisfied with the care being provided by the service, where risks are identified for consumers, their care planning does not consider mitigation strategies to inform the delivery of safe and effective care. Staff confirmed that while they are verbally informed of assessment and planning outcomes for consumers, management advised information available to staff is not up to date and assessment templates are inadequate to identify risk. I am satisfied staff are informed of emergency management procedures in the event where things go wrong. Management informed the Assessment team that the service is developing a comprehensive assessment template. While the provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, they have not yet been fully completed and evaluated for their effectiveness, and I am not satisfied that assessment and planning sufficiently informs the delivery of care and services to effectively mitigate risk for consumers. I find Requirement 2(3)(a) not compliant.

The Assessment team brought forward information the service does not assess the needs, goals and preferences of consumers including advance care and end of life planning. The Assessment team’s report included:

* Care plans were not individualised to each consumer.
* Assessments did not sufficiently address the consumer’s current needs, goals and preferences or where these were in place, there was minimal information.
* Advance care planning or end of life planning is not considered in care planning.
* Support staff said they are guided by the consumers/representatives rather than the consumer’s care plan when providing care.
* Most consumers and representatives did not recall discussions regarding advanced care planning and end of life care.
* Management informed the Assessment team documentation is not up to date.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system
* A new care plan assessment tool is being sourced
* The service will ensure conversations about advance care planning and end of life planning is documented.

While the provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, they have not yet been fully completed and evaluated for their effectiveness, and I am not satisfied the service has assessed the needs, goals and preferences for consumers that reflect consumers’ individualised needs, nor assessed consumers’ advance care planning or end of life preferences as required. I find Requirement 2(3)(b) not compliant.

The Assessment team brought forward that information from others involved in consumers’ care is not adequately considered during the care planning process. The Assessment team’s report included:

* The outcomes of allied health reviews are not adequately considered by staff and do not result in care plans which inform the shared goals of all people involved in the consumer’s care.
* Management acknowledged assessment and care planning is not always updated with the involvement of allied health or other specialists who support the consumer.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system
* A new care plan assessment tool is being sourced
* Staff are to review information from external stakeholders involved in client’s care. This information is to be captured in new care plan review.

Consumers were satisfied that care planning was in partnership with themselves and others they chose, and progress notes demonstrated involvement with other organisations including allied and health and medical officers. In coming to a view of compliance, I have considered this information under Requirement 2(3)(a) as while others have been involved the assessment and care planning of consumers, the outcomes of the involvement have not been considered in assessment and planning to inform the delivery of safe care and services. The provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised and I find Requirement 2(3)(c) compliant.

Consumers are satisfied they can obtain a copy of their care plan if they wish and understand the care and services that they will receive following assessment and confirmed that these are being delivered. Staff provide verbal communication to consumers about the care and services to be delivered to consumers. While other Requirements within this Standard has identified that information has not been effectively assessed to inform care planning documentation, I am satisfied that the information that was obtained through current assessment processes was communicated to consumers and documented in a care plan, and that the provider’s response demonstrates a proactive engagement to further improve that outcomes of assessments are documented. I find Requirement 2(3)(d) compliant.

The Assessment team brought forward information that care and services are not reviewed for effectiveness. The Assessment team’s report included:

* Consumers who had experienced an incident or deterioration had not been reviewed to identify any change in needs.
* Progress notes are not reviewed to identify a change in circumstance or an incident and to trigger a review of the needs of the consumer.
* Management confirmed care plans have not been reviewed by the service.
* There is no system to identify when consumers’ care plans are due for an annual review.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service will implement a reporting system for when review of care plans are due.
* The service will educate staff with the Incident Management Policy and Procedure and Recognising Change and Clinical Deterioration.
* The service will ensure reviews are conducted following an incident or change in care needs and care plans are updated in the electronic care management system.

While management advised they are in regular communication with consumers and would escalate an identified change in circumstances for consumers, and the provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, they have not yet been fully completed and evaluated for their effectiveness, and I am not satisfied care and services are regularly reviewed for effectiveness. I find Requirement 2(3)(e) not compliant.

# Standard 3

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

Findings

The Assessment team brought forward information that consumers do not receive safe and effective care. The Assessment team’s report included:

* Management were unaware of consumers who were receiving personal cares.
* Support workers had insufficient information to provide effective cares.
* Management were unfamiliar with consumers’ conditions.
* Where the service had identified risks for consumers, care had not been tailored to the needs of those consumers.
* Management acknowledged the Assessment team’s findings.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system.
* A new care plan document is being sourced.
* Consumers’ care plans are under review.

Consumers were satisfied that they receive safe and effective personal and clinical care however, while the provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, they have not yet been fully completed and evaluated for their effectiveness, and I am not satisfied consumers are receiving safe and effective care tailored to their needs. I find Requirement 3(3)(a) not compliant.

The Assessment team brought forward information that high impact high prevalence risks for consumers are not effectively managed. The Assessment team’s report included:

* Consumers with risks including diabetes, shortness of breath, impaired cognition, falls, pressure injuries and pain are not always effectively managed or monitored.
* Staff are not provided with strategies to manage high impact high prevalence risks associated with each consumer.
* Where incidents occurred, these were not recorded or managed through the service’s incident management system.
* Management acknowledged the Assessment team’s findings.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system.
* New care plan documentation is being sourced.
* Consumers’ care plans are under review ensuring that high impact high prevalence risks are captured with a management strategy for staff to follow.
* The service will provide education to staff on risks relevant to consumers.

While the Assessment team report did not include negative consumer feedback in relation to the management of high impact high prevalence risks, I have considered the consumer voice in relation to other Requirements in Standard 3 and consider consumers were generally satisfied with the care they receive, however while the provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, they have not yet been fully completed and evaluated for their effectiveness, and I am not satisfied consumers are receiving effective management of high impact high prevalence risks. I find Requirement 3(3)(b) not compliant.

While the service at the time of the Quality Audit did not have consumers on an end of life pathway, management said they would discuss these requirements with the consumer at the time. Management said services would be provided according to consumers' and representatives' wishes and based on any cultural preferences. Staff had an awareness of how services may change for consumers nearing the end of life. I find Requirement 3(3)(c) compliant.

The Assessment team brought forward information that deterioration or change to a consumer is not recognised or responded to in a timely manner. The Assessment team’s report included:

* The service does not have effective systems and processes to ensure deterioration in a consumer is escalated.
* Management was unaware of the Medical Officer’s recommendations for consumers.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system.
* New care plan documentation is being sourced.
* The service is providing education to staff on Incident Management Policy and Procedure and Toolbox Talk on Recognising Change and Clinical Deterioration.
* The service will ensure review is attended with consumers following an incident or change in care needs and Care Plan updated.

Consumers felt that staff would be able to identify and respond to a change in their condition. I have also considered other information under Standard 2 which includes that where consumers had experienced an incident or deterioration, they had not been reviewed to identify any change in needs nor had the deterioration been effectively recognised. However, while the provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, they have not yet been fully completed and evaluated for their effectiveness, and I am not satisfied the service is effectively recognising and responding to deterioration or changes the consumers’ needs. I find Requirement 3(3)(d) not compliant.

The Assessment team brought forward that information about consumers’ condition, needs and preferences is not documented and communicated within the organisation. The Assessment team’s report included:

* Staff do not have access to the care planning system.
* The service does not have systems and processes to ensure relevant information about the condition of consumers is communicated between parties involved in their care.
* Consumer care planning and assessment documents did not show sufficient detail, and information is not consistent across various documents.
* Care planning policies and procedures did not describe the organisation’s process for staff to communicate information relevant to the consumer’s care needs.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system which will provide staff access to information about consumers.

While I am satisfied the service has implemented a new electronic care management system, I am not satisfied this system and the process for ensuring information is documented and communicated within the organisation and with others has had sufficient time to become embedded to ensure its effectiveness within the service. The provider’s response demonstrates a proactive engagement in improvement actions to address deficiencies raised, however they have not yet been fully evaluated for their effectiveness, and I find Requirement 3(3)(e) not compliant.

Consumers and representatives are satisfied with referral processes and confirmed they are assisted to access external services as needed. The service has systems and processes for referring consumers to other service providers or organisations and confirmed referrals are made with the consent of the consumer. Consumer files showed referrals to specialist and allied health services such as geriatricians, speech therapists, dieticians, and occupational therapists. I find Requirement 3(3)(f) compliant.

Staff take steps to protect consumers from infections including wearing masks and washing/sanitising their hands when delivering care. Staff are provided with information regarding safe practices for COVID-19. All consumers and representatives felt staff practices kept them safe. Sufficient personal protective equipment is available to staff. All staff have COVID-19 vaccinations. Staff screen consumers for signs and symptoms of COVID-19 before commencing each service. The service has an Antimicrobial stewardship policy in place to guide staff practice. I find Requirement 3(3)(g) compliant.

# Standard 4

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

Findings

Consumers and representatives felt consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences for quality of life. Consumers said the service listens to them and helps them to continue to do things independently. Staff provide support to access the community including social support services.

Consumers said they enjoy the services received and feel comfortable, happy, and safe with their support worker while receiving care. Consumers provided positive feedback on how being socially connected has helped them with their emotional wellbeing. Staff had good knowledge of individual consumers’ needs, personalities, and interests.

Consumers provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them, and the support workers will take them wherever they wish. Staff knew of relationships important to consumers, such as family and friends, and the activities they enjoy, such as shopping, going for walks or drives in the local community or social activities within the village they like to attend. Care planning documentation contained information on consumers’ individual interests and preferred activities.

Consumers and representatives were satisfied the service has effective communication systems in place to ensure support workers know their daily living needs. Staff have the information they need to support consumers with their daily living needs. The service communicates with the consumer’s family when needed.

Consumers and representatives said referrals are made and consumers are provided a choice of providers when referrals are made. The service has systems and processes to support referrals to other services such as the community group programme.

Consumers were satisfied with the quality of the equipment. Staff receive instructions for the safe use of any equipment. Equipment is checked for safety as needed. Policies and procedures guide staff practice regarding equipment.

I find Standard 4 compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

While the Assessment team brought forward information that the service did not have a Complaints and Feedback Policy and documented information is not provided to support consumers to provide feedback and make complaints, consumers said they know how to provide feedback or make a complaint. Staff said when they receive a complaint, they escalate this to management and management advised they regularly speak with consumers and seek consumers’ feedback. I have also considered information under Requirement 8(3)(a) which demonstrates feedback is sought from consumers each 6 months through a consumer survey. I consider that consumers are encouraged to provide feedback or make a complaint and the provider’s response advises feedback forms were provided to consumers in March 2024.

The Assessment team brought forward information the service did not demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising complaints. The Assessment team’s report included:

* Information given to consumers at commencement with the service did not contain information on how to access advocacy services, language services or other methods of raising complaints.
* Five of 9 consumers interviewed were not aware of advocacy or language services available to support them to raise and resolve complaints including any other methods for raising and resolving complaints. Two of 5 consumers said they would have no need for this information.
* Management confirmed information is available to consumers.
* The Assessment team observed relevant information available to consumers within the service.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service will review the Complaints and Feedback Policy
* The service will educate staff on the Complaints and Feedback Policy.
* The service will visit existing clients and explain new the Home Care Agreement which includes how to raise a complaint internally and externally as well as advocacy and translation services.
* In March 2024, the service provided consumers with advocacy information including for the Commission and consumer feedback forms.

While consumers said they were not aware of access to advocates, language services and other methods for raising complaints, I am satisfied that consumers have not been impacted as a result and the provider did have access to advocacy information in hard copy format if a consumer should require it. Consumers have now received this information directly as discussed in Requirement 1(3)(e) and again in March 2024. I am satisfied the provider’s response demonstrates a continued proactive engagement in improvement actions to address deficiencies raised, and I find Requirement 6(3)(b) compliant.

While the Assessment team brought forward information that the service lacked a feedback and complaints policy, consumers provided positive feedback about the service’s management of complaints and expressed their satisfaction in the service’s action in response to complaints and that an open disclosure process is used. I have also considered information in Requirement 7(3)(b) that demonstrates management had communicated to staff about the importance of issues being escalated to management for actioning.

While the Assessment team brought forward information the service lacked a Feedback and Complaints policy, the Assessment team found that management was active in reviewing the small number of complaints that the service had received and had sought ways to improve care and services for consumers. In forming a view about compliance, I have considered other information in Requirement 8(3)(a) which demonstrates the service actively seeks input and feedback from consumers in a consumer survey each 6 months to look for ways to improve care and services. I have also considered information within the provider’s response which included feedback and complaints as an agenda item within meeting minutes. I am satisfied feedback and complaints are reviewed and used to improve care and services. I find Requirement 6(3)(d) compliant.

# Standard 7

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

Findings

The service demonstrated the workforce is planned, and the skill mix of staff ensures consumers are provided with safe and quality care. The service employs a mix of both care and clinical staff. Consumers provided positive feedback about the care they receive including that they feel safe when receiving care and that they receive.

All consumers interviewed said the staff were always kind, caring and respectful. Staff and management spoke of consumers in a respectful manner.

While the Assessment team’s report identifies the service is working towards establishing systems and processes to ensure the workforce are competent, qualified and have the knowledge to perform their roles, I have considered information under this Requirement *(7(3)(c))* that staff have provided information that they have previous experiencing undertaking caring roles, information under Requirement 7(3)(d) that clinical staff employed with the service are qualified and registered with the appropriate authorities, and information under Requirement 8(3)(c) that staff interviewed were aware of their job roles and responsibilities. I have placed weight on the information provided by consumers that all consumers were satisfied with the care provided by staff and felt they were good at their job.

The Assessment team brought forward information that the workforce is not recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment team’s report included:

* The service does not provide role specific training.
* The service does not provide a buddy system to support staff.
* The service does not record external training undertaken by staff.
* All consumers felt the staff were well trained and competent and knew how to perform their roles.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service will review staff recruitment, induction and onboarding policies and procedures.
* The service will produce a training package for existing and new staff.
* The service will update any training attended in the service’s electronic system.

While I have considered that the service is working towards establishing systems and processes to support this Requirement and that the service has begun to deliver training in weekly meetings with staff, I am not satisfied the service has provided sufficient training to guide staff in the delivery of the outcomes required by these Standards and to reduce potential risk to consumers. While the Assessment team did not identify any impact to consumers in relation to this Requirement, I have placed weight on the potential risk to consumers particularly in relation to recognising and responding to abuse and neglect which is a requirement for providers to consider and that the service has not established effective governance systems for the training of the workforce. I find Requirement 7(3)(d) not compliant.

The Assessment team’s report brought forward information that while the service has not yet established systems and processes for the formal review of staff performance, staff and management confirmed staff performance is monitored through regular contact with staff and consumers to seek feedback about staff performance. The Assessment team did not identify any impact to consumers in relation to this Requirement and I have considered the consumer voice across the Assessment team’s report and placed weight on the positive feedback provided by consumers about the care and services they receive as well as the performance of the staff. I find Requirement 7(3)(e) compliant.

# Standard 8

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

Findings

The organisation seeks feedback from consumers seeking their input into how the service can improve through 6 monthly surveys. All consumers confirmed management are in regular contact with them and were often asked about their ideas for improvement. While the Assessment team’s report brought forward information the service did not have a Feedback and Complaints Policy, I consider this has not impacted the opportunity for consumers to be engaged in other methods for having input into the care and services they receive. I find Requirement 8(3)(a) compliant.

The Assessment team’s report brought forward information the service does not have a governing body that promotes the culture of safe, inclusive and quality care and is accountable for their delivery. The Assessment team’s report included:

* The organisation did not have policies and procedures to support a culture of safe and inclusive quality of care.
* The strategic direction of the organisation does not have processes which support the promotion of a culture of safe, inclusive and quality care.
* Staff were unaware of processes to support a culture of safe, inclusive and quality care.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* A Diversity and Inclusion Policy has been developed.
* A toolbox talk topic on Dignity, Respect and Cultural Safety has been developed.
* Training on the policy and a toolbox talk have been provided to staff.

I have placed weight on the evidence within the Assessment team’s report across the Standards which identifies consumers said they felt that the staff were polite and treated them with dignity and respect and consumers felt safe when receiving care and services. I am satisfied where a consumer raises concerns with the service regarding care and services, it is appropriately actioned to the satisfaction of consumers. Consumers are provided upon commencement with the service the Charter of Aged Care Rights which supports a culture of safe, inclusive and quality of care. Review of meeting minutes within the provider’s response demonstrates that the organisation considers and discusses risks related to consumers and the service including performance against the Standards. I acknowledge the organisation is establishing new governance processes. I am of the view the service has mitigated risk to consumers with the continuous improvement actions implemented and planned. I find Requirement 8(3)(b) compliant.

The Assessment team brought forward information that information governance systems were ineffective. The Assessment team’s report included:

* The organisation did not have a policy to guide staff on information management.
* The organisation was establishing new systems in the transfer of information from hard copy to soft copy.

I have considered information across the Standards within the Assessment team’s report and the provider’s response. I acknowledge the organisation is establishing new governance processes and has implemented a new electronic information systems for the management of information and staff access to information however, information across the Standards demonstrated that staff had insufficient access to information to provide effective services, systems and processes to inform and review care and services’ plans were ineffective, and newly implemented electronic care management systems, documentation and templates, have not had sufficient time to embed and be evaluated for their effectiveness. In addition, I have placed weight on the information within the Assessment team’s report where management have acknowledged documentation is not up to date. I am not satisfied the organisation has effective information governance systems.

The Assessment team’s report brought forward information the organisation’s continuous improvement governance system guided management in the development of improvements at the service including using feedback from consumers and staff.

The Assessment team brought forward information the financial governance systems of the organisation were ineffective. The Assessment team’s report included:

* The organisation did not have a policy or procedure for the financial governance of the organisation.
* The provider was unable to confirm external governance structures as accounts had not been produced for the first year of operation.
* Consumers provided positive feedback about financial management.
* Systems that governed the financial management of the provider were noted by the Chief Executive Officer.

I have considered information across the Standards within the Assessment team’s report and the provider’s response. While the organisation did not have a financial governance policy in place, the Assessment team’s report did not demonstrate that financial management of the service has impacted care and service delivery to consumers. Consumers provided positive feedback about financial management of their accounts. The provider’s response includes that the financial management of the service is overseen by an accountant and managed through an electronic accounting software systems. I acknowledge the organisation is establishing new governance processes. The provider’s response demonstrates a proactive engagement in ongoing improvement actions to review the organisation’s financial governance framework.

The Assessment team brought forward information the workforce governance systems of the organisation were ineffective. The Assessment team’s report included:

* Staff had transferred to the organisation from the previous owned organisation.
* Staff were aware of their roles and responsibilities.
* The organisation did not have a policy or procedure for governing the workforce.
* A training needs assessment was not completed.
* Recently recruited staff had not received training.

I have considered information across the Standards within the Assessment team’s report and the provider’s response. While the Assessment team’s report has not identified an impact for delivery of care and services to consumers, I have placed weight on the potential risk to consumers, particularly in relation to insufficient staff training to deliver the outcomes required by the Standards, including identifying and responding to abuse and neglect of consumers. I acknowledge the organisation is establishing new governance processes. The provider’s response demonstrates a proactive engagement in ongoing improvement actions to review the organisation’s workforce governance framework, however this has not had sufficient time to embed and be evaluated for its effectiveness. I am not satisfied the organisation has effective workforce governance systems.

The organisation demonstrated effective regulatory compliance governance. The organisation is connected to regulatory bodies for oversight of industry updates and regulatory changes.

The Assessment team’s report brought forward information the organisation’s feedback and complaints governance systems were ineffective. The Assessment team’s report included:

* The organisation’s register included one entry which was resolved.
* Complaints which were not recorded within the register had been resolved.
* The organisation did not have a policy or procedure to support a feedback and complaints system.

I have considered information across the Standards within the Assessment team’s report and the provider’s response. The provider’s response included that a Feedback and Complaints Policy has been implemented. I acknowledge the organisation is recently established and is working towards improving systems and processes. Consumers have provided positive feedback about care and services received including that they feel safe, as well as positive feedback about complaints management within the service. The provider’s response demonstrates a proactive engagement in ongoing improvement actions to review the organisation’s feedback and complaints governance framework including that a new electronic system has been implemented to support the monitoring and actioning of complaints.

In conclusion, I consider the organisation did not demonstrate effective information management and workforce governance systems, and I find Requirement 8(3)(c) not compliant.

The Assessment team brought forward information that risk management systems and practices are ineffective. The Assessment team’s report included:

* Management advised systems have not been developed to effectively manage risks.
* The service did not have policies or procedures developed for identifying and responding to elder abuse and neglect.
* Staff had not received training in recognising and responding to elder abuse and neglect.
* The service did not have policies or procedures developed for supporting consumers to live the best life they can.
* The service did not have policies and procedures developed for managing and preventing incidents.

In forming a view about compliance, I have considered the provider’s response which demonstrates:

* The service has implemented a new electronic care management system.
* Training has been delivered to staff for the use of the system.
* The service will develop policies and procedures for identifying and responding to abuse and neglect of consumers.
* The service will develop training to be delivered to staff.

I have considered information across the Standards within the Assessment team’s report and the provider’s response. While management advised high impact high prevalence risks were being managed, I am not satisfied an effective framework is in place to guide the management of high impact high prevalence risks to consumers. Information within Standards 2 and 3 of the Assessment team’s report demonstrates that where risks have been identified for consumers, strategies to manage these risks have not been considered. It is a requirement for providers to have systems which provide appropriate protections and safeguards around the delivery of care and services to respond effectively to incidents of abuse including reporting to the Serious Incident Response Scheme (SIRS). While the provider’s response contained a copy of the Clinical incident and management policy which includes consideration of reporting requirements to the SIRS, I am not satisfied staff have received training to recognise and respond to incidents of abuse and neglect, that appropriate systems to reduce the possibility of risks and their impacts have been developed, or that an incident management system has been effectively embedded to manage and prevent incidents. I find Requirement 8(3)(d) not compliant.

The organisation demonstrated where a clinical care is provided, a clinical governance framework is provided. I have reviewed the provider’s response which included a clinical governance framework supported by policies and procedures including, but not limited to Restrictive practice, Antimicrobial stewardship. Deterioration, Incident management and Open disclosure. I find Requirement 8(3)(e) compliant.

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