**Performance**

**Report**

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| Name: | Direct Care Home Care Packages Adelaide |
| Commission ID: | 600578 |
| Address: | 510 Lower North East Road, CAMPBELLTOWN, South Australia, 5074 |
| Activity type: | Quality Audit |
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| Performance report date: | 16 April 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: 5222 Direct Care (Australia) Pty Ltd  
Service: 26228 Direct Care Home Care Packages Adelaide

**This performance report**

This performance report for Direct Care Home Care Packages Adelaide (**the service**) has been prepared by R Falco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, and representatives; and
* the provider’s response to the assessment team’s report received 18 March 2024.

# Assessment summary for Home Care Packages (HCP)

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

**Standard 2 requirements (3)(a) and (3)(b)**

* Ensure identified risks to consumers’ health and well-being are assessed and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure assessment and planning considers consumers’ current goals, needs and preferences and these are reflected in care plans to inform the delivery of care and services.

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

* Ensure personal and/or clinical care and services are provided to consumers in line with their assessed needs and preferences and that are tailored to their needs and optimises their health and well-being.
* Ensure effective management and provide appropriate care relating to high impact or high prevalence risks.

**Standard 6 requirement (3)(d)**

* Review processes to ensure all feedback and complaints are captured to enable emerging trends and improvement opportunities identified.

**Standard 7 requirements (3)(a), (3)(c) and (3)(d)**

* Ensure the number and mix of the workforce enables the delivery of safe and quality care and services.
* Ensure staff have the qualifications and knowledge to effectively perform their roles.
* Review processes and monitoring to ensure staff are recruited, trained, equipped and supported to deliver outcomes of the Quality Standards.

**Standard 8**

* Establish a framework to ensure consumers are engaged in the development, delivery and evaluation of care and services.
* Establish robust reporting mechanisms to ensure the governing body is aware of and accountable for the delivery of care and services.
* Establish and embed organisational governance systems in relation to workforce governance and feedback and complaints.
* Establish and embed organisational risk management processes in relation to managing high impact or high prevalence risks and managing and preventing incidents.
* Establish and embed an organisational clinical governance framework which includes monitoring and reporting mechanisms to ensure the organisation has clinical oversight and management of care provided to consumers.

# 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

Staff respect what is important to consumers and described how they ensure services delivered are in line with consumers’ preferences and cultural needs. Documentation showed the service is respectful of consumers’ identity and procedures are in place to guide staff in providing culturally safe care. Consumers and representatives felt staff treat consumers with respect and maintain their dignity, culture, and identity.

Consumers are supported to exercise choice and independence, make decisions about their care, and maintain relationships within the community. Documentation showed care planning is undertaken in partnership with consumers and recorded who they wish to be involved in their care. Consumers and representatives said the service involves them in making decisions about the care and services consumers receive.

Consumers are supported to take risks and consumers and representatives are consulted to ensure the risk and mitigation strategies are understood. Consumers and representatives felt the service supports consumers to maintain their independence and live the best life they can.

Various mechanisms are in place to keep consumers informed of their services, and consumers with communication difficulties are provided information in a way they can understand. Monthly statements are accurate, easy to understand, and consumers felt the service communicates with them effectively.

Staff adhere to confidentiality processes and protect consumers’ personal information. Electronic care systems are password protected with access levels dependent on position. Consumers felt the service respects their privacy and confidentiality.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice 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. | Compliant |

Findings

The Quality Standard is non-compliant as 2 of the 5 requirements have been assessed as non-compliant. The assessment team recommended requirements (3)(a) and (3)(b) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as assessment and planning does not consider risks to consumers’ health and well-being to inform safe delivery of care and services. Validated assessment tools were not used to appropriately assess risks, and mitigating strategies were not documented. Staff felt the lack of assessment and planning for identified risks did not occur due to time constraints. Consumers and representatives said initial assessments are completed and consumers’ care and service needs were discussed and planned to meet their needs. However, care files for 5 consumers showed assessment and planning was not completed in relation to their identified needs, including falls, incontinence, wounds, pain, and behaviour. As a result, mitigation strategies were not documented for these consumers.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, an audit of all consumer files to identify any gaps in assessment and planning, staff education, and review of staff roles and responsibilities.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that whilst consumers’ risks were identified on commencement of the service, assessment and planning to identify risks was not completed to inform the delivery of safe and effective care and services. I find assessment and planning processes were not consistently undertaken, mitigation strategies were not documented, and behaviour support plans were not completed for the identified consumers. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in the assessment and planning processes are effectively managed.

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

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as assessment and planning did not consider consumers’ current needs, goals, and preferences, including advance care planning and end of life wishes. Two consumers and 3 representatives were satisfied with the care and services provided; however, none could recall being involved in an assessment or review process where consumers’ goals, needs and preferences, or their advance care planning and end of life wishes were discussed. Case managers said advance care planning or end of life wishes were not discussed with consumers or representatives as it is a sensitive topic and information in relation to advance care planning was not provided to consumers and representatives.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, implementing procedures to ensure ongoing consultation is undertaken with consumers and representatives to identify consumers’ current needs, goals, and preferences, including advance care directives and end of life planning wishes.

I acknowledge the provider’s response and the actions planned. However, I find current assessment and planning practices have not considered consumers’ current needs, goals, and preferences. Documentation did not evidence discussions of consumers’ current needs, goals, and preferences and staff stated they learn consumer needs, goals, and preferences through delivering care and services, and regular conversations with consumers and/or their representative. I acknowledge staff are learning the needs of consumers, however, this information should be identified through formal assessment and planning processes and be available to all staff. Whilst I acknowledge discussing advance care planning and end of life wishes is a sensitive topic, consumers should be provided information and given the option to discuss these topics if they wish. I consider time is required to embed and monitor the improvements planned to determine their effectiveness.

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

**In relation to all other requirements in this Standard,** documentation showed health professionals or external providers were generally involved in the assessment and planning of consumers’ care and services when required. Consumers and representatives felt they were involved in making decisions about consumers’ care and services.

Documentation showed consumers and representatives are informed of consumers’ care plans, including when they are updated or reviewed. Consumers and representatives felt they get adequate information about the care and services provided, are informed of outcomes of assessments, and receive a copy of the care plan.

Staff were knowledgeable about the care plan review process and policies and procedures are in place to ensure care and services are regularly reviewed and updated. Documentation showed consumers have been reassessed and care plans updated when circumstances changed.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| 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 Quality Standard is non-compliant as 2 of the 7 requirements have been assessed as non-compliant. The assessment team recommended requirements (3)(a) and (3)(b) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as each consumer was not receiving safe and effective personal and/or clinical care, specifically in relation to behaviours, falls, and continence care. A consumer identified with behaviour and falls risks did not have a behavioural support plan in place or a falls risk assessment to guide staff in providing safe and effective care. Continence care was not managed effectively for 2 consumers with no assessments conducted or different continence aids trialled to optimise their health and well-being.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, increased clinical oversight, improved documented escalation processes to action changes in care and staff education relating to pain, continence care, assessment, and monitoring.

I acknowledge the provider’s response and the actions planned. However, I find each consumer has not been provided safe and effective clinical care that is tailored to their needs and optimises their health and well-being. I have placed weight on the fact that effective personal and clinical care is not being provided due to lack of assessments and planning to guide staff in the provision of care which has impacted the identified consumers. Two consumers’ continence care needs were not managed effectively and impacted them as they become embarrassed when their continence aids are ineffective thereby not optimising their health and well-being. Feedback provided by consumers, representatives and staff did not consistently demonstrate personal and clinical is tailored to consumers’ needs. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in providing safe and effective personal and/or clinical care are effectively managed.

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

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as high impact or high prevalence risks were not effectively managed. Effective processes are not in place to assess, action and mitigate risks associated with the care of each consumer, and when incidents occur, the risks are not effectively assessed, reviewed, and strategies implemented to prevent recurrence.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, implementing an effective system and process to ensure staff recognise high impact or high prevalence risks and implement a clinical risk register for high-risk consumers.

I acknowledge the provider’s response and the actions planned. However, I find effective processes to assess, action and mitigate risks associated with the care of each consumer were not effective. In coming to my finding, I have considered that no evidence was provided to indicate a consumer’s high impact or high prevalence risks were effectively managed in relation to their falls and pain. An incident with another consumer who is at risk of confusion and wandering was not reviewed or investigated to ensure effective management of their behaviours. I have also placed weight on the fact that case managers did not consistently identify, assess, manage and review consumers’ care needs. I consider time is required to embed and monitor the improvements planned to ensure high impact or high prevalence risks are effectively managed.

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

**In relation to all other requirements in this Standard,** staff described how they would support the needs, goals, and preferences for consumers nearing the end of life to maximise their comfort and preserve their dignity. Additional support is provided to consumers who wish to stay at home during the end of life phase.

Documentation showed identification and actions taken when consumers’ health changed or deteriorated, such as referrals to health professionals and adjusted care and services. Consumers and representatives felt confident staff would notice if consumers’ health changed and would respond appropriately.

Information about consumers’ care and services is communicated verbally, through the mobile application, and documented on the consumer’s care plans available at their home to provide the appropriate care and services to consumers. Consumers and representatives confirmed staff know consumers’ needs and preferences.

Staff described processes to refer consumers to allied health and other external health professionals. Documentation showed referrals to allied health services occur when required and consumers are assisted to access referred service providers. Consumers and representatives confirmed consumers had been referred to health professionals when required.

Infection related risks are minimised through implementation of standard and transmission-based precautions to prevent and control infections. Mandatory vaccination requirements and staff education assist in minimising the risk of infection and antibiotics are generally prescribed following pathology results. Consumers and representatives advised staff use personal protective equipment and hygiene techniques to minimise the transmission of infection.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff know what is important to consumers and adapt services according to consumers’ needs and preferences. Consumers have choice in the services they receive and their needs and preferences are discussed during care plan reviews. Consumers and representatives were satisfied consumers’ independence, well-being, and quality of life were optimised through the provision of services.

Strategies are in place to support consumers’ emotional, spiritual, and psychological well-being. Staff recognise changes to consumers’ emotional and psychological well-being and help where possible. Consumers and representatives feel staff know consumers well and would recognise if they were feeling low and would respond appropriately.

Services are provided to consumers that encourage and enhance their independence and consumers can choose the structure of their services to do the things of interest to them. Consumers and representatives said community services enable consumers to do things of interest and maintain social relationships, such as going shopping or to social groups.

Staff receive information about consumers’ needs and preferences verbally or electronically from case managers. Consumers and representatives advised staff and service providers know what they are doing and deliver services to the satisfaction of consumers.

Timely and appropriate referrals to other providers and organisations are made for consumers. Staff described processes to refer consumers internally and externally and were familiar with how to submit notifications on their mobile phone application to advise when a consumer required additional assistance. Consumers and representatives felt consumers were referred to others appropriately and in a timely manner.

Information on consumer food preferences is documented and staff prepare meals in accordance with any dietary requirements. Consumers and representatives were satisfied with the quality and quantity of the meals provided.

The service does not supply consumers with equipment, however, they organise an allied health assessment and order recommended equipment. Staff check equipment during provision of care and services and notify the case manager if any issues are identified. Consumers and representatives confirmed equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the 4 requirements have been assessed as non-compliant. The assessment team recommended requirement (3)(d) not met.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as the service did not demonstrate they consistently review all feedback and complaints to improve the quality of care and services. While a feedback log is maintained, service documentation did not show trending and analysis of the feedback collected to inform improvements to the quality of care and services.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, reviewing processes to ensure feedback and complaints are formally trended and analysed to inform improvements and ensure staff are aware of how feedback and complaints are used to improve the quality of care and services.

I acknowledge the provider’s response and the actions planned. Whilst the feedback log is reviewed to ensure items are resolved and appropriate actions taken, there was no evidence to show the data was analysed, and trends identified to inform improvements in the delivery of care and services. Although staff ensure feedback is documented through the quality management system, they said they have not used feedback to improve the quality of services they provide and could not describe how consumers’ feedback and complaints were trended and analysed. I consider time is required to embed and monitor the improvements planned to ensure processes are in place to effectively manage feedback and complaints to inform improvements in care and services.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to all other requirements in this Standard,** staff encourage feedback from consumers regarding their services and the feedback register demonstrates feedback is collected by various methods, including phone, email and in person. Consumers and representatives were aware of the methods available to make complaints and provide feedback.

Consumers and representatives are provided information on language and advocacy services as part of the onboarding process, with additional information available through the service website, feedback portal, and care documentation. Staff use advocacy and language services to provide support to consumers when needed and processes support staff to access and use advocacy and interpreter services.

Staff understood the concept of open disclosure and use it when responding to complaints. Policies and procedures are in place to guide staff practice in open disclosure and responding to feedback. Consumers and representatives spoke positively about actions taken in response to concerns raised and could describe how they were offered an apology when things went wrong.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints 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. | Not 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. | Not 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 Quality Standard is non-compliant as 3 of the 5 requirements have been assessed as non-compliant. The assessment team recommended requirements (3)(a), (3)(c) and (3)(d) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as the number and mix of members of the workforce does not enable the delivery and management of safe and quality care and services. Staff said there are not enough staff to effectively deliver safe and quality care and services.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, reviewing their workforce plan to ensure capability across the organisation. The provider noted they have proactively identified areas for enhancement within their operational framework and initiated the recruitment of 2 HCP care managers and a people and culture business partner which would improve the scheduling and intake/assessment team.

I acknowledge the provider’s response and the actions planned and/or implemented. Whilst the recruitment of additional case managers is currently being undertaken, I find details were not provided as to how current case managers are being supported during the staff shortage. The current workforce plan did not outline the strategy for recruitment and retention of staff to mitigate potential staff shortages in the future. In coming to my finding, I have considered statements from case managers explaining they do not have enough time or resources to effectively coordinate care and services for consumers. This has resulted in scheduled reviews of consumers care not being undertaken, delays in ordering equipment, and delays in implementing services due to not responding to consumers’ communication in a timely manner. Documentation showed registered nurses were unable to attend assessments due to time constraints the feedback log reflects complaints made by consumers relating to the workforce shortages and delayed response times. I consider time is required to embed and monitor the improvements implemented and/or planned to determine whether they are effective in addressing the deficits identified and ensure future compliance with this requirement.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources non-compliant.

**Requirement (3)(c)**

The assessment team recommended requirement (3)(c) not met as they found the workforce did not have the knowledge and qualifications to effectively perform their roles. A registered nurse was recently employed to assist in assessment and planning and to undertake comprehensive assessments, however, they were unable to undertake all comprehensive assessments due to time restrictions and therefore, most assessments were undertaken by the case managers.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, monitoring qualifications through monthly performance indicators, auditing staff files and qualifications register and adding a standing mandatory training agenda item to governance meetings.

I acknowledge the provider’s response and the actions planned. However, I find the service has not demonstrated effective systems to monitor staff qualifications and whether staff are working within their responsibilities and skills. Staff undertaking consumer assessments did not have the appropriate skills and mandatory training requirements were not monitored as per organisational policies. Management could not confirm if staff with overdue criminal checks were still working due to staff shortages and standard practice would be to remove staff from shifts until an updated clearance was provided. The process of monitoring staff competencies and qualifications could also not be confidently described as the previous staff member responsible for maintaining these competencies no longer works at the service. I consider time is required to embed and monitor the improvements planned to determine their effectiveness.

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

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as they found the workforce was not trained, equipped, and supported to deliver the outcomes required by these Standards. Staff could not describe all mandatory training modules as outlined in the service policy and procedures and did not receive additional training when requested. Support staff have not undertaken training in the serious incident response scheme (SIRS) or restrictive practices or demonstrate an understating of either.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, implementing a training calendar for mandatory training, undertaking a training needs analysis, and reviewing competency and qualification monitoring processes.

I acknowledge the provider’s response and the actions planned. Staff underwent an induction process on employment which included mentoring by a more senior worker. However, whilst consumers were satisfied staff were competent at performing their roles, I find the service did not demonstrate the workforce was supported to deliver the outcomes required by these Standards. I have considered that staff did not have training provided on an ongoing basis, with one staff member stating they complete self-directed learning to ensure they are able to complete their work effectively. A number of staff have also not completed training for behaviour support, risk management, anxiety in aged care, falls prevention and cultural diversity. Competency monitoring processes were ineffective as the qualification and competency spreadsheet showed multiple staff with outstanding or overdue clearances.

For the reasons detailed above, I find requirement (3)(d) in Standard 7 Human resources non-compliant.

**In relation to all other requirements in this Standard,** workforce interactions with consumers are kind, caring and respectful, and in line with each consumer’s identity, culture, and diversity. Management monitor staff interactions through consumer and representative feedback and any concerns regarding a staff member’s conduct is investigated. Consumers said staff are caring, kind and respectful in their interactions, and staff understand what is important to them.

Staff said performance reviews are conducted on a regular basis and assessment and monitoring of performance is undertaken through staff appraisals and other mechanisms, such as surveys and consumer feedback. Staff said they have undertaken regular performance reviews, however, additional training requested was not always followed through as discussed in requirement (3)(d) of this Standard. A formal performance management process is used when a staff member requires additional supervision and monitoring. An example was provided of how this process was effective in managing a staff member with significant performance issues.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(e) in Standard 7 Human resources 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. | Not 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as all requirements have been assessed as non-compliant. The assessment team recommended all requirements not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as consumers and representatives said they were not engaged in the development, delivery and evaluation of care and services. Staff could not describe how consumers are supported to engage in the development of care and services and a consumer advisory body is yet to be implemented to promote consumer involvement in the development of care and services. A policy is in place for consumer engagement in the management of their care and services, however, does not provide guidance to staff on how to engage consumers.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, implementing a framework to engage consumers and representatives in the development and evaluation of care and services and reviewing policies to include how staff can engage consumers in the development of care and services.

I acknowledge the provider’s response and the actions planned and/or implemented. However, I find the organisation did not effectively engage consumers in the development and evaluation of care and services. Whilst management are discussing the implementation of a client engagement officer to drive and manage consumer engagement in addition to establishment of a consumer advisory body, current practices are not engaging consumers. Meeting minutes did not show discussions regarding trends in feedback and complaints or the engagement of consumers and representatives in improvement initiatives. No evidence was provided to show that feedback from consumers and representatives was used to inform the development, delivery and evaluation of care and services.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as the organisation did not demonstrate robust reporting mechanisms to ensure the governing body is aware of, and accountable for the delivery of care and services. Meeting minutes did not show how clinical and care information was provided and discussed within the current governing structure. A quality care advisory body has not been established and the organisation could not demonstrate the existing governing structure was informed and accountable for the delivery of safe and quality care and services.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, implementing a quality care advisory body, updating agendas to ensure incident and clinical data is discussed and implementing a new governance structure.

I acknowledge the provider’s response and the actions planned and/or implemented. However, I find the processes in place and inconsistent information does not ensure the governing body is aware of and accountable for the delivery of care and services. No evidence was provided to confirm the client services survey report for the period of October 2023 to December 2023 was discussed at meetings. The survey report also contained inconsistent information regarding feedback and complaints and meeting minutes did not show that the report was discussed or used in governing body meetings. I consider time is required to embed and monitor the improvements implemented and/or planned to ensure compliance with this requirement.

For the reasons detailed above, I find requirement (3)(b) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(c)**

Effective governance systems are in place for information management, continuous improvement, financial governance, and regulatory compliance. However, the assessment team recommended requirement (3)(c) not met as effective governance systems relating to feedback and complaints and workforce governance were not demonstrated.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, reviewing systems and processes for feedback and complaints, and reviewing the governance and monitoring of staff compliance.

I acknowledge the provider’s response and the actions planned. However, I find the organisation did not demonstrate effective organisation wide governance systems relating to feedback and complaints and workforce governance. In coming to my finding, I have considered meeting minutes do not demonstrate feedback and complaints are discussed or used to inform improvements in the delivery of care and services and the client services report does not include trending and analysis of feedback and complaints data. Whilst the organisation has a people and culture team to assist in ensuring the workforce has appropriate qualifications and clearances, the evidence provided did not show this process is effective as documentation showed staff were working without current police clearances, employment screening or qualifications. I consider time is required to embed and monitor the improvements planned to ensure compliance with this requirement.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(d)**

Effective risk management systems and practices are in place to identify and respond to abuse and neglect of consumers. However, the assessment team recommended requirement (3)(d) not met as effective risk management systems in relation managing high impact or high prevalence risks associated with the care of consumers, managing and preventing incidents, or supporting consumers to live the best life they can were not demonstrated. The organisation does not have a high-risk register or maintain other records identifying high-risk consumers, the reason they are high-risk, or documented strategies to mitigate each risk.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, reviewing the management of high impact or high prevalence risks, reviewing the current incident management policy, and adding high-risk consumers as an agenda item at governance meetings.

I acknowledge the provider’s response and the actions planned. However, I find documentation shows the systems in place are not effective in identifying risks and implementing mitigating strategies to minimise or prevent harm to consumers. Governance meetings do not include discussion regarding high-risk consumers and meeting minutes did not show incidents were analysed, trended, and used to inform improvements to care and service delivery. Whilst management said incidents are monitored and responded to by case managers, documentation showed this process is not consistently followed, and mitigating strategies were not implemented to prevent further incidents occurring. The duty of care and dignity of risk policy does not provide guidance to staff in supporting consumers’ dignity of risk in regards to assessments, consultation, or mitigating strategies required to support consumers to live the best life they can. I consider time is required to embed and monitor the improvements planned to ensure compliance with this requirement.

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

**Requirement (3)(e)**

Effective risk management systems and practices are in place for antimicrobial stewardship and open disclosure, and the organisation has a clinical governance framework which outlines key roles and responsibilities, policies and procedures, and measures of success. However, the assessment team recommended requirement (3)(e) not met as the clinical governance framework did not include monitoring or reporting mechanisms to ensure the organisation has clinical oversight and management of care provided to consumers. Staff could not describe restrictive practices outside of physical restraint or recall training provided on restrictive practices. The service does not currently have any consumers subject to restrictive practices although management acknowledged the policy and procedure does not guide staff in the requirements of restrictive practices.

The provider expressed their commitment to address the deficits identified in the assessment team’s report and submitted a plan for continuous improvement in their response to rectify the deficiencies identified. This included, but was not limited to, reviewing the clinical governance framework to include monitoring and reporting mechanisms for clinical and care services, and developing and implementing an internal audit process to monitor quality and compliance.

I acknowledge the provider’s response and the actions planned. Whilst the organisation has a clinical governance framework, I find the framework was not effective as governing body meeting minutes did not include reporting or discussion of clinical risks and trends, and management could not identify how they monitor clinical risks through the reporting mechanisms in place. In coming to my finding, I have considered that there are no internal audit processes or evidence provided of any audits undertaken to monitor clinical risks, systems, and processes. Although staff training had been undertaken for restrictive practice, management acknowledges the training was ineffective as staff could not recall the training. I consider time is required to embed and monitor the improvements planned to ensure compliance with this requirement.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance non-compliant.

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