**Performance**

**Report**

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| Name: | Dutch Aged Care |
| Commission ID: | 600072 |
| Address: | 21 Greenfields Drive, GREENFIELDS, South Australia, 5107 |
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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: 1493 Rembrandt Living Incorporated  
Service: 18494 Dutch Aged Care - NAASA Community Services  
Service: 18592 Thuiszorg SA

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7591 Netherlands Australian Aged Services Association Incorporated  
Service: 24027 Netherlands Australian Aged Services Association Incorporated - Community and Home Support

**This performance report**

This performance report for Dutch Aged Care (**the service**) has been prepared by Therese Wilson, 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/representatives and others.
* the provider’s response to the assessment team’s report received 6 June 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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) – Ensure assessment and planning includes risk assessment to identify consumers risk and include strategies to manage those risks.

(3)(b) - Ensure during assessment and planning process, consumers goals needs and preferences are specific to each consumer.

(3)(e) – Ensure care and services are reviewed following incidents and changes in condition.

* Standard 3 Requirements:

(3)(b) – Ensure strategies are in place to mitigate the high impact high prevalence risks for consumers

(3)(d) – Ensure consumers are followed up after deterioration or a change in condition and the outcomes are recorded for reference.

* Standard 8 Requirements:

(3)(c) – Ensure information management is accessible and guides staff to provide quality care.

(3)(d) – Ensure governance oversees high impact high prevalence risk and strategies are recorded and implemented to manage the risk and incidents are recorded and managed through the incident management system.

# Standard 1

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

Findings

This Quality Standard is compliant as six of six Requirements have been found to be compliant.

Consumers and representatives confirmed they are treated with dignity and respect, and their identity and diversity are valued. Support workers and coordinators were familiar with consumers backgrounds, needs and preferences. Care documentation included information on what is important to the consumers, such as their religion or cultural needs and how staff can be respectful of this in providing care and services.

Consumers confirmed staff understand their cultural needs, and care is delivered with this in mind. Staff demonstrated an understanding of consumers backgrounds and described how they ensure this information is reflected in the care and services provided. Care documentation demonstrated information is captured on consumers backgrounds to inform culturally safe care.

Consumers and representatives said the service involves them in making decisions about the care and services they receive. Staff could describe how they support consumers and their representatives to exercise choice and make decisions about the services provided. Care documentation demonstrated how each consumer is supported to exercise choice and independence, and make decisions about their care, including when others should be involved.

Consumers and their representatives confirmed consumers undertake activities they enjoyed safely with appropriate supports. Staff described how they support consumers to manage the risks associated with their care, while also supporting them to live the best life they can.

Consumers confirmed the service communicates through a variety of channels and said the monthly statements are accurate and easy to understand. The consumer handbook and agreement include the Aged Care Charter of Rights, internal and external complaints mechanisms, information on the services available and contact information for advocacy and language services.

Consumers confirmed their privacy and confidentiality is respected. Staff could describe confidentiality processes, and how they protected personal information. Care documentation showed appropriate consent was gained from consumers and/or representatives prior to information being shared with other organisations or health professionals, including referrals. The consumer handbook and agreement provide information to consumers on the collection and storage of their personal information, and how the information they provide the service is protected and used.

# Standard 2

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

Findings

This Quality Standard is non-compliant as three of five Requirements have found to be non-compliant.

Requirements (3)(a), (3)(b) and (3)(e)

The assessment team recommended Requirements (3)(a), (3)(b) and (3)(e) as not met for both HCP and CHSP as care planning does not inform the safe and effective delivery of care and services or consider risks associated with care. The service has not demonstrated that assessments are used to identify and address both the HCP and CHSP consumers' current needs, goals, and preferences and review is not always undertaken following incidents.

The service provided a response on 6 June 2024 which includes a comprehensive continuous improvement plan listing the main strategies to address the issues raised in the assessment team report. The service also reviewed each consumer mentioned in the report to ensure each consumers assessments and care planning are current and reflect the consumers current goal needs and preferences.

I have considered both the assessment team report and the service response and I find the service is not compliant with these Requirements.

Whilst the service has implemented several continuous improvements which include, but not limited to, review of the care planning process, new intake and risk screening tools, a digital transformation project and a review and redevelopment of the incident management systems, the changes are still in their infancy and will take time to be embedded into everyday practice. The service has been responsive to the deficits and if they continue on the path of continuous improvement the service should return to compliance in the near future.

It is for these reasons I find Requirements (3)(a), (3)(b) and (3)(e) non-compliant.

Requirements (3)c) and (3)(d)

Consumers confirmed they are involved in the assessment and planning processes, and they decide who is involved in the delivery of care and services. Coordinators described how consumers and/or their representatives are involved in decisions regarding care delivery. Care documentation showed their ongoing involvement in assessment and planning and demonstrated involvement of other service providers.

Consumers and representatives confirmed they get adequate information about the care and services provided and are informed of outcomes of assessments which are documented on the care plan and provided to them. Staff confirmed they have access to the consumer’s care plan at the consumer’s home and it is emailed to them when changes are made. Care documentation showed consumers and representatives had been informed of care plans, updates, and allied health reviews.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | 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 | 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 | 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

This Quality Standard is non-compliant as two of seven Requirements have found to be non-compliant.

The assessment team has recommended Requirements (3)(b), (3)(d) for HCP and CHSP, and (3)(f) HCP only.

Requirement (3)(b)

The assessment team found the service did not effectively manage high-impact or high-prevalence risks for consumers, particularly in relation to falls, medications and incident management.

The report outlines three consumers who have had falls, who do not have or have limited strategies to prevent further falls. It was stated two consumers had previous falls and one falls all the time. An incident form was not completed for one consumer with missed medication and another consumer reported potential elder abuse where no action was taken or an incident reported. The report also stated management recognised there is ineffective management of incidents relating to high-impact and high-prevalence risks and had a plan to implement a weekly progress note review by senior management to close any gaps.

In the service response on 6 June 2024, the continuous improvement plan outlined continuous improvement items which included but was not limited to a risk project which includes new systems to identify risk, increased oversight to review risk and an increase in the clinical workforce and leadership. The service reviewed the two consumers with falls and included strategies in the care plan where consumers agreed and commentary in relation to the consumer with potential abuse about their circumstances and the actions taken.

The information relating to documented strategies for falls prevention I have considered under Standard 2 Requirement (2)(a) as I think it is better placed there. The information about incident reporting and potential elder abuse I have considered under Standard 8 Requirement (3)(d) as it is more relevant there. Whilst medication management is a part of this Requirement without additional information of the impact and harm to the consumer, I have not considered it here.

I have considered the information in relation to the management of consumer falls, the services response and the information contained in Standard 8 Requirement (3)(d) in relation to the management of high impact high prevalence risk to consumers.

The falls information did not state whether the falls had occurred whilst in the care of the service or at another time. However, the falls were recorded in the services information which means they knew about them so they have an obligation to follow up after the fall, even if the consumer refuses assistance it should be recorded, and I was not given information to show this was the case. Strategies to manage falls were limited and staff were not aware of them. Whilst there are meetings to manage risk as outlined in Standard 8, the service acknowledged there is still room for improvement in this area.

It is for these reasons I find Requirement (3)(b) non-compliant.

Requirement (3)(d)

The assessment team found the service that whilst staff are reporting changes in condition, they are not being followed up effectively. The report outlines three consumers who through progress notes had been identified as having a change in condition but were not followed up in a timely manner by the service, and management acknowledged the feedback.

The services response on 6 June 2024 it was acknowledged that whilst the consumers had been followed up there was no evidence to show this had occurred. The continuous improvement included, but was not limited to, new procedures to manage risks including welfare checks and changes in condition.

I have considered the information from the assessment team report and the services response. The service acknowledged there were gaps in the process of recording the information from the follow up which they stated had occurred. I find as there is no record of this contact it cannot be confirmed that it occurred. I acknowledge the service has implemented continuous improvement to cover these gaps. Whilst I was only provided with documented evidence from the assessment team the service did not dispute it as they could not provide the evidence to show the contact had occurred.

It is for these reasons I find Requirement (3)(d) non-compliant.

Requirement (3)(f) HCP only

The assessment team found that referrals were not completed in a timely manner for two consumers. Progress notes showed two consumers did not receive referral to dietician as stated in their progress notes with one receiving a delayed referral to a podiatrist.

In the services response on 6 June 2024, they respectfully stated the assessment reviewed the date of the invoice for the podiatrist and not the actual date the service was provided which was two weeks earlier.

I have considered the assessment teams report and the providers response in coming to my finding. I was not provided with any information that showed there is any systemic issues with making referrals to other providers. Staff could describe how it is done and consumers confirmed medical and clinical referrals are completed in a timely manner. Whilst there may have been two that were not completed as they should, I was not provided any evidence the lack of referral impacted the consumers and given the evidence provided by staff and consumers I can see that referrals do regularly occur.

It is for these reasons I find Requirement (3)(f) compliant.

Requirements (3)(a), (3)(c) (3)(e) and (3)(g)

Consumers confirmed they are happy with the personal and clinical care they receive. Staff could describe how they tailor care to each consumers individual needs. Care documentation showed that care was provided as per each personal individual needs.

Consumers and representatives said end of life care and advanced care planning is discussed on entry and through other regular conversations. Staff could describe the consultation process to plan for end of life care to maximise consumers comfort. There are policies and procedures to assist staff in providing end of life care.

Care plans included personal and clinical care information based on consultation with clients and/or representatives. Staff confirmed they are informed of any changes to clients’ condition and needs verbally, or through emails.

Practices and processes to support the minimisation of infection related risks through implementing standard and transmission-based precautions and prevent/control infections were in place, including to minimise the effects of COVID-19. Staff stated they complete infection control training and demonstrated knowledge of antimicrobial stewardship. Consumer were satisfied with the practices of staff in relation to infection control.

# Standard 4

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

Findings

This Quality Standard is compliant as seven of seven Requirements have been found to be compliant.

Consumers are satisfied the services provided optimise their independence, well-being, quality of life and enhance their spiritual, emotional and psychological well-being. Staff could describe how they assist consumers to enable their independence and strategies they use to provide emotional support. Care documentation includes details of the services provided along with care and the needs and preferences in relation to spiritual and emotional well-being.

Consumers and representatives confirmed they are able to participate in the community, maintain relationships and do things that interest them. Staff said they support consumers to participate in the community and do things of interest to them which is informed by the assessment process. Documentation of this is recorded in care records to guide staff with care.

Consumers confirmed staff know them well and they don’t need to explain the care and services required and regular referral occur including when they require equipment to assist them. Staff confirmed they are kept informed of changes by phone calls, in meetings or by email, where they are emailed updated copies of the care plan and they could explain the referral process. Documents confirmed referrals occur and the equipment recommended is purchased and provided to consumers. There is a monitoring process to ensure equipment is safe suitable and well maintained.

Consumers confirmed the meals provided through contracted services are suitable and meet their needs. Staff described how they offer a range of meal options, including meal delivery or support with cooking meals at home to clients. Care documentation reflected consumers involvement in choice and decision-making regarding the meal services they are provided.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard is compliant as three of three Requirements have been found to be compliant.

There are multiple locations across the metropolitan area where programs, including connectivity cafes, exercise classes, day respite and social programs operate. The service attended was bright and welcoming and easy to navigate. Consumers and representatives said the service environment attended is clean, well maintained and comfortable and they will notify staff if any environmental issue or hazard is observed.

Records showed incidents and near misses are recorded to manage risks related to the service environment. There are processes to ensure the internal and external service environments are maintained including cleaning rosters. Consumers are satisfied with the cleanliness of the service they attended.

Documents show ongoing monitoring of equipment which includes preventative and reactive maintenance processes to ensure they are well maintained, clean and safe to use and observations of furniture, fittings and equipment are safe, clean and well-maintained.

# Standard 6

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

Findings

This Quality Standard is compliant as four of four Requirements have been found to be compliant.

Consumer and representatives confirmed they are regularly asked to provide feedback and they know the avenues of how to do this. Consumer agreements contain information in relation to complaints handling processes and advocacy information and feedback forms are provided to consumers and representatives. Management said staff often provide feedback on behalf of consumers and consumers regularly contact them via phone, or send emails or text messages. The service keeps a register of consumers who require assistance with communication and a list of staff who speak other languages willing to assist.

Consumers and representatives expressed confidence in the organisation to act appropriately when responding to feedback and complaints. Staff said they ensure issues are immediately resolved or escalated to management if further assistance is required and they support clients who have cognitive impairment or language barriers to raise issues. Documentation shows timely action in response to feedback and complaints and open disclosure is undertaken and documented in the feedback register and care documentation.

The service demonstrated feedback and complaints data are regularly reviewed to identify trends and used to improve the quality of care and services. There is a range of tools to obtain feedback, including surveys and focus groups which are used to inform strategies to continuously improve the service. Records demonstrate improvement measures have been implemented because of feedback and complaints raised.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

This Quality Standard is complaint as five of five Requirements have been found complaint.

The assessment team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) as not met.

Requirement (3)(a)

The assessment team recommend this Requirement as not met as the service does not consider risk to consumers when they are unable to fill shifts requested and one consumer received their medication late as the staff member rostered on was not medication competent. It was also stated that there was no documented process for co-ordination staff to call consumers back if they did not answer their phone when calling in relation to unallocated shifts. The assessment team stated there have been 20 unallocated shifts from March 2024. This was discussed with management on site who provided information to say how they would ensure the deficits were rectified.

The service acknowledged there is areas for improvement and provided a continuous improvement plan in its response on 6 June 2024 which included but was not limited to, developing checklist for staff to follow with welfare checks where a shift needs changing and consumers are not contactable and ensure there are systems to match staff skills with consumer needs.

I have considered the assessment team report and the services response in coming to my finding. I have considered the information in relation to risks under Standard 8 Requirement (3)(d) which is where effective risk management systems are assessed.

I was only provided with 1 occasion where a consumer received their medication late due to a staff member not being able to administer the medication. With only 1 occasion to consider I am not satisfied this is a systematic issue. In relation to the unallocated shifts, I am not provided with proportion as to how often this is occurring or the number of consumers it is affecting or how it affected them. I have also considered the information provided in this requirement which states consumers are happy with the staffing levels although they can sometimes be a bit rushed and there were no complaints throughout the report of shifts being cancelled. I am satisfied that overall, the service does have a planned workforce and with the continuous improvements they will continue to meet this Requirement.

It is for these reasons I find, Requirement (3)(a) compliant. `

Requirement (3)(c)

The assessment team recommended this Requirement as not met due to staff not managing and competency in relation to falls, deterioration and incidents. It was said that although staff have validated tools to use, they do not always use them when deterioration was identified, incidents occurred or when indicated through assessment processes. Unwitnessed falls with the service not in attendance, but the service has been notified, have not been recorded as an incident. In the report management responded to say there was no clear guidance for staff in relation to the use of tools and incidents are only captured when staff are present. They said process would be improved for the use of tools and systems to improve reporting will be investigated.

The service acknowledged there is areas for improvement and provided a continuous improvement plan in its response on 6 June 2024 which included but was not limited to, undertaking a review of expertise and identify gaps, increase pool of registered nurses to assist with clinical management of clients, review of staff training which includes what to do when a clients condition changes and serious incident response reporting and a review of policies and procedures.

I have considered the assessment team report and the services response in coming to my finding. I have not considered the assessment teams information in relation to the feedback register which contained examples of staff competency in relation to domestic services, as I was not provided any contextual information and Standard 6, Feedback and complaints, did not make mention of the feedback.

Management’s response to the assessment team said staff did not have clear guidelines on when to use validated tools with staff describing to the team when they should be used. This doesn’t tell me they are incompetent as without adequate guidance, staff are not provided the information they need, but this doesn’t make them incompetent. This was also the same for incidents. I am not sure of the services policy in relation to incidents and falls that occur outside of service windows but management acknowledged that only incidents that occur within service windows are recorded. Because staff are not reporting those via the incident management system does not make them incompetent. More importantly is, if they are aware of falls occurring outside of service windows that they are being followed up by the service which is reflected in the information in Standard 3 Requirement (3)(b).

It is for these reasons I find Requirement (3)(c) compliant.

Requirement (3)(d)

The assessment team recommended this Requirement as not met as while staff receive mandatory and non-mandatory training and records demonstrate completion is monitored and up to date, it has not been effective to ensure staff are following up falls, deterioration, allegations of abuse and incident reporting, including SIRS.

The service acknowledged there is areas for improvement and provided a continuous improvement plan in its response on 6 June 2024 which included but was not limited to, a full review of staff training including the roll out of additional training to address and ensures staff have policies and procedures to follow.

I have considered the assessment team report and the services response in coming to my finding. I have not limited my consideration to the information contained in this Requirement, I have also included all of the information in Standard 7.

The service has acknowledged that this is an area for improvement and have undertaken actions to remedy any deficits, including enhancing the training to provide staff with more knowledge on training already provided and provide them with procedures to follow. Consumers are happy with the care provided by staff and staff have completed all of their training requirements and can ask for more if needed. On balance considering all of the information, the staff are trained to deliver the outcomes as required, with the area requiring improvement is having the policies and procedures to follow to ensure all staff have the same understanding of what they are required to do which is more aligned with Standard 8 Requirement (3)(c).

It is for these reasons I find Requirement (3)(d) compliant.

Requirement (3)(e)

The assessment team recommended this Requirement as not met as whilst there is assessment, monitoring and review of the performance of each member of the workforce, it is not effective to identify deficits for the performance of all staff to improve training.

The service acknowledged there is areas for improvement and provided a continuous improvement plan in its response on 6 June 2024 which included but was not limited to, a new system for recording performance management issues and staff competency checks and audits.

I have considered the assessment team report and the services response in coming to my finding. The intent of this requirement is to ensure there is assessment, monitoring and review of the performance of each member of the workforce and the assessment team agree they do this. Workforce governance is responsible to ensure the overall performance of staff is monitored and identify where overall staff training could be improved.

It is for these reasons I find Requirement (3)(e) compliant.

Requirement (3)(b)

Consumers and representatives confirmed staff as kind caring and respectful. Staff described how they understand consumers and provide care accordingly. Onboarding processes include training and information in relation to organisational expectations, values and code of conduct.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | 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 | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

This Quality Standard is non-complaint as two of five Requirements have found to be non-compliant.

The assessment team recommended Requirements (3)(c) and (3)d) as not met.

Requirement (3)(c)

The assessment team recommended this Requirement as not met as while there are effective governance systems for continuous improvement, financial governance, regulatory compliance and feedback and complaints, they were not effective for information systems and workforce governance.

Information is stored across several systems which is difficult for staff to navigate and the organisation to monitor. Guidance was not always included in policies and procedures to guide staff and other information in policies and procedures was not prescriptive for staff as to what to do. In response, Management acknowledged not all policies and procedures are tailored to the home care environment and said they have sourced an external organisation to provide a comprehensive suite of documents, however, the transition is not complete.

The service acknowledged there is areas for improvement and provided a continuous improvement plan in its response on 6 June 2024 which included but was not limited to a review and simplification of systems and a review of policies and procedures.

I have considered the assessment team report and the services response in coming to my finding. The the information from Standard 7 including it was acknowledged by the service that the policies and procedures do need to be reviewed to provide better guidance to staff. Whilst there is current improvements underway to improve information system, the project is not yet complete.

It is for these reasons I find Requirement (3)(c) non-compliant.

Requirement (3)(d)

The assessment team recommended this Requirement as not met as whilst there is a risk management structure in place to guide high impact high prevalence risks it is not always effective to manage the risks. Staff did not always report allegations of abuse and other incidents, whilst recorded in progress notes incident forms were not always completed.

The service acknowledged there is areas for improvement and provided a continuous improvement plan in its response on 6 June 2024 which included but was not limited to the high risk register being amended, review of care planning to incorporate enhanced risk management, review and redevelopment of risk management systems and discussion of incidents at meetings.

I have considered the assessment team report and the services response in coming to my finding. I acknowledge the service has commenced continuous improvement to enhance its risk systems. Policies and procedures are being reviewed to guide staff with risk and the overall governance along with additional training in risk management procedures for staff. However, these will take time to embed into everyday practice and ensure they are effective.

It is for these reasons I find Requirement (8)(d) non complaint.

Requirement (3)(a), (3)(b) and (3)(e)

Consumers and representatives confirmed they are involved in the development, delivery and evaluation of care and services provided. Staff described how clients and representatives are supported to make decisions, remain independent and choose care and services in accordance with their preferences. Documentation demonstrates clients are partners in their care and regularly consulted.

The governing body sets strategic direction for the organisation and regularly attend services to monitor progress and drive continuous improvement. The board receives monthly and quarterly reports for home care services which includes oversight of benchmarking, clinical risk services register, areas of concern, incidents, workforce, complaints, risk, and continuous improvement. Governance committees include, clinical governance, finance, audit and risk, compliance, major assets and infrastructure and client advisory committee which serve as conduits to relay information to and from the board and consumers.

The organisation has a clinical governance framework which includes policies and procedures which outlines key roles and responsibilities, reporting requirements and governing body oversight. The organisation ensures regular reporting on client care via a range of clinical, quality and risk committees.

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)