**Performance**

**Report**

**1800 951 822**

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| Name of service: | Empowered Ageing |
| Service address: | 5 Valencia Street DURAL NSW 2158 |
| Commission ID: | 201276 |
| Home Service Provider: | Empowered Ageing Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 July 2023 |
| Performance report date: | 15 September 2023 |

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.

**This performance report**

This performance report for Empowered Ageing (**the service**) has been prepared by M Cooper, 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.

# Services included in this assessment

**Home Care:**

* Empowered Ageing, 26643, 5 Valencia Street, DURAL NSW 2158

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others;
* the provider’s responses to the Assessment Team’s report received on 24 July 2023 and 26 July 2023; and
* the performance report dated 20 September 2022 for the Quality Audit undertaken from 12 August 2022 to 16 August 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Non-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.

Requirement 8(3)(b)

* Provider is to ensure that the governing body asks for and receive the information, advice it needs to meet its responsibilities under this requirement.
* The Provider is to ensure that the governing body understands and sets priorities to improve the performance of the organisation against the quality standards.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(c)

This Requirement was found non-compliant following a Quality Audit undertaken from 12 August 2022 to 16 August 2022, as the Provider did not demonstrate the workforce was competent and the members of the workforce had the qualifications and knowledge to effectively perform their roles. Specifically, the Provider did not demonstrate support workers, engaged by consumers, were appropriately qualified and competent.

At the Assessment Contact undertaken on 3 July 2023, the Assessment Team was not satisfied the previous deficit had been rectified and recommended the Requirement not met. The Assessment Team provided the following evidence relevant to my finding:

* The home care agreement states that support workers are contracted to consumers and are not employees of the Provider, and the consumer is responsible for supervision of support workers. The agreement does not inform the consumer that they need to confirm qualifications of support workers.
* The tracking sheet for support workers showed police checks were not undertaken for 54 of 107 support workers, and indicated statutory declarations were being accepted in pace of formal police checks.
* Management said some support workers without police checks are providing services to consumers.
* The Provider’s electronic case management system showed varied and inconsistent information relating to contracted support worker qualifications and credentials.

The Provider did not agree with all of the Assessment Team’s assessment. The Provider’s response included, but was not limited to, the following:

* Acknowledgement that processes in place at the time of the Quality Audit were not in line with the Commission’s expectations.
* Explanation that the worker tracking sheet is a live document and the person responsible for updating it was ill at the time of the Quality Audit.
* Acknowledgement that while payments to contracted support workers without police checks were made, they work with the consumer and the support worker to obtain them.
* On 18 July 2023, the process has been amended to cease all payments to contracted support workers who do not hold a current police check.
* Consumers are being pro-actively contacted to ensure support workers have a current police check, and payments for services will be processed when verification of a valid police check is received. A draft policy was provided in support of this approach.
* A draft policy titled ‘Safe and Quality Service Regular Assessment, monitoring and review of work performance’ was provided, which defines a worker as a person who carries out work in any capacity for a client that is funded through a HCP. This includes work as an employee, contractor or subcontractor, an employee of a contractor or subcontractor an employee of a labour hire company, and out worker, apprentice or trainee, a student gaining work experience or volunteer.
* The use of the term statutory declaration is to reflect that fact that the worker has already provided their police check to an online (labour hire) platform, however the company involved would not share the workers police check with the Provider. The use of the term was not an indication that this form of documentation was accepted in place of a police check.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and Provider’s response to the report for the Assessment Contact undertaken on 3 July 2023, and the performance report dated 20 September 2023 for the Assessment Contact undertaken from 12 August 2022 to 16 August 2022.

I acknowledge that qualifications and competency of contracted support workers were not consistently verified or monitored, however, these deficits are as a result of a core failure in the organisation’s policies, processes and governance systems. I have therefore considered this evidence under Requirement 8(3)(b).

I have also considered that the previous performance report showed appropriate systems and processes are in place, for workers engaged by the Provider, including training and coaching.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 7(3)(c).

Requirement 7(3)(e)

This Requirement was found non-compliant following a Quality Audit undertaken from 12 August 2022 to 16 August 2022, as the Provider did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Specifically, the Provider did not demonstrate performance of support workers, engaged by consumers, was assessed or monitored.

At the Assessment Contact undertaken on 3 July 2023, the Assessment Team was not satisfied the previous deficit had been rectified and recommended the Requirement not met. The Assessment Team provided the following evidence relevant to my finding:

* Annual appraisal processes were initiated in July 2022 for staff employed by the Provider.
* No review cycle has been finalised for support workers engaged by consumers. An assessment template has been designed to enable consumers to provide feedback on these workers’ performance, however, it was in draft form.

The Provider did not agree with all of the Assessment Team’s assessment. The Provider’s response included, but was not limited to, the following:

* Explanation that staff directly employed by the Provider are subject to annual performance reviews/assessment. Two sample performance reviews were supplied.
* Explanation that consumers and other health care professionals provide them with regular feedback and assessment of contracted support workers at many points during their interactions. Any concerns are investigated and actioned.
* Explanation that worker assessment processes have been integrated into practice to identify when a consumer is receiving inappropriate care. A draft Worker Credentials Policy was provided in support of this.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and Provider’s response, which demonstrates the Provider is compliant with this Requirement.

I have considered that processes are in place to assess, monitor and review performance of staff engaged by the provider.

I acknowledge that these processes have not yet extended to support workers engaged by consumers, however, these deficits are as a result of a core failure in the organisation’s policies, processes and governance systems. I have therefore considered this evidence under Requirement 8(3)(b).

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 7(3)(e).

# Standard 8

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| Organisational governance | | HCP |
| 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. | Non-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. | 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. | Compliant |

Findings

Requirement 8(3)(b)

This Requirement was found non-compliant following a Quality Audit undertaken from 12 August 2022 to 16 August 2022, as the Provider did not demonstrate the organisation’s governing body promoted a culture of safe, inclusive and quality care and services, and was accountable for that delivery. Specifically, the Provider did not demonstrate oversight of care and services provided to consumers was maintained, or that systems or processes were in place to ensure the Quality Standards were met.

At the Assessment Contact undertaken on 3 July 2023, the Assessment Team was not satisfied the previous deficit had been rectified and recommended the Requirement not met. The Assessment Team provided the following evidence relevant to my finding:

* Although the provider supplied evidence of tracking police checks most support workers had not provided evidence of their police checks. The Provider could not provide sufficient evidence that support workers directly engaged by consumers have relevant qualifications to perform their role or are competent.
* There were no systems in place to monitor and review performance of support workers engaged by consumers. The Provider stated that plans are in place to implement a formal feedback mechanism for consumers to report on the performance of support workers, however, this process was not in place at the time of the Assessment Contact.
* Although the provider had implemented the serious instant response scheme (SIRS) into their management system, the Provider could not supply evidence of support workers completely any SIRS training.

The Provider did not agree with all of the Assessment Team’s assessment. The Provider’s response included, but was not limited to, the following:

* Explanation that all staff except five have provided valid police checks. Payments have been stopped to these workers until a current police check has been provided.
* A new worker on-boarding form is being implemented to ensure appropriate documentation is obtained on engagement.
* Consumers are being pro-actively contacted to ensure support workers have a current police check, and payments for services will be processed when verification of a valid police check is received. A draft policy was provided in support of this approach.
* A draft policy titled ‘Safe and Quality Service Regular Assessment, monitoring and review of work performance’ was provided, which defines a worker as a person who carries out work in any capacity for a client that is funded through a HCP. This includes work as an employee, contractor or subcontractor, an employee of a contractor or subcontractor an employee of a labour hire company, and out worker, apprentice or trainee, a student gaining work experience or volunteer.
* Explanation that consumers and other health care professionals provide them with regular feedback and assessment of contracted support workers at many points during their interactions. Any concerns are investigated and actioned.
* Explanation that worker assessment processes have been integrated into practice to identify when a consumer is receiving inappropriate care. A draft Worker Credentials Policy was provided in support of this.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and Provider’s response, which demonstrates the organisation’s governing body is not accountable for the delivery of safe, inclusive and quality care and services.

I have considered the intent of this Requirement, which expects an organisation’s governing body is responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. I have considered that at the time of the Quality Audit, this did not occur, as systems in processes were not in place to ensure support workers, engaged by consumers, were providing safe and quality care and services.

I acknowledge actions taken by the provider to address the deficit, however, there was no evidence these actions had been fully implemented or embedded. Furthermore, there is no evidence detailing how the governing body will be accountable to ensure these processes are adhered to on an ongoing basis.

I am of the view that at this point in time, the processes implemented by the Provider in order to meet its obligations under the Aged Care Quality Standards have not sufficiently matured for me to form a view of reasonable grounds that the Provider has complied with this Requirement.

Based on the information summarised above, I find the Provider, in relation to the Service, non-compliant with Requirement 8(3)(b).

Requirement 8(3)(c)

This Requirement was found non-compliant following a Quality Audit undertaken from 12 August 2022 to 16 August 2022, as the Provider did not demonstrate effective organisation wide governance systems relating to regulatory compliance. Specifically, the Provider did not demonstrate an understanding of its obligations to ensure support workers, engaged by consumers, have appropriate qualifications to perform their roles or that probity checks were undertaken.

At the Assessment Contact undertaken on 3 July 2023, the Assessment Team was not satisfied the previous deficit had been rectified and recommended the Requirement not met. The Assessment Team provided the following evidence relevant to my finding:

* The Provider did not demonstrate that they meet their responsibilities and accountabilities as a provider under the Commonwealth Home Care Package programme.
* The Provider did not provide sufficient evidence that support workers engaged directly by consumers have up-to-date credentials, including police cheques and qualifications.

The Provider did not agree with all of the Assessment Team’s assessment. The Provider’s response included, but was not limited to, the following:

* Explanation that all staff except five have provided valid police checks. Payments have been stopped to these workers until a current police check has been provided.
* Prior to March 2023, worker credentials were able to be downloaded from the contractor portal, however, the organisation who manages the portal has changed their policy and they are no longer able to undertake this task.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and Provider’s response, which does not demonstrate the Provider is non-compliant with this Requirement.

I have considered the intent of this Requirement, which expects organisations to maintain regulatory compliance systems and processes to make sure they are complying with all relevant legislation, regulatory requirements, professional standards and guidelines. This Requirement doesn't measure how an organisation complies with other legislative frameworks but provides an understanding of whether the organisation itself undertakes this task.

A failure to comply with legislation or regulatory requirements is indicative of ineffective regulatory compliance system and process, however, it is not absolute. I have considered that it is not proportionate to find the organisation’s regulatory compliance systems and processes to be ineffective based on one deficit. I encourage the Provider to consider areas for improvement in this regard.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 8(3)(c).

Requirement 8(3)(d)

This Requirement was found non-compliant following a Quality Audit undertaken from 12 August 2022 to 16 August 2022, as the Provider did not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents. Specifically, key risks associated with consumers were not identified, addressed or monitored, and incidents were not trended or analysed to prevent reoccurrence.

At the Assessment Contact undertaken on 3 July 2023, the Assessment Team was satisfied the previous deficit had been rectified and recommended the Requirement met. The Assessment Team provided the following evidence relevant to my finding:

* The incident management system was found to include a serious incident register and reporting mechanism.
* All office staff have completed SIRS training. Despite the fact that support workers engaged by consumers had not completed SIRS training, they have been supplied with information in relation to serious incidents and how to report them.
* Procedural documents are in place which identify what a reported incident is and the process to be undertaken to report such an incident.
* All incidents, complaints and feedback are compiled into monthly compliance report provided to the executive governance committee.
* Although the Provider did not have a formal Emergency Management plan, the Provider stated in the event of emergency, they would identify all consumers who lived in the geographical area of that emergency and make contact to understand their needs.
* Staff are provided with information regarding abuse neglect through the worker guide.
* The provider has adopted the NSW interagency policy on preventing and responding to abuse of all the people as a best practise guide.
* Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section s68A – assessment contact **of** the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)