**Performance**

**Report**

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| Name: | Everglow Community Care Links Incorporated |
| Commission ID: | 700129 |
| Address: | 1/155 Hugh Street, CURRAJONG, Queensland, 4812 |
| Activity type: | Quality Audit |
| Activity date: | 3 April 2024 to 5 April 2024 |
| Performance report date: | 10 May 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: 1053 Everglow Community Care Links Inc.  
Service: 18175 Everglow Community Care Links Incorporated

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7443 Everglow Community Care Links Inc  
Service: 24840 Everglow Community Care Links Inc - Care Relationships and Carer Support  
Service: 24841 Everglow Community Care Links Inc - Community and Home Support

**This performance report**

This performance report for Everglow Community Care Links Incorporated (**the service**) has been prepared by Courtney Maddigan, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 29 April 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not 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 | **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.

* Information provided to Home care package consumers including monthly statements and account balance must be easy to understand and accurate, to enable consumers to exercise choice.
* Assessment and planning processes needs to be inclusive of end of life wishes and advanced care planning if the consumer wishes.
* High impacts risks for consumers need to be effectively identified and managed.
* Actions taken in response to complaints needs to be appropriate and communicated to the consumer.
* Sufficient workforce numbers need to be engaged to support the delivery of safe and quality care and services.
* The service must be confident the workforce has the necessary qualifications and knowledge to perform their roles effectively.
* The performance of each member of the workforce needs to regularly assessed and monitored.
* The organisation is required to have effective governance systems relating to:
  + Information management
  + Financial governance
  + Workforce governance
  + Regulatory compliance
  + Feedback and complaints
* The incident management system needs to be effectively managing and preventing incidents.

# 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. | Not Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers were treated with dignity and respect by staff when they provided care and services, and the service valued consumers’ culture and diversity. Staff described the diversity of consumers and how the delivery of care and services was adjusted to respect consumers’ values. Care documentation included consumers’ individual needs and preferences in relation to their culture and background.

Consumers felt safe, and staff understood consumers’ cultural needs and differences. Staff and management described ways they supported a culturally safe environment. Care documentation included information for staff regarding consumers’ cultural and historical backgrounds and how this may influence the delivery of care and services. The service provided consumers with an entry pack and an agreement which included the Aged Care Charter of Rights.

Consumers and representatives felt supported by case managers to make decisions about consumers’ care and services and who was involved in consumers’ care. Staff confirmed services supported consumers to maintain relationships and staff had an awareness of persons who consumers considered important to them. Care documentation described consumers’ social history as well as preferences for care delivery.

Consumers and representatives expressed satisfaction with the delivery of care and services to consumers. While consumers and representatives did not consider consumers necessarily undertook risk, they expressed the service supported decision making. Management explained processes for identifying and monitoring risk. Care documentation captured risk factors for consumers. Assessment and planning processes considered risk factors for consumers including their environmental and social risks.

Consumers and representatives received information from the service which included monthly statements and newsletters. However, most of the consumers (receiving home care package funding) said the monthly statements were difficult to understand and information relating to unspent funds was unclear and did not support consumers’ choice. Consumers confirmed they had asked for assistance to explain the monthly statements, however, case managers were unable to clarify the statements. While meeting minutes for the Consumer advisory board evidenced a discussion was held regarding charges and monthly statements, only four of a potential 293 consumer attended the meeting. Many consumers were noted to have a large excess of unspent funds up to $95,000, and consumers confirmed discussions or information had not been provided relating on how to utilise their unspent funds or what additional services were available.

The Approved provider in its response to the Quality audit report confirmed there were deficiencies and lack of clarity in home care package statements and confirmed the implementation of a revised accounting system in December 2023. The revised system is envisaged to be fully operational by July 2024. Education has been provided to Regional and case managers in April 2024 regarding monthly statements, including the utilisation of budgets. The Approved provider acknowledged unspent funds required improvement in process and reporting. A monthly report is now completed and provided to the Operations manager, who will liaise with Regional or case managers to discuss options for consumers. An information session for consumers relating to unspent funds will be scheduled for consumers in June/July for all three regions.

The Approved provider refuted Requirement 1(3)(e) was Not complaint as financial statements were itemised; the client information manual was provided to consumers; information was regularly communicated via the quarterly newsletter and consumers had regular visits by case managers. While I acknowledge the actions taken and planned by the Approved provider to rectify issues relating to consumer understanding of monthly statements and unspent funds, it is my decision information provided to consumers to date has not been easy to understand and therefore home care package consumers have been unable to exercise choice in the delivery of care and services, and Requirement 1(3)(e) for Home care package consumers is Not compliant.

Staff were respectful of consumers’ privacy within the consumers’ homes and when delivering personal cares, and staff did not discuss personal information. Consent for sharing of information between those involved in the consumer’s care was sought from the consumer. Security measures were undertaken to protect consumer information including two factor authentication systems for access to electronic systems, and regular testing of security measures relating to consumer information.

Based on the information recorded above this Standard is Not compliant under the Home care package requirements, as one Requirement is Not complaint.

# 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. | Compliant | 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. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied the care and services provided met consumers’ needs, goals and preferences. The service undertook a range of assessments when a consumer entered the service, and where clinical risk was identified, a nursing assessment was conducted to identify health and well-being risks to consumers, including falls, pain, medication and continence. The service had policies and procedures related to assessment and planning. Consumer care documentation included alerts identifying any environmental risks of the home environment to guide staff providing care and services.

Consumers and representatives confirmed being included by the service to identify consumers’ needs and preferences or were aware consumers’ care documentation included goals and detailed the care and services to be provided. However, both Home care package and Commonwealth home support programme consumers and their representatives confirmed and documentation supported, consumers’ end of life wishes, and advance health directives or statements of choice were not discussed or documented. Staff were not aware of details relating to consumers’ end of life wishes and could not articulate where they might be found in documentation or the consumer’s home. Case managers confirmed they had not discussed consumers’ wishes for end of life during care planning although they have completed end of life training. For a named consumer who was palliating, care planning directives were not recorded to support the consumer’s end of life wishes.

The Approved provider in its response to the Quality audit report stated the client assessment form, which is completed when consumers commence with the service, contains information relating to advanced health directives, Enduring powers of attorney, guardianship, and resuscitation preferences for consumers. This information is uploaded as an attachment to the consumer’s file. The Approved provider has committed to education for case managers and care staff relating to accessing, recording, and reviewing end of life wishes at a meeting to be held 23 May 2024.

In relation to the named consumer who was palliating at the service, the Approved provider submitted their care plan as evidence that Palliative care services were involved in the consumer’s care. While I note the care plan stated palliative care service were involved as per the medical officer’s orders, there was an absence of directives to guide staff in providing care in accordance with the consumer’s end of life wishes. The Plan for continuous improvement submitted as part of the response to the Quality audit confirmed the service was seeking resources to upskill their case managers on end of life planning discussions with consumers.

While I acknowledge the planned actions the Approved provider intends to take relating to the documentation and sharing of consumers’ end of life preferences, it is my decision these processes were not effective at the time of the Quality audit and will need time to be implemented and tested for effectiveness and sustainability. Therefore, it is my decision Requirement 2(3)(b) is Not complaint for both Home care package and Commonwealth home support programme consumers, as consumers’ current advanced care planning and end of life planning needs were not identified.

The service involved the consumer and other relevant individuals in the planning and delivery of care and services. The assessment process worked in partnership with other organisations, individuals and service providers in assessment and care planning and communicated with them regarding the changing needs of consumers. Consumers confirmed they could choose to have their representatives participate in care plan reviews, and that allied health professionals were involved in care management where required.

Consumers and representatives confirmed they would know who to contact to gain access to consumer care documentation if they required it. Consumers confirmed their care plan was easy to understand and they can speak with their case manager if they have any questions. Care staff accessed consumers’ care planning information through the service’s mobile application.

The Quality audit report contained information that consumers or representatives could not recall when the consumer’s care plan was last reviewed. For two named consumers the Quality audit report contained information their care planning directives had not been updated following changes to their care needs. The Approved provider in its response has refuted this information and stated all Home care package consumer care plans had been reviewed in the previous twelve months. Progress notes submitted for the two named consumers evidenced ongoing review of care needs including when changes to the care needs occurred. While care plans for the two named consumers were not submitted as part of the Approved provider’s response, it is my decision there is insufficient evidence in the Quality audit report to support care and services have not been reviewed regularly. Therefore, it is my decision Requirement 2(3)(e) is Compliant for both Home care package and Commonwealth home support programme consumers.

Based on the information recorded above this Standard is Not compliant, as one Requirement is Not complaint.

# 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. | Compliant | 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

Consumers and representatives confirmed personal care was appropriate and provided in a safe manner and they considered the clinical care consumers receive was right for them and provided examples of the care received. Consumers’ care documentation demonstrated clinical care is being provided in line with best practice and to optimise consumers’ health and well-being including wound care management. The service recently changed their twelve month comprehensive nursing assessments to be completed every six months from August 2023, to ensure timely response to consumers’ health changes.

The Quality audit report contained information appropriate action was not consistently being taken to manage risks related to personal and clinical care for consumers, including consumers requiring medication support and falls management. For one named consumer who experienced falls resulting in hospitalisation, care planning was not inclusive of the consumer’s mobility needs or falls prevention. A second consumer at risk of falling due to a medical condition, did not have care planning guidance for staff in the event of a fall or to prevent a fall. Incident reports completed after medication incident occurred do not contain mitigation strategies to decrease the risk of further incidents.

The Approved provider in its response to the Quality audit report acknowledged an improvement was required to ensure completed documented record of progress including more comprehensive progress and management of consumers’ high impact risks. The Approved provider submitted a sample of consumer care plans which contained risk mitigation strategies but also conceded this was not consistent against the consumer cohort. The Care plan template has been modified to ensure prompting for case managers to address the high impact or high prevalence risk areas. I note that while the Approved provider submission included a copy of the revised care plan template, a completion date for the implementation of the revised care plan was not provided and the Plan for continuous improvement indicates a discussion regarding a register of risks to consumers will occur at a Clinical Care Committee meeting 28 May 2024. In relation to risks involving medications, the Approved provider submitted a Quality improvement activity to address medication errors, however I am unable to determine the progress or suitability of these actions to address concerns raised relating to medication incidents.

It is my decision that improvement actions have not been completely implemented to address the management of high impact risks to consumers, and therefore Requirement 3(3)(b) is Not compliant for both Home care package and Commonwealth home support programme consumers.

The Quality audit report contained information relating to the lack of discussions held with consumers relating to their end of life wishes. The Approved provider submitted a care plan of a recently deceased consumer as evidence of the recording of end of life wishes for the consumer. The Approved provider acknowledged consistent recording of consumers’ end of life preferences is not being consistently recorded. I have considered this information, and it is my decision this information is more relevant to Requirement 2(3)(b) and I have insufficient evidence that supports the needs of consumers nearing their end of life have not been addressed. Therefore, it is my decision Requirement 3(3)(c) is Compliant for both Home care package and Commonwealth home support programme consumers.

The Quality audit report contained information that three named consumers had experienced delays in responses to changes in their condition, including changes in weight. The Approved provider in its written response to the Quality audit report has refuted the evidence and submitted evidence to support the timely response to changes in consumers’ needs. For one named consumer, who was noted to have a significant weight loss in a twelve month period, it was noted to be a clerical error and the most recent weight record for the named consumer indicated a weight gain. Concerns were raised by the consumer’s representative regarding extra services required by the consumer, the Approved provider submitted evidence of the offer of additional services and the subsequent refusal from the consumer. Regular contact was maintained by the service while the consumer was hospitalised to ensure processes were in place for their discharge.

Information relating to a second consumer who was palliative and was discharge from hospital and not reviewed by the service for three days, was also refuted by the Approved provider who evidenced through progress note entries the consumer was visited in their home the day after discharge and was provided with hygiene cares. A third consumer was named in the Quality audit report to have experienced weight loss, the Quality audit report refers to a lack of evidence to support the consumer’s weight was monitored prior to the identification of weight loss in March 2024. It is my decision the consumer was provided with timely action to address their weight loss when it was identified by the service. I have insufficient evidence to support the identification of weight loss for the consumer should have been identified earlier by the service.

In coming to my decision regarding Compliance in Requirement 3(3)(d), I have considered the information contained in the Quality audit report and the Approved provider’s response and have concluded consumers who have deteriorated have been provided with timely and appropriate response and therefore Requirement 3(3)(d) is Compliant for both Home care package and Commonwealth home support programme consumers.

Consumers and representatives confirmed staff provided consistent care and services and consent was provided for information to be shared. Information about care and services was provided in the electronic care management system and care information was located in a folder in the consumer’s home. Staff received information about service delivery via a mobile application. Care documentation demonstrated information was shared with allied health professionals and consumer representatives, and there was documented consent.

Consumers had access to medical and allied health professionals when needed and this was supported and facilitated by the service. The service had registered staff and case managers who completed referrals to allied health professionals when required. Consumers and representatives confirmed staff communicated with them when a review by a medical officer or referral to a specialist was needed. Care documentation demonstrated referrals were initiated by the service when raised by the consumer or representative and input from others was sought, such as medical officers and physiotherapists. Assessments were completed by allied health professionals to determine if equipment was needed to assist consumers, and their recommendations were implemented.

Staff maintained appropriate infection control practices. Training records demonstrated staff were trained in infection control practices. The service had guidance material related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice. Consumers and representatives considered staff practice appropriate for infection control, including sanitising hands before and after care and using masks and gloves when required. Staff described ways they could minimise infection within the service and reduce the need for antibiotics such as through encouraging fluids for consumers, hand hygiene practices, and using appropriate personal protective equipment.

Based on the information recorded above this Standard is Not compliant, as one Requirement is Not complaint.

# 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

The Quality audit report contains information that the service was not supporting consumer to remain independent as consumers were waiting for extended periods of time for home modifications. While the Approved provider in its response agreed the wait times experienced were disappointing and concerning, the Approved provider also submitted evidence of consultation and contact with building contractors and providers on behalf of the consumers.

For one named consumer who experienced lengthy delays relating to bathroom renovations, the Approved provider stated a variety of occupational therapists and builder have been engaged by the service, however the consumer has either not agreed with the recommendations or not wished to engage the specific builders. The service is currently awaiting another quote for the modifications to take place to discuss with the consumer in order for consent and permission to progress.

For a second named consumer awaiting handrails to be installed, the Approved provider evidenced timely notification to a builder following approval, and subsequent follow-up with the builder on several occasions to determine the delay in commencement of work. Another builder may be sourced if modifications cannot be commenced immediately. For a third consumer who was noted in the Quality audit report as being instructed to enlist their own gardening contractor, this information has been refuted by the Approved provider and case management meeting minutes provided evidenced a new contractor has been engaged to provide gardening services to the consumer.

While I acknowledge the frustration felt by consumers due to the length of time for building works to commence, it is my decision the Approved provider has made appropriate and consistent action to facilitate modifications to occur, including contacting recalcitrant providers of service. I have insufficient evidence to support the service is not supporting consumers’ independence, health, and well-being. Therefore, it is my decision Requirement 4(3)(a) is Compliant for both Home care package and Commonwealth home support programme consumers.

Consumers felt connected with staff, staff knew them well and they were encouraged to participate in doing the things they like. Consumers confirmed they liked attending the respite centre and spending time with staff. Staff described the backgrounds of consumers and the things they liked to talk about that made them connected. Staff contacted the office and reported to management if a consumer was displaying emotional or psychological feelings outside of their scope, for further assistance. Consumers’ documentation contained background information and family and friends contact information.

Consumers confirmed the service provided engagement, socialisation and connection to activities and personal relationships. Staff described how they advocated for consumers and worked with other organisations in connecting consumers to activities of interest.

Consumers were satisfied with the communication between themselves, the service, and others when responsibility of care was shared. Consumers confirmed the service obtained their consent prior to sharing their information with other organisations and coordinated support when a referral occurred. Staff were informed by the service of the required supports from the service’s mobile application and verbally if a change to services was to occur immediately.

Consumers were provided a referral to other organisations when the service was unable to meet their care and service needs. Consumers confirmed being referred and supported by the service to attend social activities that were unavailable at the service. Staff stated a number of consumers had been referred and were provided support to attend community programs and activities that were not provided by the service.

Consumers accessing the service’s respite centre confirmed they always enjoyed the food and drinks provided by the service. The service did not provide hot or cold meals and consumers participating in morning or afternoon tea were provided by the service with snacks at a table to sit and socialise with other consumers. Consumer were observed to be enjoying refreshments at the respite centre.

Consumers felt safe when using the service’s equipment as it met their needs, and they had no safety concerns. Consumers confirmed staff kept the equipment clean whenever they have had a need to use it. Staff confirmed, and evidence identified, mobility equipment utilised in the respite centre was serviced in accordance with an annual schedule. Fire and safety equipment were serviced frequently in accordance with regulations. Equipment in the respite centre was observed to be clean and well maintained.

Based on the information recorded above, this Standard is Compliant.

# 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

Consumers confirmed the Townsville respite centre was easy to negotiate without obstacles when using their mobility equipment with plenty of light to see where they were going and a pleasant, homely atmosphere to socialise within. Staff stated consumers felt at home at the service and attended frequent activities, where they were always lots of laughs and well attended events. Both Home care package and Commonwealth home support programme consumers were observed moving throughout the centre and enjoying morning tea with their friends. The Ingham and Ayr facilities were not observed due to geographical constraints.

Consumers confirmed, and documentation and observations supported, the Townsville respite centre was safe, clean, well maintained, and comfortable. Consumers in the respite centre said the respite centre was kept clean by staff and they could move freely both indoors and access the outdoors if they choose. Staff ensured the cleaning in the respite centre was completed daily and spills were cleaned immediately.

Consumers stated and observations of furniture, fittings and equipment in the Townsville respite centre environment identified they were safe, clean, well maintained and suitable for consumers to use. Staff stated they cleaned the furniture daily and reported any issues to do with furniture, fittings and equipment to management who promptly attended to any requests.

Based on the information recorded above, this Standard is Compliant.

# 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. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives were aware of how to provide feedback or make a complaint. The service provided information in a welcome pack and in quarterly newsletters to consumers about complaints processes. Complaints forms were available and verbal feedback from consumers and representatives was communicated to the service by staff who provided care and services. Staff confirmed if consumers or representatives provided feedback they were dissatisfied with care and services, this verbal feedback was communicated to service management. Staff assisted consumers to complete forms or completed forms on their behalf. The service undertakes a survey for consumers and representatives on an annual basis with the 2024 survey currently underway.

Consumers and representatives were aware of how to raise complaints with external organisations. Information about how to access advocates, language services and external complaints processes was provided on entry to the service. The service supported consumers and representatives by providing information in Italian and Greek languages. The Home care package agreement, consumer information pack and quarterly newsletter included details about advocacy services and contacting external bodies, such as the Commission. Staff received advocacy training as part of the mandatory training at induction.

The Quality audit report contained information that some consumers and representatives were not satisfied with the action or response from service management following the raising of a complaint. Complaints included the behaviour of a consumer at activities, and the timeliness of transportation services.

The Approved provider in its written response to the Quality report acknowledged there had been confusion relating to complaints handling, response, and follow-up with the operational and corporate teams. The Approved provider have reviewed their policy and implemented a new procedure for compliments, complaints, and feedback to ensure compliance with best practice. The Approved provider’s response listed a number of steps to be taken within the complaints process. Training for management and corporate staff is scheduled for May 2024. The organisation has worked with activity staff providing clarity regarding comments needing to be treated as complaints.

In coming to my decision of compliance for Requirement 6(3)(c), I have considered the actions taken by the Approved provider to rectify deficits in complaints handling and have decided these actions will take time to implement and test for their effectiveness and sustainability. Therefore, it is my decision Requirement 6(3)(c) is Not Compliant for both Home care package and Commonwealth home support programme consumers, as appropriate action was not taken in response to complaints as negative feedback had not been identified as a complaint to be addressed by the service.

The service documented identified feedback and complaints and reviewed this information to identify improvement opportunities. Most consumers and representatives were confident the service used feedback and complaints to improve the quality of care and services, when complaints were identified. A register of feedback and complaints was maintained. The service used the Plan for continuous improvement to record improvement activities. Improvements had been made to rostering and communication of rostering changes as a result of feedback.

This Standard is Not compliant as one Requirement is Not compliant.

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

The Quality audit report contains information that evidences consumers and representatives were not satisfied with workforce arrangements including the responsiveness of case managers, the availability of staff and the communication of roster changes. Staff provided feedback that rostering changes occurred weekly due to emergent leave, however these changes were not communicated to staff or consumers in a timely manner. Three named representatives provided feedback including the need to source external services due to challenges experienced with the service accessing additional services, frustration with changes to staff and the need to explain care and service needs to new staff, and the lack of coordination of staff arriving to perform tasks. The service’s incident register contains five incidents where staff did not attend to consumers’ scheduled services, this included the provision of personal care and medication prompts.

The Approved provider in its written response to the Quality audit report acknowledges that rostering and reliable consistent staffing levels are a challenge. A workforce planning committee consisting of Regional managers, rostering representative, Human resource officer and executive staff was established in February 2024 and met fortnightly to review supply and demand, succession planning and required skill sets to meet the service needs of consumers. Starting times for administration staff have been modified to ensure early morning phone calls to consumers regarding roster changes can be attended in a timely manner.

While I acknowledge the actions taken by the Approved provider to address workforce issues including providing consumers with monthly schedules with times and names of staff attending services, I am not satisfied sufficient action has been taken to address workforce issues including the ability of the service to provide safe and quality care and services to consumers when emergent leave occurs and the number of consumers accessing services increases. Therefore, it is my decision Requirement 7(3)(a) is Not Compliant.

Consumers and representatives were satisfied with staff interactions and described staff as kind, caring and respectful. Consumers confirmed staff knew their individual needs and respected their culture and diversity. Staff provided examples of consumers’ different cultural backgrounds and how this influenced delivery of their care and services. Case managers confirmed ensuring consumers’ satisfaction with how they were treated by staff was part of the review process.

Processes to monitor the competency and qualifications of contracted staff are not effective. The Quality audit report contains information that evidence the majority of contracted services including home and lawn maintenance, allied health professionals, registered nurses, cleaning services and personal care staff are working in the absence of current police checks, registrations and qualifications. Of 105 contracted services, five had current police checks, qualifications and registrations recorded. For one named consumer receiving personal care from a contracted care staff member, the service was unable to evidence a current police clearance or appropriate qualification for the contracted staff member.

The Approved provider in its written response to the Quality audit acknowledges there are significant improvements needed to the management of contracted staff to ensure they have the required competencies and compliances to undertake their contracted roles. While the issue was first identified by the service in September 2023, and the service’s plan for continuous improvement indicates rectification actions would be completed by 29 March 2024, this has not occurred. The Approved provider in its response listed actions taken to date to address deficits relating to the suitability of contracted staff and indicated these actions would be completed by July 2024.

Therefore, it is my decision that Requirement 7(3)(c) is Not compliant as processes are not established to monitor and ensure all members of the workforce have the qualifications and knowledge to effectively perform their roles.

Training and support were provided to staff by the service to assist them with delivering safe and effective care. The service recruited and trained staff to meet consumers’ needs and preferences including induction programs and peer support. The service employed a dedicated training officer to provide annual training and when additional training needs were identified. Staff confirmed they complete training through an online portal at induction and ongoing training is provided at meetings and allocated through an online system. The service was transitioning to an electronic system which resulted in gaps in training records. However, meeting minutes evidenced training provided.

Performance appraisals for staff have not been completed, therefore management did not have clear oversight or were actively monitoring staff performance. While information recorded in Standard 6 evidenced consumers and representatives felt comfortable providing feedback regarding staff performance, the absence of a formal staff appraisal system increases the risk staff requiring additional training or support were not identified.

The Approved provider in its written response stated it has been working to improve staff performance management including the introduction of an electronic human resource system to automate the review process. The Approved provider has committed to performance appraisals for personal care workers will commence in May 2024, and all staff will have a completed appraisal by the end of July 2024.

It is my decision Requirement 7(3)(e) is Not compliant as processes have not been completed or tested for effectiveness in relation to the completion of staff appraisals, and I am not convinced this process will be completed by July 2024.

This Standard is Not compliant as two Requirements are Not compliant.

# 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

Management and the Board engaged with consumers and representatives in the development, delivery and evaluation of care and services. The service established a consumer advisor body which has held two meetings and has consumer membership on the Board. Consumers and representatives confirmed they had been invited to participate in meetings. Consumer surveys were completed annually with the current survey still underway. Survey results from 2023 demonstrated consumers were asked to provide feedback related to care and services.

The service had a Board which included members with clinical qualifications, financial qualifications and consumers. The service also established a quality advisory board. Management was accountable to the Board and provided reports relating to the delivery of care and services. The organisation had a reporting and accountability structure and meeting minutes across the organisation evidenced the direction and improvements were influenced by the governing body. The governing body was responsible for reviewing and approving organisational policy and procedure.

The service did not have effective organisation wide governance systems relating to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. Deficits in information management systems included the inability to monitor staff performance or training, the lack of established systems to ensure sub-contractor competencies, registrations and police clearances were current and the lack of details for consumers’ assessment and planning.

The Approved provider in its written response in relation to deficits in information management indicated the establishment of an electronic human resource system that records and reports on staff compliance and training to report to the workforce planning meeting has been established. Staff training was maintained and monitored by the Training coordinator, who follows up with staff who missed a training session. An information system to ensure subcontractor competencies, registrations and police checks were provided and current was monitored through the electronic human resource system. A comprehensive assessment form has been developed to include advanced care planning choices in relation to assessment and planning.

While I acknowledge there were information systems in place as recorded above, it is my decision they were not effective systems as Non-compliance has been identified in Requirements reliant on currency and accuracy of information recorded.

Financial governance has not been effectively managed as evidenced through the large number of consumers with vast amounts of unspent funds. There was not a clear process for managing and ensuring consumers with excess funds were receiving appropriate care and services to align with their assessed needs.

The Approved provider in its response to deficits relating to financial governance noted the Financial manager will provide a monthly report to the executive on unspent funds and overspent home care package accounts for analysis and migration. The Operations manager is then responsible for ensuring one to one discussion occurs with the relevant case manager to address the unspent funds with the consumer. The Approved provider evidenced in its response how the service meets its legislative, regulatory and accounting standards in relation to financial governance.

While I acknowledge the service meets its legislative requirements in relation to financial governance, it is my decision the executive and Board were unaware of the vast amounts of consumers with unspent funds and therefore were unable to help improve outcomes for consumers who may benefit from additional services within their package arrangements.

Workforce governance processes were not effectively managed as consumers were not satisfied with the availability of staff or the responsiveness of case managers. Communication processes relating to rostering changes were not effective and consumers were left without service provision.

The Approved provider in its response refutes the organisation does not have effective workforce governance systems in place, stating the fortnightly workforce planning meetings discusses and plans for current and anticipated staffing needs.

I acknowledge the workforce planning meetings are a source of information gathering regarding staffing, however, I am not convinced the organisation has sufficient skilled and qualified workforce members to deliver safe and quality care and services, with the growing numbers of consumers entering the service.

Regulatory compliance practices were not effective as evidenced by the lack of service agreements with sub-contractors and lack of oversight relating to police checks and credentials. The Approved provider in its response acknowledges that it has not met its regulatory obligations but anticipates this will be rectified by July 2024. At the time of the Quality audit regulatory compliance processes were not effective and actions taken by the Approved provider will need time to be tested and evaluated for their effectiveness and sustainability.

Feedback and complaints processes were ineffective as evidenced by the lack of concerns raised by consumers treated as complaints by the service. While improvements have been made to the complaints handling processes through the clarity of roles and responsibilities, I have a lack of evidence these changes have led to an effective complaints and feedback process.

Based on the information recorded above in relation to overarching organisational governance systems, it is my decision most of these key areas were not effective at the time of the Quality audit and insufficient time has elapsed to test improvements taken or planned by the Approved provider to rectify the deficits identified. Therefore, it is my decision Requirement 8(3) (c) is Not compliant.

Incident management processes were ineffective in identifying risks involved relating to incidents. Actions to prevent or manage further incidents were not recorded. Serious incidents that required escalation and reporting were not identified. Staff had limited knowledge in managing, reviewing, identifying causes, and mitigating further risk to consumers through incident review processes.

The Approved provider in its written response stated the process being used for incident management was not effective or robust in monitoring and evaluating incidents. The service has implemented an incident management system to record, investigate, analyse, track and review incidents including the identification of serious incidents requiring reporting. Training in relation to incident management will be provided to key personnel in May 2024. All clinical incidents will be reviewed by the Clinical Care Committee.

While I acknowledge the implementation of an incident management system will improve the service’s ability to record incidents, I have little evidence to support incidents are being monitored and evaluated as this process is in its infancy and has not been tested for effectiveness or sustainability.

Therefore, it is my decision Requirement 8(3)(d) is Not complaint.

The service had a clinical governance framework which was being reviewed by management and the Board. The draft framework outlined the roles, responsibilities of the workforce and committees. Clinical staff and management were aware of processes relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. The service provided training relating to clinical care, antimicrobial stewardship, restrictive practices and open disclosure to guide staff.

This Standard is Not compliant as two Requirements are Not 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-2)