**Performance**

**Report**

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| Name: | First Call Nursing |
| Commission ID: | 201410 |
| Address: | Suite 8, 72-74 Bathurst Street, LIVERPOOL, New South Wales, 2170 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 September 2024 to 18 September 2024 |
| Performance report date: | 5 November 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7122 SCC Health Pty Limited  
Service: 26116 First Call Nursing

**This performance report**

This performance report has been prepared by M.Wyborn, 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 services it operates, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.

# 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 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.

**Requirement 1(3)(d)**

* Ensure that each consumer is supported to take risks to enable them to live the best life they can.

**Requirement 1(3)(e)**

* Ensure that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables consumers to exercise choice.

**Requirement 2(3)(a)**

* Implement an effective assessment and planning process which considers and responds to risks to each consumer’s health and well-being to inform delivery of safe and effective care and services.

**Requirement 2(3)(e)**

* Implement an effective system of assessment and review when circumstances change, or incidents occur.

**Requirement 3(3)(b)**

* Implement effective systems to ensure identification and timely management of high impact and high prevalence risks to each consumer. Implement effective systems to ensure identification, analysis and development of preventative measures related to high impact and high prevalence consumer risk(s). Ensure appropriate assessment of the severity of a range of risks to consumers and ensure appropriate measures are implemented to safeguard consumers commensurate with the risk.

**Requirement 6(3)(d)**

* Ensure effective processes to review feedback and complaints and use this data to improve the quality of care and services for consumers.

**Requirement 7(3)(e)**

* Ensure effective management, within a timely manner, of staff performance issues associated with recurring complaints or incidents.

**Requirement 8(3)(c)**

* Ensure effective organisational wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

**Requirement 8(3)(d)**

* Ensure effective risk management practices and systems to manage high impact and high prevalence risks associated with consumers care in supporting them to live their best life. Ensure the organisation’s risk management and incident management systems are effectively implemented.

**Requirement 8(3)(e)**

* Ensure an appropriate clinical governance framework, referencing antimicrobial stewardship, minimising the use of restraint, and open disclosure.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not 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 |

Findings

The service was unable to demonstrate that consumers are supported to engage in risk to enable them to live their best lives. Staff advised they are not routinely informed about managing risks for individual consumers, and management have identified potential risks to consumers but were unable to demonstrate appropriate documented strategies to support risk mitigation in accordance with the organisation’s dignity of risk policy. The service was unable to demonstrate that staff have received appropriate education to ensure staff can support consumers to engage risk to enable them to live the best life they can.

Not all consumers and representatives are satisfied in relation to the service issuing timely and accurate monthly statements. Some consumers advised that they have not received recent monthly statements and the service advised that some consumers had not been issued their monthly statements for the past two months. The service demonstrated that consumers receive an induction pack when they first join the service and this includes a booklet from My Aged Care which has information in relation to making complaints to the Aged Care Quality and Safety Commission as well as information relating to aged care advocacy services and translation services. However, some information in the home care contract was identified as outdated.

With these considerations, I find the service non-compliant in Requirements 1(3)(d) and 1(3)(e).

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

The service was unable to demonstrate that assessment and planning processes, including consideration of risks to individual consumer’s health and well-being, routinely inform the delivery of safe and effective care and services. Service management were unable to demonstrate consistent and effective consumer assessment and care planning processes or that the service routinely considers risks(s) as part of their assessment procedures. Validated assessment tools are not consistently used for consumers and health professionals such as a wound specialist or occupational therapists are not routinely engaged when required. The service’s plan for continuous improvement (PCI) highlighted that consumer assessments and support plans are to include information from a suite of validated and best practice clinical assessments for consumers. These include skin integrity assessments, FRAT (falls risk) assessment, swallowing, nutrition and hydration assessment, initial observations, neurological observations, assessment to acquire baseline observations and every 6 month or as required, mobility assessment, wound chart/concerns diagram assessment, hygiene and activities of daily living assessment and bowel and bladder chart where required. In addition, the services PCI highlighted that management have reviewed consumer assessments, updated their reassessment spreadsheet to include the next date for reassessment and added information to the service’s risk register. The Assessment Team reported that these improvement actions have not been completed and management advised that the risk register was identified as not suitable for individual consumer risk and advised that consumer risks are not being recorded for monitoring, trending and analysis.

The service was unable to demonstrate that consumer care and services are regularly reviewed and most consumers advised that they could not remember when the last time the service undertook a review of their care plans. Consumers did advise however, that the service’s home care manager is in regular contact with them and their representatives. The service was unable to demonstrate an assessment and planning policy however the HCP contract entered into with consumers when they first join the service states that care plan reviews will occur at least every 6 months. Care planning documentation demonstrated that care plan reviews are not consistently undertaken at 6 monthly intervals, and in some cases, there are gaps of more than 12 months between reviews. The service also demonstrated that consumer care plan reviews are not being undertaken by the registered nursing staff when consumers’ circumstances have changed, such as after a fall or other incidents occur.

With these considerations, I find the service non-compliant in Requirements 2(3)(a) and 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |

Findings

The service was unable to demonstrate effective management of high impact and high prevalence risks associated with each consumers’ care. The service was unable to demonstrate an effective incident management system and management are not gathering data about individual consumer risks for oversight, monitoring and analysis. Consumer clinical assessments are not routinely completed for all consumers who require them and regular clinical reassessments for consumers with high impact high prevalence risks are not undertaken. The service’s lack of an effective incident management system means that consumers with high impact high prevalence risks associated with their care are not routinely identified and the service’s lack of an effective risk register means that relevant information is not collated, managed and analysed to best support consumers. The service is not collecting evidenced based data relating to consumer falls, immunisations, infections, medication, prescribing psychotropic medicines, pressure injuries, unplanned weight loss, and use of physical restraint and other risks associated with clinical care. Management advised that the service does not routinely discuss consumers with high impact high prevalence risks, monitor individual consumers’ associated risks, or collect and analyse data for governance purposes. The Assessment Team reported that data contained in the service’s current incident register has been compromised and management confirmed that dates are incorrect and multiple entries have been affected including the same incident descriptions occurring for different consumers. The Assessment Team reported that incident descriptions and information are brief and do not include root cause analysis with strategies agreed with the consumers to ensure incidents do not occur again.

With these considerations, I find the service non-compliant in Requirement 3(3)(b).

# Standard 6

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

Findings

Care workers demonstrated appropriate knowledge of the service’s complaints policy and advised that they can access the complaints policy via their mobile application. However, the service was unable to demonstrate that feedback and complaints are routinely reviewed and used to improve the quality of care and services for consumers. The service has recorded no recent consumer complaints in their complaints register, however, the Assessment Team identified a complaint made by a consumer during a support plan review that was not entered onto the service’s complaints register, therefore complaint management was not recorded and complaint data unable to be analysed. Some consumers advised the Assessment Team that they are not satisfied with the timeliness and accuracy of their monthly statements and these consumers have provided this feedback to management. As this information is not entered onto the service complaints register, the service has not demonstrated that review and trending of this information to improve the quality of care and services for consumers.

The Assessment Team reported that the service’s plan for continuous improvement (PCI) highlights that the service will provide education to staff on the service’s complaints and feedback policy and guidelines and that actions for improvements driven by complaints and feedback will be recorded in the PCI and reviewed for outcome. The service’s PCI also notes that the service will increase monitoring of consumer progress notes to ensure feedback is identified and can be captured in the service’s feedback and complaints register, and that analysis and trending of complaints will be undertaken by senior staff and appropriate actions implemented to eliminate or minimise the impact on consumers. These continuous improvement actions require further time to implement, embed and analyse, and as such, at this time, I find the service non-compliant in Requirement 6(3)(d).

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The Assessment Team reported that the service was unable to demonstrate a workforce where all position descriptions include aged care mandatory screening and that staff are routinely checked for disqualification or being banned to work in aged care. At the time of the audit, service management undertook checks that the registered nursing staff are registered with Australian Health Practitioner Regulation Agency and confirmed that this check will be included as a standard procedure to ensure qualifications and probity checks are implemented in a timely manner. The Assessment Team reported that the service’s plan for continuous improvement highlights that the service has implemented clear responsibility for monitoring and managing compliance of probity checks for staff and contractors, and that position descriptions have been reviewed and updated to include aged care mandatory screening. In addition, all staff members have current police checks and these are renewed every three years, and all staff have Certificate III in Aged Care and/or Disability or the equivalent experience. I consider that these response actions demonstrate appropriate measures at the service in regard to compliance for this Standard. The Approved Provider has demonstrated that the service ensures a workforce where staff have the qualifications and knowledge to effectively perform their roles, and with these considerations, I find the service compliant in Requirement 7(3)(c).

The service demonstrated a workforce that is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The service’s continuous improvement actions include implementing attendance records for all education and creating a consolidated summary of this education and routinely address non-attendance with staff. The service also implemented an education and training calendar to include all mandatory topics and undertake a training needs analysis as part of the staff performance appraisal process. Care workers advised that they are required to undertake monthly training in relevant aged care topics and are also required to attend the office for face-to-face training and meetings where relevant aged care topics are discussed. The service demonstrated effective induction processes, which includes training in manual handling, identifying abuse, and discussion of the service’s policies and procedures. The service’s staff training register demonstrated up to date training modules and completion rates for care workers which includes relevant topics including understanding abuse, challenging behaviours, consumer directed care, dignity and respect, privacy and confidentiality, Aged Care Standards, and the Serious Incident Response Scheme. Consumers and representatives advised of their satisfaction with the competence and services delivered by the care workers.

With these considerations, I find the service compliant in Requirement 7(3)(d).

The service was unable to demonstrate that regular assessment, monitoring and review of each staff member’s performance is undertaken. Care workers advised that management undertakes annual performance appraisals and the service provided a staff review matrix, which demonstrated that care workers have participated in a performance review in the previous 12 months. The service highlighted that staff performance reviews consist of care workers completing a self-appraisal which is then discussed with management. The service also undertakes random ‘client reviews’ where the service will contact a consumer and ask whether they are satisfied with a particular care worker. There were some care workers who had not completed mandatory training, and although this was followed up by management, there have not been any formal actions or follow up through the service’s performance appraisal processes. The Assessment Team reported that some care workers who were inducted in early 2024 have not completed mandatory training and some targeted face-to-face training sessions and this information was not recorded as part of their performance discussions. The service also demonstrated a lack of staff performance discussion records in response negative feedback received from consumers or representatives.

With these considerations, I find the service non-compliant in Requirement 7(3)(e).

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The organisation was unable to demonstrate effective organisation wide governance systems. In relation to information management, not all consumer care plans for consumers with clinical needs contain up-to-date information or provide consumer wound charts or other documents and pictures related to management of consumer wounds. During the Assessment Contact, the service’s registered nurse was on leave and management were not able to access relevant information or documents related to individual consumers’ wound management because it was on another computer and not scanned on file. The service’s incident register contained incorrect dates relating to incident occurrence. The organisation maintains a continuous improvement register, however, the service was unable to demonstrate that effective action is consistently taken to improve outcomes to drive improvements for consumers. Consumers advised they do not receive their monthly statements on time and even though this is an improvement action, some consumers had not received their statements for the last two months. In relation to workforce governance, the staff handbook outlines the service’s policies and procedures in relation to induction, training and performance review and care workers advised they are required to complete monthly training including face to face training. However, the service was unable to demonstrate governance over training attendance and completion rates including that of mandatory training subjects. The service’s general service agreement for subcontracted staff does not contain any provisions relating to the requirement for allied health professionals to provide health care that is best practice, the requirement for the subcontracted staff to report incidents, particularly incidents under the Serious Incident Response Scheme (SIRS), or the requirement to report any suspicions of abuse or neglect. The organisation administers a complaints/incident and feedback procedural document and care workers are aware of the service’s complaints policy. The service maintains a complaints register, which records the details of complaints and the actions taken by the service, however the organisation demonstrated that not all complaints and feedback are recorded on the service’s complaint register therefore no evidence of follow up action in response to the complaint or that relevant information is escalated, data analysed and improvements made at an organisational governance level.

With these considerations, I find the service non-compliant in Requirement 8(3)(c).

The organisation was unable to demonstrate effective risk management systems and practices. The internal audit schedule was reviewed by the Assessment Team and the July, August and September 2024 clinical reassessments have not been completed. The service’s risk register was developed to identify and manage risks including service delivery, human resources, business risk, work health and safety and emergency/disaster. The risk register does not identify individual consumer risk and name the high impact high prevalence consumers being overseen by the governing body. Management do not routinely gather data about individual consumer risks for oversight, monitoring and analysis, and the organisation was unable to demonstrate an effective incident management system. The organisation’s incident policy does not clearly guide root cause analysis and how to implement actions to prevent further incidents from occurring. The data in the incident register was identified as compromised data and the director confirmed that dates are incorrect and multiple entries have been affected including the same incident descriptions occurring for different consumers. The service plan for continuous improvement highlighted that clinical assessments have been implemented and incorporated into consumers assessments and support plans, however the service demonstrated that not all initial clinical assessments have been implemented, therefore the associated clinical risks for some consumers have not been identified and regular clinical reassessments for consumers with high impact high prevalence risks have not been undertaken. The organisation demonstrated that they do not routinely collect evidenced based data about falls, immunisations, infections, medication, prescribing psychotropic medicines, pressure injuries, unplanned weight loss, and use of physical restraint and other risks associated with clinical care as described in the clinical governance framework.

With these considerations, I find the service non-compliant in Requirement 8(3)(d).

The organisation was unable to demonstrate an effective clinical governance framework. The director advised that the service does not collect evidenced based data relating to falls, immunisations, infections, medication, prescribing psychotropic medicines, pressure injuries, unplanned weight loss, and use of physical restraint and other risks associated with clinical care. The organisation demonstrated that recent management meetings did not include any monitoring information about consumer risks in the clinical issues section. The director advised that they do not discuss consumers with high impact high prevalence risks, monitor the consumers’ associated risks, or collect data for governance purposes. The service’s plan for continuous improvement highlights that the organisation will implement clear responsibility for monitoring and managing compliance of probity checks for staff and contractors, however the organisation was unable to demonstrate routine and consistent oversight of registered nursing staff registration requirements. The organisation’s senior coordinator and home care manager position descriptions do not include aged care mandatory screening, and the organisation was unable to demonstrate that staff have been checked against the aged care banning orders.

With these considerations, I find the service non-compliant in Requirement 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)