**Performance**

**Report**

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| Name: | Glow Healthcare Agency |
| Commission ID: | 201453 |
| Address: | 20 Carlton Street, GRANVILLE, New South Wales, 2142 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 20 August 2024 to 21 August 2024 |
| Performance report date: | 30 September 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: 9635 OZConnections (NSW) Pty Ltd  
Service: 27665 Glow Healthcare Agency

**This performance report**

This performance report has been prepared by Gill Jones, 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
* the performance report dated 27 February 2023 for Quality Audit 17 January 2023 to 19 January 2023.
* the provider’s response to the assessment team’s report received 10 September 2024.

# Assessment summary for Home Care Packages (HCP)

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| 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 2(3)(a)*

* Ensure risks to the consumer’s health and wellbeing are being assessed and planned for, using validated tools where appropriate, to reduce risk to the consumer and inform the delivery of safe and effective care.

*Requirement 2(3)(b)*

* Ensure assessment and care planning processes identify the consumer’s needs, goals and preferences, including advanced care planning and end of life planning, and these are reflected in the care plan.

*Requirement 2(3)(d)*

* Ensure the outcomes of assessment and planning are communicated to the consumer in a care plan that identifies their needs, goals and preferences.
* Ensure each consumer is provided with access to their care plan in a way that suits their preference.
* Ensure care staff and brokered agency staff can access care planning documentation for use at point of care.

*Requirement 2(3)(e)*

* Ensure care and services are reviewed regularly and care plans updated when consumer circumstances change, or incidents occur that impact consumers’ needs and goals.
* Ensure a process is implemented to ensure regular reviews of care plans are undertaken.

*Requirement 3(3)(a)*

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.
* Ensure behaviour management plans are developed for consumers requiring support.

*Requirement 3(3)(b)*

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* Ensure care plans effectively identify the risk associated with the consumer’s care and provide adequate strategies to guide staff in caring for the consumer.

*Requirement 3(3)(e)*

* Ensure information about the consumer’s condition, needs and preferences is sufficiently well documented and communicated within the organisation, and with others including brokered agencies, where responsibility for care is shared.

*Requirement 6(3)(d)*

* Ensure feedback and complaints feed into the service’s continuous improvement plan.

*Requirement 7(3)(c)*

* Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

*Requirement 7(3)(d)*

* Ensure appropriate systems and processes to ensure appropriately trained and skilled staff are recruited and supported to deliver the outcomes required by the Quality Standards.

*Requirement 8(3)(b)*

* Ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

*Requirement 8(3)(c)*

* Effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

*Requirement 8(3)(d)*

* Ensure effective risk management systems to manage high impact, high prevalence risks to consumers.

*Requirement 8(3)(e)*

* Ensure an effective clinical governance framework in in place.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| Requirement 2(3)(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. | 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 identifies consumer needs on admission to the service and care assessments are undertaken for new consumers. Consumers and representatives stated they had an interview about consumer care preferences during admission, however, the service was unable to demonstrate that consumers assessments and care plans inform the delivery of safe and effective care. Assessment and care planning documentation does not adequately identify risks to the consumer’s health and wellbeing. Where risks are identified, the detail in the care plan is not sufficient to inform how care is to be delivered safely. There is no evidence that validated assessment tools are being used to assess and manage risk. The service’s care and service planning documents include details of some consumers current risks in the ‘alert’ section of the care plan but does not contain sufficient guidance for staff about how to manage those risks. Furthermore, the non-response to scheduled visit information in each care plan was generic and not tailored to each consumer in terms of the instructions provided for care workers if the consumer was unexpectantly not home.

The provider provided a response to the Assessment Team’s report. In this response the care plans for two consumers cited in the Assessment Team’s report for this requirement were included. One care plan was dated 30 June 2024 showing that it had not been updated post the assessment contact and issues identified during the assessment contact remained. The consumer’s identified risks included advanced dementia with challenging behaviours depression, diabetes, dysphagia, double incontinence pressure area and history of falls. The care plan is ticked that the consumer requires a dementia care plan, pressure area care plan and a falls risk assessment. There is no evidence these have been created, indeed the care plan supplied does not list dementia and challenging behaviours as a care need. The care plan contains insufficient information on how to manage the consumer’s skin integrity and double incontinence. It contains a statement that the RN/CM will ensure supports workers are trained in pressure area care but no indication this has been done. The consumer has a pressure injury but there are no details on where this injury is and who is responsible for delivering wound care. In the ‘staff duties’ section it is recorded that the ‘care co-ordinator will arrange RN to provide wound care’ but no indication this has been done. The consumer has a swallowing difficulty, yet the care plan contains no information for a support worker on how to assist the consumer with food and fluids, what texture their food and fluids needs to be and how to manage any choking events. The care plan states ‘RN or CM will provide information on how to manage swallowing difficulty to carer’ but no evidence this has been done. In the provider’s response they refer to documentation in the consumer’s home to manage pressure area care and the management of the consumer’s swallowing difficulties but this information is not in the consumer’s care plan.

The second care plan submitted by the provider was dated 2 September 2024, post the assessment contact. The ‘alert’ section of the care plan identifies risks to the consumer’ health and well-being but contains no guidance for staff about how to manage those risks. Risks for this consumer include the consumer utilises home oxygen and is diabetic. The ‘alert’ section of the care plan states ‘observe and report any signs of hypoglycaemia or hyperglycaemia to the care manager’ without providing any guidance for care staff to be able to identify hypoglycaemia or hyperglycaemia or how to ascertain the consumer’s blood glucose level if the consumer appeared unwell. Furthermore, strategies for managing diabetes are not detailed in the consumer’s care plan. The consumer self-administers oxygen but there are no explicit strategies for the service to manage this, particularly in relation to ensuring that the oxygen tanks are refilled and the consumer has oxygen readily available. The Assessment Team found the service had not conducted an assessment following the consumer’s admission to hospital, however, the provider submitted further information and was able to demonstrate the consumer’s condition had been monitored and appropriate referral had been actioned to support their carer.

In addition to providing information about the consumer’s cited in the report the provider submitted their plan for continuous improvement. This contained actions to review all care plans to ensure details required to deliver safe care are identified with risk mitigation strategies in place, whilst respecting the individual consumer’s right to make choices.

I have considered the information submitted by both the Assessment Team and the provider and find that currently risks to the consumer’s health and wellbeing are not being assessed and planned for to reduce risk to the consumer and inform the delivery of safe and effective care and services. These issues were present during the Quality Audit 17 January 2023 to 19 January 2023. After the Quality Audit in 2023 the provider gave an undertaking to implement the use of validated assessment tools and improve their assessment and care planning processes to minimise identified risks to consumers but this has not been addressed placing consumers at risk.

Care planning documentation identifies the consumer’s goals however does not effectively address how their needs and preferences are to be managed. Care plans contain actions to be taken in the future to address the consumer’s needs but no time frames are included for these actions to occur resulting in care needs being unaddressed. Actions taken, for example, referral to physiotherapy, are not updated in the care plan to show they have occurred. Care plans are not updated when changes occur. Care plans state the consumer’s goal related to the service being provided but do not detail consumer’s needs and preferences. The information provided in each care plan is not comprehensive and is insufficiently detailed to inform staff practice. For example, a consumer with a mobility issue who has a shower chair – there is no instructions for the care worker on how to assist the consumer to mobilise to the shower and assist them with using the shower chair. Assessment and planning do not include end of life and advanced care planning discussions, if the consumer wishes, to the level of details required.

In their response to the Assessment Team’s report the provider provided an updated care plan for one consumer cited in the Assessment Team’s report. The care plan demonstrated that the consumer’s advanced care choices were recorded, albeit briefly. The provider also provided the consumer’s budget statement and roster. On examination this documentation demonstrated the care plan did not match either the budget statement or roster for personal care provided. For the second consumer, the provider submitted documentation showing a referral to physiotherapy had been made to address the consumer’s need but it was noted this information was not recorded in the consumer’s updated care plan dated 3 September 2024. In addition, the provider included evidence of advanced care discussions held with two consumers/their representatives. The documentation recording the consumer’s wishes was brief and not sufficiently detailed to drive care practices.

In addition to providing consumer documentation, the provider submitted a continuous improvement plan. This identified actions to address the care planning process including ways to improve how advanced care planning and end of life planning is conducted.

I have considered the information submitted by both the Assessment Team and the provider and find that currently assessment and planning does not identify and address in sufficient detail the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. These issues were present during the Quality Review 17 January 2023 to 19 January 2023. After the Quality Audit in 2023 the provider gave an undertaking to update care planning documentation and improve advanced care planning but this has not been addressed.

The service is unable to demonstrate that consumers assessment and planning information is effectively communicated to consumers or their representatives. Care plans reviewed by the Assessment Team provide insufficient information regarding care and services to be provided to consumers following assessment. Most consumers or representatives did not know the content of their care plan and/or were unsure if they had one. Insufficient information is communicated to consumers about the outcomes of assessment and planning as information is not recorded in the care planning documentation provided to them.

Where self-managed homecare packages were provided, there was insufficient or conflicting information regarding the person responsible for care and services. When a dispute arose between the service and the person responsible for a consumer with very high care needs under a self-managed package, the service was unable to demonstrate how it balances the care recipient’s individual rights to make choices with the service’s responsibility to provide safe and effective care and services. Documentation provided by the service did not demonstrate the service understood the risk and was proactive in addressing the situation placing the consumer at risk. Agreement has not been reached on the outcomes of assessment and planning resulting in the consumer not having a care and services plan that address their needs and preferences.

Furthermore, information is not readily available where care and services are provided. As discussed previously, care plans do not provide sufficiently detailed information to assist support workers in caring for consumers with specific tasks. Several support workers said they were unaware of a care plan. In addition, whilst liaison occurs with care coordinators by email for brokered services for changes in consumers’ conditions or needs, this information is kept on a separate record and not updated in the consumer’s care plan. Given that the service has expanded from 70 consumers to over 200 consumers since January 2023 and three quarters of current consumers are cared for by brokered agencies this places a large number of consumers at potential risk as brokered agency staff cannot access the relevant information they need to provide care safely.

In addition, to providing consumer documentation the provider submitted a continuous improvement plan. This identified actions to address by providing information to care staff and brokered agency staff for use at point of care as well as providing consumers with a copy of their care plan. The provider has identified that improvements are required in how information about consumers is shared with subcontracted agencies and is seeking to strengthen the governance and contractual arrangements in place. It is noted that, in the improvement plan, the provider is expecting consumers to sign their care plan which is not a requirement under the Aged Care Act 1997. It is also noted the provider currently plans to send care plans to consumers electronically which may not be acceptable to all consumers/their representatives.

I have considered the information submitted by both the Assessment Team and the provider and find that currently the outcomes of assessment and planning are not 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. These issues were present during the Quality Review 17 January 2023 to 19 January 2023. After the Quality Audit in 2023 the provider gave an undertaking to remedy but this has been addressed placing consumers at risk.

The service could not demonstrate that care and services are reviewed regularly for effectiveness. An assessment and comprehensive review of care plans is not always conducted when consumer circumstances change, or incidents occur that impact consumers’ needs and goals. The service does not have a schedule to ensure regular reviews of care plans are undertaken and updating of care plans post review are not occurring. The Assessment Team’s report cited one consumer who had fallen in March 2024 and had not been reviewed. The provider, however, was able to demonstrate through documentation provided that the consumer was reviewed after the fall. However, documentation submitted did not show strategies to manage falls risk were added to the consumer’s care plan. The provider accepted that regular care plans reviews have not been occurring six monthly as per their policy.

In addition to providing consumer documentation the provider submitted a continuous improvement plan. This identified actions to introduce a schedule to monitor care plan reviews. The schedule showed that all outstanding consumer care plan reviews will be conducted by 30 November 2024. I have considered the information submitted by both the Assessment Team and the provider and find that currently care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer placing consumers at risk. Care plans have not been regularly reviewed and so do not reflect the consumer’s needs goals and preferences.

I find Requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) not compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(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. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Consumers and representatives receiving personal and clinical care services were interviewed and indicated they are generally satisfied with personal care services they receive. However, most support workers were unable to describe how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. Most care plans lacked details on how the personal/clinical care is to be provided, or how it takes into account consumers’ needs, preferences. Best practice care was not being provided to one consumer with complex wound care was being provided by a care worker without the knowledge of management and without evidence of a competency based assessment.

In response to the Assessment Team’s report the provider supplied care plans for consumers cited. The care plan, dated 5 September 2024, for a consumer with a falls risk which had been updated to reflect the recommendations from Occupational Therapist regarding skin integrity and falls management. However, the provider also supplied a care plan dated 5 September 2024 for a consumer with diabetic neuropathy which had not been updated to reflect this need. The provider also submitted a care plan dated 30 June 2024 for a consumer where a care worker had been providing complex wound care for a pressure injury. The care plan contained no description of the wound or instructions to follow when carrying out wound care and there was no evidence of registered nurse oversight of the management of the wound. Management stated they were unaware the care worker was providing wound care. The care plan contained instructions that the care co-ordinator would arrange registered nurse to attend wound care but there were no further updates. The provider submitted screenshots of text messages from the care worker confirmed they were not qualified to do the consumer’s dressing. The provider followed up with an email dated 6 September 2024 to support workers clarifying that wound care was not within their scope of duties.

In addition, to providing consumer documentation the provider submitted a continuous improvement plan. This identified actions in relation to training of support workers and ensuring staff working within their scope of practice. There was no information about how the service will ensure the care they provide is evidence based and is tailored to the needs of consumers and optimises their well-being. I have considered the information submitted by both the Assessment Team and the provider and find that currently each consumer does not get safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being. These issues were present during the Quality Audit 17 January 2023 to 19 January 2023, particularly in relation to wound care, and not have been rectified placing consumers at risk.

The service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives interviewed said the service had not specifically asked them about risks associated with their care. Representatives said they inform the service if they identify any risks such as falls, wandering behaviours and any other issues. Risks were identified in relation to a consumer with a cognitive impairment who was leaving their home. Strategies to manage the risk to the consumer, their behaviour and cognitive decline were not contained in their care plan.

In their response to the Assessment Team’s report the provider provided an undated care plan for this consumer with included interventions previously put in place to purchase lighting and motion sensors to manage wandering behaviours. No other behaviour management plan was supplied. The provider stated the episode on 14 August 2024 was the only one this year and they immediately consulted the GP on strategies to manage with a referral made to Demetia Australia. For another consumer with wandering behaviour and aggression the provider stated they have updated the consumers care plan with strategies to manage behaviour. The care plan submitted however is dated 19 February 2024 and currently only contains information on how to manage behaviour in the ‘Alerts’ section. There are no detailed strategies in the care plan regarding behaviour management.

One consumer experiencing a hypoglycaemic episode was given coffee by the care worker to raise their blood sugar. This incident was not reported by the care worker. The provider submitted the consumers care plan dated 19 February 2024 which contains information in the ‘Alerts’ section about giving fruit juice or something sweet in the event of a hypoglycaemic event but does not provide any information for the care worker to know what a hypoglycaemic attack looks like or what blood sugar reading would suggest a low blood sugar resulting in the risk not being effectively managed.

In addition, to providing consumer documentation the provider submitted a continuous improvement plan. This identified actions to provide staff training on managing high impact high prevalence risks, improved incident management, keeping the clinical risk register up to date, and increased monitoring of consumers and improved care planning templates.

I have considered the information submitted by both the Assessment Team and the provider and find that currently care plans do not effectively identify the risk associated with the consumer’s care and provide adequate strategies to guide staff in caring for the consumer placing consumers at risk. These issues were present during the Quality Review 17 January 2023 to 19 January 2023, particularly in relation to the care of consumers living with dementia where it was identified that there were no individualised behaviour support plans in place. After the Quality Audit in 2023 the provider gave an undertaking to remedy by creating care plans for consumers living with dementia, but this has not been addressed placing consumers at risk.

The service did not demonstrate that 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. Consumers and representatives stated their needs and preferences are not effectively communicated as they have to repeat the same information to new support workers. Consumers said support workers do not know if their care needs have changed. Support workers said they are not given enough information about a new consumer to provide suitable care. Support workers said they cannot access the consumer’s care plan and are just given a schedule of the job or verbal updates by their care manager. This does not include information on consumer’s individual needs and preferences. They said they rely on the consumer and the representative to provide information on what they must do. Support workers for the brokerage service send their notes via email monthly resulting in information received not being current. The service is using multiple sources to share and record consumer assessments and information and those systems are not effectively managed and information is not shared satisfactorily. The lack of appropriate mechanisms to share information in a timely manner with those providing care, particularly where providing care is shared with other providers including brokered agencies, places consumers at considerable risk.

In their response to the Assessment Team’s report the provider acknowledged the issues and provided a continuous improvement plan. This identified actions to streamline their information management system including all stakeholders being required to use the one information system. Other actions includeda comprehensive review of all the consumers with improvements made to the care planning template to ensure information about the consumer’s condition, needs and preferences is documented and can be shared with others involved in the consumer’s care.

I have considered the information submitted by both the Assessment Team and the provider and find that currently information about the consumer’s condition, needs and preferences is not sufficiently well documented and communicated within the organisation, and with others where responsibility for care is shared. These issues were present during the Quality Review 17 January 2023 to 19 January 2023 and have not been rectified placing consumers at risk.

The service demonstrated that it makes timely and appropriate referrals to individuals, other organisation and providers of other care and services. Most consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, and medical specialists.

I find Requirements 3(3)(a), 3(3)(b), 3(3)(e) not compliant. Requirement 3(3)(f) is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Consumers and representatives interviewed confirmed they are supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Management and staff described the ways they encourage and support consumers and other stakeholders to make feedback and complaints. The client handbook provided comprehensive information to support consumers in providing feedback and complaints.

The service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives interviewed who had made complaints stated they had to complain several times before improvements were made to their service delivery. There was no evidence that feedback and complaints feed into the service’s continuous improvement plan. There was dispute within the service about which document was the service’ s current continuous improvement plan. Management were unable to provide evidence of planned improvements resulting from consumer and stakeholder feedback or from annual consumer satisfaction surveys.

In their response to the Assessment Team’s report the provider submitted a continuous improvement plan. This identified actions including to review the process for recording, monitoring, analysing and reporting complaints and trending data and how this informs and improves quality and safety systems.

I have considered the information submitted by both the Assessment Team and the provider and find that feedback and complaints are not reviewed and used to improve the quality of care and services. These issues were present during the Quality Review 17 January 2023 to 19 January 2023 and have not been rectified.

I find Requirement 6(3)(d) not compliant.

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

Findings

Consumers and representatives interviewed did not consider staff are competent and have the knowledge to effectively perform their roles. Staff were unable to demonstrate sufficient knowledge about the Aged Care Quality Standards (the Quality Standards) and did not know about the Serious Incident Response Scheme (SIRS). This knowledge is critical for staff to enable staff to effectively and competently perform their roles. Management acknowledged these concerns whilst the Assessment Team were on site. One care worker was found to be working outside their scope of practice by providing complex wound care.

In addition, the findings of the Assessment Team demonstrate that staff both clinical and case management staff are not sufficiently skilled to perform their roles. The assessment and care planning process does not adequately identify risks to the consumers health and well being and risks are not effectively managed. Care plans do not contain sufficient information to guide staff practice placing consumers at risk. Validated assessment tools are not used when undertaking clinical assessment and clinical assessments undertaken do not identify all of the consumers clinical risks.

In the response to the Assessment Teams report the provider accepted there are deficiencies in some staff knowledge of SIRs. Training has commenced and SIRS now forms part of the mandatory training. The provider confirmed that they employ staff without a Certificate 3 in Aged Care but only select people with relevant and similar experience.

The provider submitted a continuous improvement plan. This identified actions to strengthen the onboarding of new recruits so that no staff member can commence work until they have completed all mandatory training. The provider plans also to streamline their learning management system to ensure consistency across training programs, monitor compliance with mandatory training and commence training on the Strengthened Standards.

I have considered the information submitted by both the Assessment Team and the provider and find that currently the workforce is not sufficiently competent and do not have the qualifications and knowledge to effectively perform their roles. These issues were present during the Quality Review 17 January 2023 to 19 January 2023 and have not been rectified.

The service did not have appropriate systems and processes to ensure appropriately trained and skilled staff are recruited and supported to deliver the outcomes required by the Quality Standards. There is no requirement for mandatory education modules about the Quality Standards to be completed before support workers and HCP care managers commence employment in delivering and coordinating care and services to HCP consumers. The service did not have an effective system for recording completed education modules by staff. There was not a centralised document to track education completed by the service’s staff or subcontracted staff to monitor compliance with training. What data was available indicated that not all staff had completed education relating to the Quality Standards since they commenced employment. Furthermore, the service did not have an effective system for evaluating education undertaken by staff was effective in delivering the outcomes required by the Quality Standards.

In their response to the Assessment Team’s report the provider submitted a continuous improvement plan. This identified actions to strengthen the training provided to staff as discussed above. These issues were present during the Quality Review 17 January 2023 to 19 January 2023 and have not been rectified.

Regular assessment, monitoring and review of the performance of staff is undertaken. This happens through weekly meetings and through a formal process for annual staff performance reviews. Support workers interviewed confirmed they have participated in their annual performance appraisals where they were given an opportunity to raise any training needs.

I find Requirement 7(3)(c) and 7(3)(d) not compliant. Requirement 7(3)(e) is compliant.

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

Findings

The organisation’s governing body does not promote a culture of safe, inclusive and quality care and services. Neither does the governing body demonstrate accountability for the delivery of quality care and services. The composition of the governing body does not satisfy the requirements introduced by the Strengthening Provider Governance requirements on 1 December 2023 because the independent non-executive members do not constitute a majority of the governing body. The Chief Executive Officer is aware of this but has not resolved this issue. In terms of demonstrating their accountability for service delivery, there was evidence that the Board discussed clinical and other relevant data such as number and types of complaints, number of critical incidents/SIRS and incidents at a Board meeting on 31 January 2024. Furthermore, there was evidence that the Quality-of-Care Advisory Body discussed matters including continuous improvement, clinical indicator data, incident trending, risk register, internal and external feedback, staff learning and development, and customer assessment and care plan review completion at their first meeting in July 2024. However, given the issues identified during this Assessment Contact with the organisation’s continuing non-compliance across five of the Quality Standards since January 2023 the governing body is unable to demonstrate how they are promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery. These issues were present during the Quality Review 17 January 2023 19 January 2023 and have not been rectified.

In their response to the Assessment Team’s report the provider submitted a continuous improvement plan. This identified actions to review the Board composition, revise the Board standing agenda to discuss more high level risks to consumers including financial and clinical risks to demonstrate their accountability and provide further training for the Board on the Strengthened Standards.

The organisation did not demonstrate effective organisation wide governance systems. Regarding information management, care plans contain conflicting information and they do not contain sufficient detail to drive care and staff practices. Some of the information in these documents is incomplete and out of date. Support workers provided conflicting information about what information they can access when they provide care or services. Several support workers said that they do not know what is in a consumer’s care plan. Issues were identified with information sharing with other subcontracted agencies responsible for the care of consumers not always sharing relevant information with the service. Whilst conflicting information was provided to the Assessment Team it seems the organisation engages approximately 30 service providers as subcontracted agencies. This creates risk as the information flows between the subcontracted agencies and the organisation are not strong despite nearly three quarters of their consumers being cared for by subcontracted agencies. In terms of continuous improvement, the service could not demonstrate robust systems as consumer feedback and complaints does not inform service improvements. Furthermore, the service could not demonstrate a culture of continuous improvement. The plan for continuous improvement provided to the Assessment Team on site only addressed the previous non-compliant requirements from the Quality Audit conducted on 17 January 2023 to 19 January 2023. The plan does not contain improvements identified through any other mechanisms, including consumer feedback.

In their response to the Assessment Team’s report the provider submitted a continuous improvement plan. This identified actions to streamline their information management systems to ensure only one system is used. Other work will include improvements to care planning templates and improved management of continuous improvement to ensure it is an agenda item at both the quality meeting as well as the board meeting.

Regarding financial governance, the organisation became aware of the serious misuse of consumer funds facilitated by one of their subcontracted brokered agencies. The misuse of funds involved the subcontracted agency using consumer funds to purchase excluded items, such as luxury cruises and food, and this possibly related to up to 50 consumers. The Assessment Team were informed that the service became aware of this through consumers. The provider later stated in their response to the Assessment Team’s report that this information came to their attention when an increase in the community access spend outside the usual pattern was noticed. At the time of the Quality Audit the service had not yet taken action to manage this. In their response to the Assessment Team’s report the provider stated they have identified seven consumers who attended an ‘excursion’ and this matter is being dealt with. In the improvement plan submitted plan the provider stated they intend to provide the brokered agency with training on inclusions and exclusions for the HCP program. The brokering agreement will also be updated to include consequences for brokered agencies in not following the HCP program guidelines.

Regarding workforce governance, oversight mechanisms need to be improved to ensure subcontracted agencies are performing in accordance with the standards and HCP program guidelines. Currently, the only mechanism the organisation has in place to monitor the performance of the subcontracted agencies is through consumer feedback.

The service did not demonstrate effective risk management systems and practices. The service maintains a Clinical Risk Register, which contains a list of approximately 100 consumers with different risks, such as falls, wandering, living in isolation, rated as low medium or high however, the list did not contain the names of all high risk consumers highlighting potential risks for those consumers and deficiencies in the organisation’s systems. The service maintains an incident management system to report incidents and the follow up action taken by the service; however, the service could not demonstrate that appropriate follow up action was taken by the service in all circumstances as consumer reassessment were not conducted in a timely manner.

The service’s clinical governance framework currently is not operating effectively. Issues identified with regard to deficiencies in assessment and care planning care in during this assessment contact and at the Quality Audit in January 2023 remain unaddressed placing consumers at a greater clinic risk. There are a significant number of consumers who self-manage their packages, with some managing their own clinical needs, with no apparent oversight. There is evidence that staff are working outside their scope, for example, one support worker was providing complex wound management for a consumer. Consumer reassessments when consumer’s circumstances change are not conducted in a timely manner which could pose a risk of consumer deterioration.

While the service has established a Quality-of-Care Advisory Committee, and clinical indicators are discussed by the Board, it is considered that the exponential growth in consumers since the time of the Quality Audit, as well as the large number of high needs consumers who self-manage their packages, requires the Board to be discussing consumer specific risks and issues in a more proactive manner. Furthermore, while the minutes of clinical meetings show that staff are discussing COVID-19 infection rates, infection rates in relation to COVID-19 and other infections do not form part of the clinical data reported to the Board.

In their response to the Assessment Team’s report the provider submitted a continuous improvement plan relating to Standard 8. In this document the provider acknowledged the deficiencies in their performance against the Quality Standards and stated they are committed to implementing a robust governance system. Issues with the governing bodies accountability, the effectiveness of their governance and risk management systems, as well as their clinical governance systems were identified in the Quality Audit of January 2024 and remain unaddressed.

I find Requirement 8(3)(b), Requirement 8(3)(c), Requirement 8(3)(d) and Requirement 8(3)(e) not compliant.

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