**Performance**

**Report**

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| Name of service: | Great Care Werribee |
| Service address: | Unit 8/215 Watton Street WERRIBEE VIC 3030 |
| Commission ID: | 300959 |
| Home Service Provider: | Great Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 14 July 2023 to 18 July 2023 |
| Performance report date: | 19 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Great Care Werribee (**the service**) has been prepared by F.Nguyen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Great Care, 26330, Unit 8/215 Watton Street, WERRIBEE VIC 3030

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 7 August 2023 and 18 September 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

*The embedding of:*

* *Requirement 8(3)(c)*
  + the process of making changes to the current processes of recording and sharing information by moving to a digital system to improve information management.
  + the process of making changes to the client management system to improve oversight and communication around expenses.
  + the use of an online feedback/complaints register in order to make the process of recording feedback and complaints more accessible to staff.
* *Requirement 8(3)(d)*
  + a vulnerable client register, rolling out training for SIRS and improvements to managing and preventing incidents.
* *Requirement 8(3)(e)*
  + a Clinical Governance Framework into the organisation’s systems and processes.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement 1(3)(a)(b)(c)(d)(e)(f)

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. All consumers /representatives interviewed described in various ways how they are respected and valued as individuals. Staff interviewed provided examples of ways they treat consumers with dignity and respect, such as listening to their life experiences, being familiar with the identity, culture and diversity of each consumer, talking about consumers respectfully and being mindful of what consumers need and want. Management advised consumers are informed about their rights and a code of conduct supports consumer dignity and respect. Care documentation reflects background information for each consumer, including information about their cultural background and preferred language.

The service demonstrated that care and services are culturally safe. Consumers and representatives interviewed said in different ways that staff understand consumers’ cultural needs and preferences, and consumers feel supported and safe. Staff interviewed provided examples of knowledge of consumers’ cultural backgrounds. Management stated that their staff are bilingual, able to communicate with consumers/representatives in their first language and are culturally appropriate. The organisation considers each consumer’s cultural, linguistic and gender preferences when allocating their support workers. Care documentation describes each consumers’ cultural needs and preferences.

The service demonstrates consumers are supported to exercise choice and independence, make and communicate decisions about their care and services and involve others and maintain connections and relationships of their choosing. Consumers/ representatives reported they are involved in decisions relating to care and services, and how the services supports them to maintain connections with others. Staff described how they adapt their communication style based on each consumer’s needs and to support consumer decisions relating to their care and services. Management advised that consumers have not been affected by the changes incorporated by the implementation on the Social, Community, Home Care and Disability Service (SCHADS) award as their consumer base has been provided with services for two or more hour shifts prior to the implementation of SCHADS. Consumer file documentation identifies consumer choices and decisions about care and services and any substitute decision makers.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers/ representatives interviewed expressed in different ways their satisfaction with how the service supports consumers to live their best life. Staff and management provided examples of how they encourage, assist and ensure consumers are safe and supported to take risks. The service has a person-centred care policy that addresses supporting and respecting consumers expressed needs and preferences.

The service demonstrated information provided to consumers is current, accurate and timely, communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers/ representatives interviewed advised they were satisfied with how their funds are being spent and how they are able to make changes about their care needs. Staff and management interviewed described ways consumers are provided with information, including for consumers from cultural and linguistically diverse backgrounds or consumers living with sensory impairments. The information pack included information on funded services, information on advocacy, internal and external complaints, a complaints flowchart, privacy and rights and responsibilities.

The service demonstrated that the privacy of consumers is respected, and their personal information is treated confidentially. All consumers/ representatives expressed satisfaction that the service respects their privacy and confidentiality. Staff interviewed provided examples of ways they protect consumer privacy and information, including using computer logins and passwords, securing file information within a locked cabinet, locking doors and not discussing consumers’ information with others not involved directly in their care and services. Management advised that consumers/ representatives are informed about the service commitment to maintaining privacy and confidentiality during their initial assessment. The Assessment Team observed consumer’s paper-based files are securely stored within a locked cabinet that the case managers have access to.

# 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. | 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. | 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 |
| 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 |
| 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 |

Findings

Requirement 2(3)(a)(b)(c)(d)(e)

The service demonstrated assessment and planning processes, including consideration of risks, informs the delivery of care and services. Consumers/ representatives interviewed said in various ways that case managers and regular staff understand their needs, and care plans are discussed and agreed upon. Case managers interviewed described assessment and care planning processes, and the ways risks are considered through a comprehensive check list that is completed with the consumers. Support staff interviewed generally understood the consumer’s needs and risks to enable appropriate service delivery by accessing information via emails and verbal communication.

The service demonstrated assessment and planning identifies the current needs and goals of consumers. Consumers indicated assessment and planning identified their current needs, goals and preferences. Case managers and support staff interviewed showed an understanding of the consumer’s current needs, goals and preferences. All care files showed consumers goals and needs for services are being documented. Case managers advised that discussions on advanced care planning and end of life planning are not conducted during the initial assessment. However, the service was able to demonstrate that considerations for advanced care planning is incorporated into an annexure as part of their service agreement that the consumers sign and receive a copy of after the initial assessment. The Assessment Team also viewed an updated care planning template that incorporated the advanced care planning questions that the service is planning to use for all consumers.

The service demonstrated assessment and planning is in partnership with the consumer and others they wish to involve. Consumers/ representatives spoke of the interactions between them, the case managers, support staff and others they choose to involve in their care decisions. Management were able to demonstrate knowledge around partnering with consumers around their assessment and planning. Care documentation evidenced assessment and planning had been completed in partnership with consumers.

The service demonstrated that the outcomes of assessment and planning are communicated to the consumer, documented in a care plan and that information is available where care and services are provided. Consumers/ representatives interviewed were all familiar with the outcomes of the assessment and could describe their care and services. Consumers advised that they received a copy of their care plan with most confirming they have a folder with relevant documents within their home. Support staff described how they access care and service information via emails and telephone conversations with the service and felt this information was sufficient. If not, support staff advised they would ask the consumer, the consumer’s family members or contact the office for further guidance.

The service demonstrated that services are regularly reviewed for effectiveness and when circumstances change. Consumers advised that their services are reassessed yearly or if they required additional services. Case managers advised that consumers that are on higher level packages are reviewed every six months and consumers on lower-level packages are reviewed annually. Care files for sampled consumers showed updated care documentation, and where consumers had recently returned home from hospital, the service was able to demonstrate scheduled meetings with these consumers.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Requirement 3(3)(a)(b)(c)(d)(e)(f)(g)

The service demonstrated that each consumer gets safe and effective personal or clinical care, that is best practice, is tailored to their needs and optimises their health and well-being, particularly in relation to the identification and monitoring of falls and the management of wounds. Consumers commented positively on the personal care and clinical care provided by staff. Case managers advised that they would refer consumers for a comprehensive nursing assessment if concerns are raised in relation to falls and/or wounds during the initial assessment.

The service demonstrated management of high impact, high prevalence risks associated with consumer’s care. Where risks are identified and managed (such as wounds or falls), the service has referral avenues to allied health and nursing, and other risk mitigation strategies such as aids, to mitigate the risks associated with the care of the consumer. Documentation evidenced strategies are recorded to support consumers’ risks and that comprehensive assessments are organised after hospital admissions or a change in a consumer’s condition has been identified.

The service demonstrated it has the capacity to recognise and meet the needs, goals and preferences of consumers nearing the end of life, to maximise their comfort and preserve their dignity. Case managers advised they have a declining consumer base and the service currently performs six monthly assessments on HCP level 4 consumers to ensure that they are receiving the care and services they require to continue to be comfortable at home. Management discussed they are currently not supporting any consumers with end-of-life needs.

The service demonstrates deterioration or change to a consumer’s function, cognition or physical function is recognised and responded to in a timely manner and consumers felt confident that regular staff would be able to identify any changes in their condition. Support workers explained how they escalate any changes around a consumer’s wellbeing via a telephone call to the service. Care documentation evidenced where changes have been reported and actioned.

The service demonstrated that information about consumers is communicated within the organisation and with others responsible for care. Consumers/representatives reported staff know their care needs and they are not required to repeat any directions. Support workers described how they communicate relevant information with the service and have access to the right consumer information for care delivery. While care directives for personal care delivery are detailed, the Assessment Team identified an improvement to tailor care directives for each consumer and to support unfamiliar staff in understanding specific preferences. The service demonstrated sufficient information is available to support care delivery with input from other relevant parties and allocating consistent staff for consumers with complex care needs.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. When asked about referrals, consumers/ representatives were aware that, when needed, other services would be involved in consumers service delivery. This included, for example, nursing services for wound treatment, podiatry for foot health, physiotherapy for strength building to prevent falls and carer support services. Case managers demonstrated an understanding of referral networks and described referral processes to a range of service providers including allied health professionals. Care documentation evidenced referrals were made in response to an identified need, with corresponding reports and recommendations actioned accordingly.

The service demonstrated infection related risks are minimised through a range of processes. Consumers/ representatives interviewed commented on staff taking precautions such as wearing masks and, where appropriate, gloves along with the use of hand sanitiser. Staff self-report any illness prior to commencing their shift and all staff interviewed said that they were aware of hand washing techniques and the use of personal protective equipment when visiting consumers’ homes. Management confirmed the service uses vaccination requirements, infection control processes and guidance material along with COVID-19 safety plans.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Requirement 4(3)(a)(b)(c)(d)(e)(f)(g)

The service demonstrated each consumer receives 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. Consumers/ representatives interviewed expressed satisfaction and positive feedback with services and supports for daily living. Staff and managers described the ways they provide effective services and supports for daily living. Care documentation noted consumer goals and provided corresponding strategies to achieve goals and quality of life, for example, transport services, shopping, gardening and mobility aids to support safety and independence.

The service demonstrated that the services and supports for daily living, when delivered, promote each consumer’s emotional, spiritual and psychological wellbeing. Consumers and representatives provided positive feedback on the individual support staff and how, in some instances, the interacting with staff is an important part of their week. Staff interviewed described how they support consumers who are feeling low or overwhelmed, including providing reassurance, listening to them, taking time for a cup of tea or a walk, being with them and providing a quiet space for them as needed. Care documentation evidenced that what is important to consumers is recorded in their care plans and staff and management were able to identify triggers and interventions to promote psychological and emotional wellbeing.

The service demonstrated that consumers are supported to participate in the community, maintain relationships and do things of interest to them. Consumers/ representatives interviewed said in different ways that services help to support consumers to do the things they like to do and to have social and personal relationships. Staff described the different ways they incorporate consumer’s interests into their service delivery. Support workers showed an understanding of consumer’s interests. Management interviewed provided examples of ways consumers are supported to do things of interest to them. Care planning documentation identified what consumers enjoy and how the service is able to support them to undertake activities that interest them.

The service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation, and with others where responsibility for care is shared. Interviewed consumers/ representatives said they are satisfied with how consumer services and supports are coordinated. Staff and support workers sampled described how current information about each consumer is shared via phone calls or messages when changes occur. Care documentation showed that with consumer’s consent, the service is able to communicate with others, internally and externally, to ensure care and services are coordinated.

The service demonstrated that referrals are undertaken to individuals, organisations and other providers of care. Consumers/ representatives did not provide specific examples about the referral process, however indicated their awareness that referrals are made, for example, for equipment or supports. Staff described processes for making referrals for consumers for a range of services and supports for daily living and allied health services for equipment recommendations and safety in consumers’ homes. Care documentation showed examples of referrals being actioned as required such as allied health services and personal safety alarms.

For consumers receiving delivered meals, those interviewed expressed satisfaction with the quality and quantity of their meals. Consumers interviewed said they make their own meal choices in regard to the meal selection for their meal delivery. Consumer documentation showed dietary goals and allergies are recorded.

The service demonstrated where equipment is provided, it is safe and suitable to meet the consumer’s needs. Support workers advised they take responsibility for cleaning equipment and notifying the service if maintenance is required. Equipment includes air purifiers, shower chairs, recliners, rails, wheeled mobility frames and mobility aids.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# 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)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirement 6(3)(a)(b)(c)(d)

The service demonstrated how consumers are actively encouraged and supported to make complaints and provide feedback. Consumers/representatives interviewed said they are encouraged and supported to provide feedback and make complaints, and they feel safe to do so. Most consumers/representatives interviewed said they had not yet had a reason to make a complaint about the service, however they would feel comfortable in doing so. A review of the consumer handbook and information provided at intake evidenced that consumers are provided with an internal feedback form and information on external complaints, including a flowchart of the complaints process. Staff described how they encourage consumers to provide feedback and the service has a feedback and complaints register. Management advised that although the feedback and complaints register is kept for more complex issues, complaints received are dealt with immediately. Please refer to Requirement 8(3)(c) for more information.

The service demonstrated that information on advocacy and interpreter services can be supplied to consumers if necessary. Consumers/representatives said they have had no need to use advocacy or interpreter services. Staff reported they have not had to support consumers to access advocacy or language services, however they have access to this information if required. Management advised staff are bilingual and they can translate information for consumers or organise translation services if required. Management said they can access and provide information about different services such as Translating and Interpreting Service (TIS) and Older Personal Advocacy Network (OPAN) should consumers require these services. Consumer information packs include contact information for internal and external complaint services and also includes information for advocacy and language services.

The service demonstrated that appropriate action is taken in response to complaints and the service utilises an open disclosure process. Most consumers/ representatives reported the service is responsive to feedback and complaints. Although the service receives few complaints, staff and management demonstrated an understanding of open disclosure principles and described how they are applied. The service has a complaint policy with guidelines to inform how management and staff respond to feedback and complaints.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers/ representatives interviewed did not provide examples of how their feedback is used to improve the quality of care and services but expressed overall satisfaction with the management of feedback and complaints. Management described that they are aware of all issues and concerns from the consumers, which are dealt with as they arise. Management acknowledged the need to record all received complaints and feedback in the register to provide an overview and understanding of any occurring trends and areas of concerns.

* In response to the Decision Maker’s enquiry, the service was able to further demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The Decision Maker finds this requirement compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 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. | Compliant |

Findings

Requirement 7(3)(d)

In respect to Requirement 7(3)(d) the Decision Maker notes the service responded to the Assessment Team’s report and has provided a detailed plan for continuous improvement (PCI). Outlined below is a summary of the Assessment Team's report and the approved provider’s response to that report.

Evidence analysed by the Assessment Team that the service is not providing staff with training and support to deliver the outcomes required by these standards. While consumers/representatives reported confidence in staff competency and their capacity to provide quality care, the service is not able to demonstrate that they are providing the training required for staff to deliver the outcomes required by the Aged Care Quality Standards. While staff interviewed reported that they have undertaken an induction process, they have not been provided with additional training including managing changed behaviours and identifying elder abuse.

Management explained that the service identifies training needs through professional development meetings and understanding consumer’s needs (including dementia, incontinence and falls risks), however, they are yet to provide this training to staff. The service is developing a staff training folder, however, during the Quality Audit no entries had been recorded. The Assessment Team reviewed the most recent staff performance feedback documentation from 2019 that noted consistent requests for further training, with ten of ten performance reviews showing requests, including but not limited to, aged care training, the use of equipment, safe physical activity for older people and cognitive decline training.

* The Assessment Team identified and provided feedback to management regarding the lack of mandatory training including cultural awareness, Incident Management Systems (IMS) and SIRS, identifying and responding to elder abuse, open disclosure, restrictive practices, and dementia awareness. The Assessment Team provided information on the Aged Care Learning Information Solution (ALIS) and other trainings and webinars available on the Aged Care Quality and Safety Commission’s (the Commission) website.
* A staff performance review feedback form dated 2019 shows a request for training around consumers experiencing hallucinations, amongst other requests for training. A review of the training records during the Quality Audit demonstrated that no training related to dementia awareness or cognitive decline has been undertaken.

The service’s response to the Assessment Team’s report shows actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these; examples are documented below:

* A training calendar has been developed to schedule and monitor training that staff have received in order to ensure that all staff have received mandatory training on the following topics:
  + Cultural Safety
  + SIRS
  + Dementia
  + Restrictive Practices
  + Code of Conduct
  + Aged Care Quality Standards
  + Identifying and Responding to Elder Abuse and Neglect
  + Hallucinations/Delusion
  + Falls and Fall-Related Fractures
  + High-Impact, High-Prevalence Risks

On review of the evidence provided by the Assessment Team and the response provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 7(3)(d) to be compliant. The service has demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Requirement 7(3)(a)(b)(c)(e)

The service is able to demonstrate that the workforce is planned to ensure the delivery of safe and quality services for consumers. Consumers/representatives interviewed reported that their services are not cancelled or rescheduled, and that staff are not late or rushed. Staff interviewed reported that while they are completing their work, they feel that they have enough time to undertake their work effectively. Management reported that there have been no unfilled shifts in the past month, noting that the service ensures contingency staff are available to ensure all shifts are attended. Management added the culture of inclusion, community and open communication within the service has supported staff continuity.

The service is able to demonstrate that staff are kind, caring, respectful of each consumer’s culture, identity and diversity. All consumers/representatives interviewed reported that staff are kind, gentle and caring when providing their care and services. Staff interviewed described how they interact with consumers, noting they promote respect for diversity and varied backgrounds, and prioritise respectful interactions in relation to cultural and linguistic diversity (CALD) consumers. Management explained that the service’s diverse workforce is able to provide kind, caring and considerate care and supports for CALD communities, noting the workforce understands various cultures and languages. Management added that it is the service’s priority to respect the differences in the community and acknowledge these diverse identities. The Assessment Team observed staff to be kind, respectful, considerate of consumers’ diversity and engage in respectful communication with consumers/representatives.

The service is able to demonstrate that staff are competent, qualified and have the knowledge to undertake their roles. All consumers/representatives interviewed noted they feel confident that staff who are providing their care and services are competent. All staff interviewed reported the service’s assessment for competency to undertake their role includes reviewing relevant work experience, reference checks and citing relevant qualifications. A review of staff qualifications evidenced all support workers have a minimum of a Certificate III in Aged Care or the equivalent on record. Administration staff have relevant qualifications, and case managers have either completed or are undertaking a master’s in social work. All staff files reviewed demonstrated that the service ensures staff have a current police check. A review of agreements with subcontracted providers shows the providers are ensuring oversight around staff competencies.

The service is able to demonstrate that there are processes in place to regularly monitor and review staff performances. Consumers/representatives interviewed reported that the service requests their feedback on the staff that deliver their care and services. While staff interviewed said the service is not consistently undertaking formal performance assessments, staff are in regular communication with management in relation to their performance and monitoring. Management outlined that the service has processes in place for monitoring and reviewing staff performance. The Assessment Team reviewed the staff performance review schedule, and whilst individual performance reviews were not evidenced from 2019, the information included agendas and attendance records for staff team meetings occurring on 2, 3 and 9 June 2023 to discuss best practice, incident/ accident reporting and reporting for changes and deterioration.

* In response to the Decision Maker’s enquiry, the service was able to further demonstrate that there are processes in place to regularly monitor and review staff performances. The Decision Maker finds this requirement compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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. | Non-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. | Non-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. | Non-compliant |

Findings

Requirement 8(3)(c)

In respect to Requirement 8(3)(c)(i)(iii)(vi) the Decision Maker notes the service responded to the Assessment Team’s report and has provided a detailed plan for continuous improvement (PCI). Outlined below is a summary of the Assessment Team's report and the approved provider’s response to that report.

Evidence analysed by the Assessment Team demonstrates that the service is not using effective organisation wide governance systems relating to information management, financial governance, regulatory compliance and feedback and complaints. For example:

**Information management**

While staff interviewed generally reported that they do not face challenges in accessing information when they require it, they described accessing information is often undertaken by telephone rather than having access to care planning or consumer assessment documentation. The Assessment Team identified information management as an area for development, noting the service is planning to move to digital records in an effort to consolidate the information. The current consumer documentation including progress notes, care plans and assessments are kept in a locked cupboard in a secondary office, which has resulted in ineffective recording of referrals and progress notes. Compliance staff added the concerns around hard copy consumer files being misplaced if removed from this area.

Management said that information provided to care staff consist of a verbal handover at the start of a shift and procedures that are outlined in the Support Worker Handbook. The Support Worker Handbook provides generalised information relating to safe moving and handling, emergency response to fire/ flooding, back health and responding to health-related emergencies, such as heart attacks and/or consumer’s collapsing. Sub-contracted staff providing clinical care and services receive insufficiently detailed clinical care information or care planning documentation, receiving only referral forms for service commencement.

* In response to the Assessment Team’s report, the organisation is in the process of making changes to the current processes of recording and sharing information by moving to a digital system. These changes are being put into place by transitioning to digital note recording in a new online client management system (CMS) to ensure appropriate documentation is being used to communicate between staff, consumers, and carers (e.g. consumer care planning or assessment documentation) instead of past processes of hard copy and verbal communications. In utilising the CMS it is anticipated that staff will be able to engage in the more effective recording of care plans notes, referrals, incident reports and progress notes, instead of relying only on the staff’s knowledge and hard copy documents. Processes will be updated to ensure that staff are sharing thorough and detailed clinical information relating to consumers and their carers to improve the quality of services provided.

**Continuous improvement**

The organisation undertakes continuous improvement processes through ongoing development and review by the Director and compliance staff of the Quality Action Plan and Risk Management Plan. Management identifies continuous improvement opportunities through feedback from staff, local stakeholders, including the Wyndham City Council, and consumer/representative feedback. Discussions with consumers/representatives, staff and management show improvements are ongoing.

Examples of recent improvement activities include:

* The inclusion of advanced care planning enquiry prompts added to care planning documentation.
* Engagement with Dementia Australia for advice and training related to changed behaviours and dementia awareness.

**Financial governance**

Financial governance is overseen by the Director who identifies reviews of current pricing arrangements to ensure compliance with the new requirements occurs at the end of each financial year. The Director maintains oversight of the service’s income and expenditure which is reviewed monthly following receipt of information from Services Australia, and reports are run through their own client management system. Management monitors unspent funds for amounts over $10,000, expenditure discussions and reviews of care planning occur with consumers/representatives, management and case managers.

Statements are distributed monthly to consumers and provide information relating to the allocation of funds, fees and the balance of their packages at the end of each month, however, monthly statements provide do not provide adequate information for consumers to understand their expenditures. While the Director explained the service is in regular contact with consumers to discuss their statements, a review of statements evidenced that services are not clearly itemised.

The Assessment Team reviewed Consumer A’s (HCP L4) March 2023 statement and found the description of in-home care services to be lacking descriptive information to effectively itemise services in the statement.

* In response to the Assessment Team’s report, the organisation is in the process of making changes to the CMS. This will impact the service’s ability to provide more detailed expenses and invoicing for consumers so that monthly statements will contain expense details and clearer information for consumers. It is anticipated that by September 2023 the organisation will have fully switched over to the new CMS which will be integrated with the financial management system, allowing for better financial governance and transparency for consumers.

The concerns raised and a lack of oversight around expenses have been acknowledged by management and updating procedures to include more detail in care planning will aid in restricting funds being spent to ensure they are in the best interest of the consumers care needs (e.g. taxi outings through Cab Charge expenses). Further oversight can be provided to ensure that funds are being spent appropriately for necessary services for consumer’s needs.

**Workforce governance**

Workforce governance is overseen by management and any issues are reviewed by the Director. Human resource processes include workforce recruitment, qualification reviews, position descriptions and a staff induction process. Position descriptions clearly identify staff accountabilities and responsibilities.

**Regulatory compliance**

When asked the risk-based questions management stated there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. The service ensures they track changes to regulatory requirements through the Aged Care Quality and Safety Commission and Department of Health notifications. Regulatory compliance requirements and changes are communicated to staff via email. Staff information relating to compliance checks including vehicle insurance and drivers’ licenses are available in staff files. All staff have current police checks and statutory declarations where available.

**Feedback and complaints**

When asked the risk-based questions, management advised they have received no complaints in the past 6 months. While the service has a feedback and complaints register that supports the pursuit of improved outcomes for consumers, this is not utilised. Feedback and complaints are not recorded in the feedback register. Management explained the controls they have in place to monitor the performance of workers, including sub-contracted staff, seeking feedback from consumers and the sub-contracted provider to ensure the services are going well.

* In response to the Assessment Team’s report, the organisation has transitioned to using an online feedback/complaints register in order to make the process of recording feedback more accessible for staff. It is anticipated that by utilising an online register (previously using hard copy) the process of recording, monitoring, and actioning any feedback received by consumers, carers, employees or others, will be significantly easier to engage in while providing important information to integrate into the organisation’s continuous improvement strategy.

On review of the evidence provided by the Assessment Team and the response provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 8(3)(c)(i)(iii)(vi) to be non-compliant. Although the organisation:

* is in the process of making changes to the current processes of recording and sharing information by moving to a digital system to improve information management.
* is in the process of making changes to the client management system to improve oversight and communication around expenses.
* has transitioned to using an online feedback/complaints register in order to make the process of recording feedback and complaints more accessible to staff.

These actions have been established but have yet to be embedded in the organisation’s systems and processes.

Requirement 8(3)(d)(i)(ii)(iv)

In respect to Requirement 8(3)(d)(i)(ii)(iv) the Decision Maker notes the service responded to the Assessment Team’s report and has provided a detailed plan for continuous improvement (PCI). Outlined below is a summary of the Assessment Team's report and the approved provider’s response to that report.

Evidence analysed by the Assessment Team that the service is not ensuring effective risk management systems to manage and prevent incidents, including the use of an effective incident management system.

**Managing high-impact or high-prevalence risks**

In relation to managing high-impact or high-prevalence risks associated with the care of consumers, management stated they undertake clinical assessment for all level 3 and 4 consumers, and for level 1 and 2 consumers as appropriate. The service refers consumers to other services including allied health professionals and nursing services when high-impact or high-prevalence risks are identified. The service has a Risk Management plan that is regularly reviewed by the Director and has safety policies and procedures. A copy of the Risk Management plan 2023 was provided to the Assessment Team.

**Identifying and responding to abuse and neglect**

The service does not have effective systems and practices in place to identify and respond to abuse and neglect of consumers. While there is reference to client abuse in the service’s policy and procedures documentation, this information is not provided to care staff or available in the support worker handbook and is not covered in any training provided by the service.

**Supporting consumers to live their best life**

In relation to supporting consumers to live the best life they can, the service assists consumers to access relevant aged care services including interpreter services, advocacy and community services, and undertakes referrals where appropriate. The service also prioritises diversity in their workforce to improve communication for CALD consumers and is working towards improving consumer quality of life through developing a social support group program.

**Managing and preventing incidents, including the use of an incident management system**

In relation to managing and preventing incidents, the service has an incident management register, though this has not been used. Management and the Director explained they were unaware they should record incidents that occur when staff are not on site, including for falls or hospitalisation. Staff are guided by the Support Worker Handbook and staff and management advised signs and symptoms of deterioration of consumers mental, cognitive or physical condition or function are identified through care staff feedback, clinical assessments and care plan reviews. This includes information related to the response to health-related emergencies, though consistently reported, incident feedback documentation is not completed. The service does not provide any training to staff related to the Serious Incident Response Scheme (SIRS). When asked the risk-based questions management advised there have been no incidents in the past six months, however consumer/representative interviews show there has been hospitalisation, falls and concerns expressed related to personal care services.

* In response to the Assessment Team’s report, the Director developed the vulnerable client register over the duration of the Quality Review to ensure effective risk management systems are in place for managing high-impact and high-prevalence risks. An incident management register has been distributed and made accessible to staff online to promote the appropriate use to record incidents and monitor the progress of actions required to be taken. Due to the organisation’s practices in communicating verbally, changes to procedures are being made to ensure that staff are documenting any incidents or information that could prevent incidents. By making this documentation process online, it is anticipated that it will make the process more accessible for staff to engage in and in turn, improve the services provided and the safety of consumers.
* Additionally, staff have been scheduled to undertake formal training on SIRS through the Aged Care Learning Information Solution (ALIS) in order to be informed of the relevant processes to identify and report incidents to the Commission. Training is also to be provided to staff on identifying and responding to abuse and neglect of consumers (the training calendar is attached). The staff handbook is to be updated with information f(or care workers to be able to ( signs of abuse and neglect and what the relevant procedures are to report this.

On review of the evidence provided by the Assessment Team and the response provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 8(3)(d) (i)(ii)(iv) to be non-compliant. The service has now established a vulnerable client register, rolled out training for SIRS and made improvements to managing and preventing incidents, however, these critical actions have yet to be embedded into the organisation’s systems and processes.

Requirement 8(3)(e)

In respect to Requirement 8(3)(e) the Decision Maker notes the service responded to the Assessment Team’s report and has provided a detailed plan for continuous improvement (PCI). Outlined below is a summary of the Assessment Team's report and the approved provider’s response to that report.

Evidence analysed by the Assessment Team that the service is not utilising an effective clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

**Open Disclosure, Restrictive Practices, Antimicrobial Stewardship**

All staff interviewed noted that they are not aware of the service’s policies regarding the use of restrictive practices or open disclosure, with staff unaware of the terms. Management confirmed the service does not have a clinical governance framework, or processes around open disclosure or the use of restraint, however, staff were able to explain the concept behind open disclosure. The service’s policies and procedures documentation have no reference to antimicrobial stewardship or open disclosure.

Information and training related to restrictive practices does not occur. Staff and management interviewed reported they have not undertaken any education related to restrictive practice as this is not relevant for their consumers. The Assessment Team provided feedback around the scope of restrictive practice to include identifying, minimising and monitoring any restraint in the home care setting. Management confirmed this is a training they will undertake in the future.

The service does have infection prevention and control policies and procedures to effectively manage consumer and staff infection control, as well as a comprehensive COVID-19 response plan. Consumer/representatives and staff interviewed confirmed that staff are continuing to wear masks when attending consumer homes.

* In response to the Assessment Team’s report, the organisation is working to implement appropriate policies and procedures around antimicrobial stewardship, restrictive practices, and open disclosure. The aim is to complete this through engaging in appropriate training for staff within the organisation to ensure that members of staff understand their individual roles in the application of antimicrobial stewardship, restrictive practices, and open disclosure.
* The service’s training register evidenced that staff are to complete training around:
  + Open Disclosure
  + Elder Abuse and Neglect
  + Use of Physical Restraint
  + SIRS
  + Infection Prevention and Control
* The Decisions Maker acknowledges that the service has actioned changes since the Quality Audit to remediate the deficiencies identified in Requirement 8(3)(e), however, there is a lack of evidence to demonstrate that a Clinical Governance Framework has been developed, implemented and embedded at the service.

On review of the evidence provided by the Assessment Team and the response provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 8(3)(e) to be non-compliant. The Decisions Maker acknowledges that the service has actioned changes since the Quality Audit to remediate the deficiencies identified however, there is a lack of evidence to demonstrate that a Clinical Governance Framework has been developed, implemented and embedded into the organisation’s systems and processes.

Requirement 8(3)(a)(b)

The service is involving consumers in the development, delivery and evaluation of their care and services. Consumers/representatives interviewed reported in various ways that they are requested to provide feedback, and that the service would consider this in broader service improvements. The request for consumer feedback is considered in the development and delivery of services and is undertaken through bi-annual consumer surveys and ongoing requests for feedback. All staff members interviewed reported that while there is room for improvement, the organisational culture of consistent communication results in quality care for consumers. Management advised that they engaged with consumers directly to seek advice on how to improve their service delivery and seek information to what works well, and what could be improved. Management also advised they use the consumer surveys to inform the service’s Quality Action Plan.

The service is able to demonstrate that the governing body promotes, and is accountable for the delivery of safe, inclusive and quality care and service. Staff interviewed consistently reported that the service has continued to provide services to consumers regardless of any changes to the business’ operating requirements. Management reported that they are satisfied that the service is effectively meeting the Aged Care Quality Standards through the Directors review. This includes consumer information, clinical assessments, and feedback, to enable effective monitoring of care and service delivery to ensure their safety and that they are in line with best practice. The service does not have a Board or Committee, with all governing body responsibilities sitting with the Director.

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-1)