HCR - Home Care Packages

Performance Report

450 Waverley Road   
MALVERN EAST VIC 3145  
Phone number: 03 9571 4001

**Commission ID:** 300494

**Provider name:** Argent Nominees Pty Ltd

**Quality Audit date:** 7 March 2022 to 10 March 2022

**Date of Performance Report:** 19 May 2022

# Performance report prepared by

G. McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

**Home Care:**

* HCR - Home Care Packages, Eastern Metropolitan, 22813, 450 Waverley Road, MALVERN EAST VIC 3145
* HCR - Home Care Packages, Southern Metropolitan, 22814, 450 Waverley Road, MALVERN EAST VIC 3145
* Happy Living, 27623, 450 Waverley Road, MALVERN EAST VIC 3145
* Just Home Care Packages, 27764, 450 Waverley Road, MALVERN EAST VIC 3145

# Overall assessment of Service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Not Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Not Compliant |
| Requirement 1(3)(b) | | HCP | | | Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Compliant |
| Requirement 1(3)(f) | | HCP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Not Compliant | | |
| Requirement 2(3)(a) | HCP | | Not Compliant | |
| Requirement 2(3)(b) | HCP | | Not Compliant | |
| Requirement 2(3)(c) | HCP | | Compliant | |
| Requirement 2(3)(d) | HCP | | Not Compliant | |
| Requirement 2(3)(e) | HCP | | Not Compliant | |
|  |  | |  | |
| Standard 3 Personal care and clinical care | | | HCP | Not Compliant | | |
| Requirement 3(3)(a) | | HCP | | | Not Compliant |
| Requirement 3(3)(b) | | HCP | | | Compliant |
| Requirement 3(3)(c) | | HCP | | | Compliant |
| Requirement 3(3)(d) | | HCP | | | Not Compliant |
| Requirement 3(3)(e) | | HCP | | | Not Compliant |
| Requirement 3(3)(f) | | HCP | | | Not Compliant |
| Requirement 3(3)(g) | | HCP | | | Compliant |

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| --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | |
|  | | HCP | Not Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Not Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant |

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| --- | --- | --- | --- | --- |
| Standard 5 Organisation’s service environment | | | | |
|  | | HCP | | Not Applicable |
| Standard 6 Feedback and complaints | | HCP | | Compliant |
| Requirement 6(3)(a) | HCP | | Compliant |
| Requirement 6(3)(b) | HCP | | Compliant |
| Requirement 6(3)(c) | HCP | | Compliant |
| Requirement 6(3)(d) | HCP | | Compliant |
| Standard 7 Human resources | | HCP | Not Compliant | |
| Requirement 7(3)(a) | HCP | | Not Compliant |
| Requirement 7(3)(b) | HCP | | Compliant |
| Requirement 7(3)(c) | HCP | | Not Compliant |
| Requirement 7(3)(d) | HCP | | Compliant |
| Requirement 7(3)(e) | HCP | | Compliant |
|  |  | |  |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Compliant |
| Requirement 8(3)(b) | HCP | | Compliant |
| Requirement 8(3)(c) | HCP | | Not Compliant |
| Requirement 8(3)(d) | HCP | | Compliant |
| Requirement 8(3)(e) | HCP | | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s response to the Quality Audit report received 8 April 2022, including a detailed response, a Continuous Improvement Plan, Activity Plans and Updates and supporting evidence.

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives interviewed said they were generally treated with dignity and respect by individual care staff, however consumers and representatives did not feel they were respected or valued by the service as a whole. Feedback was provided about the lack of contact or engagement with the service, continual change of care management staff and not having calls and emails returned in a timely manner.

Information is generally current, accurate and timely, and generally communicated in a way that is clear, easy to understand and enables consumers to exercise choice.

The approved provider has implemented improvements regarding what care and services could be purchased with home care package funds and payment of invoices and accurately reporting funds available. These improvements are ongoing.

The service demonstrated culturally safe care and services are delivered to consumers and their cultural needs and preferences are understood. Consumers and representatives said consumers are encouraged to do things independently and they can make choices about their care and who delivers the care and services. The service supports their choice of worker through contracted arrangements.

Consumers and representatives felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

The approved provider submitted details of the improvements it has and will implement, with a large volume of supporting documentation to evidence these improvements, and has shown strong engagement with the issues identified.

The Quality Standard for the Home care packages service is assessed as Non-Compliant as one (1) of the six specific requirements has been assessed as Non-Compliant.

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Not Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found that consumers and representatives sampled said individual care and care management staff treated them with dignity and respect, however consumers and representatives did not feel they are treated with respect or valued by the service as a whole. Consumers and representatives interviewed felt that, at an individual level, the care staff treated them with dignity and respect however this was not always the case when interacting at an organisational level. Feedback was provided about the lack of contact or engagement with the service, continual change of care managers and not having calls and emails responded to or returned in a timely manner.

The Assessment Team also reported that Support workers interviewed provided examples of treating consumers with dignity and respect when delivering care and services and described what they would do if they thought a consumer’s dignity was not being upheld, and that management described their processes if they received feedback about disrespectful conduct by staff. It also reported that the service demonstrated consumers are provided with information about their rights, including their right to have their dignity maintained, be treated with respect and how it supports their identity, culture and diversity when receiving care and services.

The Assessment Team reported that it gave feedback to management who said they were aware of the communication issues with the service which is evident in their complaint trends, and that management stated there have been improvements implemented including a new telephone system to improve communication and wait time.

In its written response to the Quality Audit report the approved provider stated the examples given were not indicative of disrespectful interactions, and submitted details of contact and communication with consumers and management of their concerns. It also stated that individual staff were representative of its organisation and that such individual interactions were reported to be respectful. However, it acknowledged that some consumers had experienced difficulties contacting their care manager and that for one named consumer there was a delay in provision of equipment which was affected by matters the approved provider submitted were out of its control.

I acknowledge this information, however despite the interactions detailed by the approved provider the feedback from consumers indicated they did not feel they were treated with respect. I have given weight to the sentiments expressed by consumers, with that feedback indicating that from an organisational level they did not feel respected.

I acknowledge the approved providers strong engagement with the issues and note that its Continuous Improvement Plan (CIP) identified areas it was focussing on, including implementing systems to improve communication, logging all inbound and outbound calls and recruiting and training key stakeholders. However, these improvements will require time to become embedded.

I find that at the time of the Quality Audit this requirement was Not Compliant.

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| Requirement 1(3)(b) | HCP | Compliant |
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### *Care and services are culturally safe.*

Based on the information reviewed I find this requirement Compliant.

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| Requirement 1(3)(c) | HCP | Compliant |

*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.*

Based on the information reviewed I find this requirement Compliant.

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| Requirement 1(3)(d) | HCP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

Based on the information reviewed I find this requirement Compliant.

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| Requirement 1(3)(e) | HCP | Compliant |

*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.*

The Assessment Team found that while written information about the program is provided to the consumer on entry to the service, consumers and representatives said they did not always understand the information, including what care and services could be purchased with home care package funds. The Assessment Team further found that many consumers and representatives interviewed said that monthly financial statements are not always correct due to outstanding payment of invoices and inaccurate balance of funds available.

In its written response to the Quality Audit report the approved provider gave significant detail on its management of the individual and systemic issues identified. It stated it had implemented a finance system to monitor and manage expenditure. It identified areas where improvements were required or had been made.

While these improvements are ongoing, on balance, I am satisfied these measures demonstrate compliance with this requirement. The approved provider’s CIP shows that it will monitor the effectiveness of these improvements.

I find this requirement was Compliant.

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| Requirement 1(3)(f) | HCP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

A majority of consumers and representatives were satisfied with the assessment and planning process. However, consumers said in different ways that their needs had been assessed primarily over the telephone and were not always understood.

While consumers sampled have current assessments that identify consumers’ health conditions, review of care documentation and interviews showed some risks to consumers have not been identified through the assessment and planning process, to inform safe and effective care and service delivery. While management advised staff are to refer the consumer to the service’s clinical care team for consideration of complex needs identified and incorporation of recommendations into care planning, this does not consistently occur.

Assessment and planning generally identifies individual needs and goals. However, while the service’s assessment tool prompts discussion about advance care planning and the majority of consumers and representatives are satisfied this occurs, approximately half of the consumers and representatives asked about advance care planning are not satisfied the service has discussed this with them.

Most consumers and representatives said that assessment, planning and review occurs in partnership with them and others that they choose to involve, including other individuals and organisations involved in their care. Partnerships with consumers and others as described by consumers, representatives, staff and management were evident in sampled assessment, planning and review documentation.

Management and staff described a consumer directed care philosophy and ways they partner with consumers, representatives and others involved in consumer care. Many consumers and representatives expressed satisfaction with the support for their chosen level of involvement as partners in care.

The service demonstrated the outcomes of assessment and planning are generally documented in a care and service plan that is accessible to the consumer and /or representative. However, the service did not demonstrate that a care and services plan is available where care and services are provided.

The service did not demonstrate care and services are reviewed for effectiveness on a regular basis, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Not all consumers and representatives are satisfied their care and services are reviewed regularly. Care and services are not always reviewed when a consumer’s condition or situation changes, or an incident occurs. Care documentation does not consistently show regular and episodic review of care and services occur.

The approved provider acknowledged there were areas for improvement in relation to assessment and planning for the consumers sampled, and demonstrated a strong commitment to improvement, including full assessment and care plan reviews, and implementation of supporting processes and procedures as demonstrated in its Continuous Improvement Plan. However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

The Quality Standard for the Home care packages services is assessed as Non-compliant as four (4) of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | HCP | Not Compliant |

*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.*

Findings

The Assessment Team found that the majority of consumers and representatives were satisfied with the assessment and planning process. However, consumers said in different ways that their needs had been assessed primarily over the telephone and were not always understood. In addition, while consumers sampled have current assessments that identify consumers’ health conditions, review of care documentation and interviews showed some risks to consumers have not been identified through the assessment and planning process, to inform safe and effective care and service delivery including in relation to identifying a consumer’s husband’s deteriorating health and decreasing ability to support his spouse, validated assessment tools not being used, no risk management strategies being documented for a consumer at risk of falls, relevant staff not knowing the current status of a consumer’s skin despite there being hospital admission documentation describing a consumers pressure injury risk as very high, no guidance to staff or risk identification for a consumer identified as requiring food to be blended and fluids thickened and no podiatry assessment for a consumer with non-insulin dependent diabetes and reported numbness to their feet.

The Assessment Team reported that Care management staff said the risk matrix on the care management system was only recently implemented and risks in the care documentation are based on their knowledge of the consumer and their history and not on a formal risk assessment process using validated tools.

In its written response to the Quality Audit report the approved provider gave some context on some of the consumers identified, however it acknowledged there were gaps in sampled consumers it named. It identified the improvements in place or being implemented, including completing reviews for all named consumers, implementing a suite of clinical assessment tools and documenting clinical risks and strategies. It provided evidence of its internal surveys of consumers indicating satisfaction with care and services provided.

I acknowledge the approved provider’s openness and commitment to improvement as demonstrated in the measures it had implemented and its detailed plan set out in its CIP. Details of consumer satisfaction surveys indicated close monitoring of consumer opinions and feedback. However, the improvements being implemented require time to evidence come fully into effect.

I find that at the time of the Quality Audit this requirement was Not Compliant.

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| Requirement 2(3)(b) | HCP | Not Compliant |

*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.*

Findings

The Assessment Team found that the service did not demonstrate assessment and planning effectively identifies and addresses the consumer’s current needs, goals and preferences. Not all consumers interviewed were satisfied they have been listened to and their care and services have been planned around what is important to them. I consider that information relates to other requirements of this Standard and have dealt with that information under those requirements.

The Assessment Team also found that while some consumers and representatives said advance care planning has been discussed, approximately half of the consumers and representatives interviewed said they had not had these discussions as part of assessment and planning. The service has advance care planning resources for consumer information. However, few advance care plans are on file and known to the organisation.

In its written response to the Quality Audit report the approved provider stated that advance care planning and end of life planning information is given to consumers and forms part of its assessment and reassessment processes, and that it had added additional information to its information pack. It also stated that some consumers prefer to keep their Advanced Care Directive confidential.

I acknowledge that the service has processes in place, however it was not evident these processes were always being followed. For example, the service’s assessment and care planning policy address advance care planning and states that if a copy of any advance care directive is not provided, staff will explain to the consumer that it is their responsibility to ensure support workers are informed of the location of a copy of the directive in case of an emergency. There was no evidence on file or in the written information provided to consumers at the commencement of the service that this is an expectation explained to consumers and representatives. In addition, approximately half of the consumers and representatives asked about advance care planning were not satisfied the service had discussed this with them or that discussions about advance care planning have occurred. Improvements are being implemented by the approved provider to care planning and assessment generally.

In relation to assessment and planning identifying and addressing advance care planning and end of life planning if the consumer wishes, I find this requirement was Not Compliant.

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| Requirement 2(3)(c) | HCP | Compliant |

*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.*

The service demonstrated that assessment, planning and review of the consumer’s care and services are based on ongoing partnership with the consumers and generally include other organisations or individuals involved in the provision of consumer care and services. Management and staff described a consumer directed care philosophy and ways they partner with consumers, representatives and others involved in consumer care. Many consumers and representatives expressed satisfaction with the support for their chosen level of involvement as partners in care.

Consumer file reviews and interviews with consumers and representatives show the consumer or nominated representative is involved in assessment, care planning and review. Under certain care delivery models within the service, the consumer or nominated representative may choose to self-manage or partially manage consumer care.

Many consumers and representatives expressed satisfaction with their ability to partner in assessment and planning to direct consumer care and said the people the consumer chooses, including other service providers, are involved in assessment and care planning.

I find this requirement Compliant.

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| Requirement 2(3)(d) | HCP | Not Compliant |

*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.*

The Assessment Team found that the service demonstrated the outcomes of assessment and planning are generally documented in a care and service plan that is accessible to the consumer and /or representative. However, The Assessment Team also found the service did not demonstrate that a care and services plan is available where care and services are provided. While the service expects the consumer will make the care plan available to support workers providing care and services, most support workers interviewed said they did not have access to any care and services plan and they took their guidance for the provision of care and services from the consumer or representative. Four of 7 support workers interviewed said they had never seen a care plan or task list for the consumer’s care and services and they are instructed by the consumer. Four contracted support workers said their providers’ platform does not supply any information as they are independent contractors.

In its written response to the Quality Audit report the approved provider stated that consumers are given their care plan once assessment and the care plan are completed. It noted that it is the responsibility of staff to advise if they have difficulties accessing a care plan or if it no longer reflected a consumer’s needs, and that this issue would be addressed with improved access to consumer information and reporting through implementation of a new system.

I acknowledge the Assessment Team’s finding that the service demonstrated the outcomes of assessment and planning are generally documented in a care and service plan that is accessible to the consumer and /or representative, but I am not satisfied it is readily available where care and services are provided to care workers. The approved provider’s submission and it’s CIP clearly identifies it has undertaken work to address this. However these improvements will take time to become embedded.

I find that at the time of the Quality Audit this requirement was Not Compliant.

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| Requirement 2(3)(e) | HCP | Not Compliant |

*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.*

The Assessment Team found that the service did not demonstrate care and services are reviewed for effectiveness on a regular basis, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Not all consumers and representatives are satisfied their care and services are reviewed regularly. Care and services are not always reviewed when a consumer’s condition or situation changes, or an incident occurs. Care documentation but does not consistently show regular and episodic review of care and services occur.

In its written response to the Quality Audit report the approved provider was able to demonstrate that for three named consumers a care and services review had occurred. However, for five other consumers there was no information supplied in relation to those consumers who the Assessment Team identified as not having reviews, variously, following falls and hospitalisation for one (1) consumer, no timely review following an incident, no regular review for another consumer with high care needs consumer or for another whose spouse had passed away.

The approved provider’s submission to the Quality Audit report generally and it’s CIP clearly identifies it has engaged with the issues and undertaken work to address these matters, including developing and implementing an incident management procedure and related training. However, I consider the approved provider will require time to demonstrate these improvements have been sustained.

I find that at the time of the Quality Audit this requirement was Not Compliant.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Not all consumers are receiving safe and effective personal care and clinical care that is best practice and tailored to the needs of the consumer. While the service has access to an internal clinical care team, the clinical needs of consumers are not effectively monitored.

Clinical care team referrals and assessment to ensure best practice and care tailored to the consumer do not consistently occur when a need is identified. The service does not receive regular medical/or nursing reports in relation to wound and catheter care.

Generally high impact and high prevalent risks are identified and allegations or suspicions of elder abuse were appropriately managed. The service collates clinical data and reports trends including consumers’ wounds, falls and catheters through a range of mechanisms including the incident reporting system.

The needs, goals and preferences of consumers nearing the end of life are documented and privacy respected when consumers request this.

The service does not effectively recognise and respond to changes in the consumers’ health or condition in a timely manner or require any nursing progress reports, for example around the status of wounds or detail responsibility for wound care. When the consumer experiences pain this is not always reported and actioned.

The service did not demonstrate information provision by consumers, representatives, staff and others supporting consumers with personal and clinical care needs is effectively communicated. Timely and appropriate referrals are not consistently completed.

Consumers and representative discussed regular contact and information from the service regarding safe practices during COVID-19.

The approved provider acknowledged there were areas for improvement in relation to its clinical documentation process, and demonstrated a strong commitment to improvement, including implementation of a suite of clinical forms and risk assessment forms and instigating supporting processes and procedures as demonstrated in its Continuous Improvement Plan. However, these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

The Quality Standard for the Home care packages service is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) |  | Not Compliant |
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*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.*

The Assessment Team found that not all consumers are receiving safe and effective personal care and clinical care that is best practice and tailored to the needs of the consumer. While the service has access to an internal clinical care team, the clinical needs of consumers are not effectively monitored. The Assessment Team also found that while the service collates clinical data and reports trends including consumers’ wounds, falls and catheters through a range of mechanisms including the incident reporting system, it is not always aware of the clinical needs of some consumers at risk of harm. Concerns were identified in relation to monitoring and management of wounds and skin integrity, management of pain, guidance to staff on thickening fluids and crushing medications when this is required, not receiving regular medical/or external nursing reports in relation to wound and catheter care, clinical review post hospital discharge and a validated verbal or non-verbal pain scale are not being used to assess whether consumers’ pain is present, improving or deteriorating.

In its written response to the Quality Audit report the approved provider stated that in home care packages consumers are not monitored 24/7 as is the case with residential care, and that the different model of care between the two promotes a shared responsibility between the organisation and consumers and their representatives. It stated its policies and procedures reference best practice guidelines and relevant legislation, standards and principles. It stated it relies on consent and communication from consumers and their representatives but had not always received information despite attempts to receive it.

The approved provider also stated, in relation to this and other requirements assessed, that the consumers and representatives sampled did not accurately represent the quality of the care and services provided to its large number of consumers. It provided details of an internal survey it undertook in February 2022 which it stated highlighted that 70% of consumers rated their experience as greater than 6 out of 10 (above average) 82% were confident with their care team (including care managers) and 67% were confident with the team they call to update a service.

However, I consider that the information obtained by the Assessment Team did identify matters requiring attention for named consumers, and in its written response to the Quality Audit the approved provider acknowledged there were areas for improvement in relation to its clinical documentation process. That response demonstrated a strong commitment to improvement, including implementation of a suite of clinical forms and risk assessment forms and instigating supporting processes and procedures as demonstrated in its Continuous Improvement Plan. It provided information indicating a significant increase in clinical referrals in the last 12 months.

I note the approved provider’s openness and engagement with the issues, and its evidence of these improvements, but I consider that the improvements identified will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit this requirement was Not Compliant.

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| Requirement 3(3)(b) |  | Compliant |
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*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that consumers identified as at potential risk of harm do not always have effective strategies in place to prevent and help mitigate risks to the consumer. Not all consumers experiencing and/or at risk of elder abuse are not actioned in a timely manner, placing consumers at potential harm. The ongoing monitoring of risk related to elder abuse does not consistently occur.

I have considered the approved provider’s submissions and consider that it could demonstrate management of the allegations or suspicions of elder abuse, however it is encouraged to continue improvements in its response to reported incidents generally.

The Assessment Team also found that the service collates clinical data and reports trends including consumers’ wounds, falls and catheters through a range of mechanisms including the incident reporting system but that it was not aware of the clinical needs of some consumers at risk of harm. I have considered that information under Standard 3 requirement 3(3)(a).

I find this requirement Compliant.

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| Requirement 3(3)(c) |  | Compliant |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team found that the service did not demonstrate that the needs, goals and preferences of consumers nearing the end of life are not known by the service. Communication with palliative care supports or other direct care supports for the consumer was not evidenced.

In its written response to the Quality Audit report the approved provider demonstrated that end of life wishes for named consumers were documented, and one consumer’s condition known, and that consumers had requested privacy when it came to the content of their end of life wishes.

I find this requirement Compliant.

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| Requirement 3(3)(d) |  | Not Compliant |
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*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.*

The Assessment Team found that the service does not effectively recognise and respond to changes in the consumers’ health or condition in a timely manner. The service does not consistently seek or require any nursing progress reports, for example around the status of wounds or detail responsibility for wound care to ascertain any improvement or deterioration that might require a response. When the consumer experiences pain this is not always reported and actioned. The Assessment Team also found that while the service’s clinical referral framework document details the service’s responsibilities to identify and respond to any deterioration of health in a timely manner, this was not evidenced in the care of consumers.

In its written response to the Quality Audit report the approved provider stated that current or planned improvements included implementation of clinical assessment forms, system improvements for transmission of information and enhanced reporting. It stated these matters will greatly improve capacity in clinical reporting, monitoring and risk management.

I acknowledge these improvements as evidenced in the approved provider’s CIP, but consider these improvements are in progress and will take time to show sustainability.

I find that at the time of the Quality Audit this requirement was Not Compliant.

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| --- | --- | --- |
| Requirement 3(3)(e) |  | Not Compliant |
|  |  |  |

*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.*

The Assessment Team found that the service did not demonstrate information provision by consumers, representatives, staff and others supporting consumer’s with personal and clinical care needs is effectively communicated. The Assessment Team also found that consumers’ care information provided to external service providers did not adequately detail the consumers’ condition and needs.

The service has a consumer information management system which houses information on the consumers’ condition, needs and preferences and is accessible to staff relevant to their position. This enables information to be shared across client liaison officers, care managers and management. However, while information is documented in this system, it is not always communicated effectively to all people involved in the consumer’s care.

In its written response to the Quality Audit report the approved provider stated that current or planned improvements included reviewing and refining its clinical referral process with related education to internal and external staff. It monitors its clinical referrals completed by each care manager and evidenced how this is tracked.

I acknowledge these improvements as evidenced in the approved provider’s CIP, but consider these improvements are in progress and will take time to show sustainability and become embedded.

I find that at the time of the Quality Audit this requirement was Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) |  | Not Compliant |
|  |  |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found that timely and appropriate referrals are not consistently done. For example, clinical care team referrals and reviews do not consistently occur when a need is identified. Consumers and representatives expressed mixed feedback in relation to referrals. Whilst a clinical assessment may identify consumers’ needs and make recommendations for referrals, these are not consistently completed.

In its written response to the Quality Audit report the approved provider indicated that the Assessment Team’s report identified that care files did evidence some referrals, however the Assessment Team identified this was in relation to services such as occupational therapy, podiatry and physiotherapy. The Assessment Team had identified that to be the case for some files reviewed, but also identified in other files that for one consumer requiring an occupational therapy assessment for a new mobility device to mitigate their falls risk no related referral could be located on file, for another there was not a timely referral for continence assistance or for consumers who were experiencing deterioration in their health and wellbeing.

The approved provider’s response in relation to matters identified in this Quality Audit and its CIP demonstrate its commitment to improvement, however in relation to this requirement those improvements were not fully evidenced at the time of the Quality Audit.

I find this requirement Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) |  | Compliant |
|  |  |  |

*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.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 4 Services and supports for daily living

# HCP Not Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The majority of consumers and representatives could describe how the service supports them to maintain their independence, wellbeing and quality of life. Staff were familiar with the consumers’ needs and preferences. The majority of consumers and representatives were satisfied services and supports promotes their wellbeing.

The service supports consumers to maintain social relationships and participate in activities of interest to them in the community.

While support workers were familiar with consumers’ interests, information about the consumer’s condition, needs and preferences relating to their supports for daily living was not always available to staff at the point of care. Consumer information is gained through familiarity with consumers and/or from representatives.

The service adequately demonstrated that in relation to the provision of services and supports for daily living, timely and appropriate referrals to individuals, other organisations and providers of other services occur.

The service demonstrated where equipment is provided, it is safe and maintained. Consumers and representatives interviewed said consumers are satisfied with the equipment they use and most said it was selected for suitability on the recommendations of allied health professionals.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) |  |  |
|  |  | Compliant |

*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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) |  | Compliant |
|  |  |  |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) |  | Compliant |
|  |  |  |

*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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) |  | Not Compliant |
|  |  |  |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found that the service did not demonstrate that information about the consumer’s condition, needs and preferences relating to their supports for daily living is always available to staff at the point of care. Care documentation provided to support workers to direct care did not contain information regarding consumers’ life histories, interests or what is important to them in relation to supports for daily living. When care planning documents did include detail, this information was not necessarily transferred to service provider request forms and used to guide others responsible for the shared care of the consumer. Support staff said in various ways that consumer information is gained through familiarity with consumers and/or from representatives.

In its written response to the Quality Audit report the approved provider stated that it is the responsibility of consumers to provide the care plan to staff at the point of care, and that it is the responsibility of staff to request this information from the consumer or seek the information if not available. It noted that for one consumer named they are capable of communicating their current needs and interests, and that generally it is a shared responsibility of consumers and the approved provider to communicate information at the point of care.

I acknowledge that consumers have the primary role in dictating their needs and interest and how care and services are provided, however this does not obviate the need to have this information available at the point of care. The information provided indicates that information about consumers’ preferences, health and quality of life is reliant on support workers’ familiarity with the consumer, gained from home visits, rather than information provided by the consumer to the service. This could present challenges when a consumer does not have the capacity, communication ability or have representatives to discuss care needs with support workers.

The approved provider noted that system improvements, as identified in its CIP, will address the quality and accessibility of information at the point of care.

I acknowledge the steps taken by the approved provider, but I consider such measures are evolving and will need time to take full effect.

I find that at the time of the Quality Audit this requirement was Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) |  | Compliant |
|  |  |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Findings

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) |  | Not Applicable |
|  |  |  |

*Where meals are provided, they are varied and of suitable quality and quantity.*

The service does not provide meals therefore this requirement is Not Applicable*.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) |  | Compliant |
|  |  |  |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

The organisation does not provide a physical service environment therefore this Standard is Not Applicable.

# STANDARD 6 Feedback and complaints

# HCP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed said they know ways to provide feedback or complain including external avenues and said they would be confident to do so if the need arose. Some consumers and representatives said they had not needed to complain. Consumers and representative receive information on external supports to assist with complaints resolution.

Feedback from consumers and representatives indicated that staff responded to their concerns by providing an immediate resolution. Feedback and complaints are reviewed and used to improve the quality of care and services.

There is a centralised complaints management system for recording feedback and complaints, established escalation and response structures, open disclosure, analysis of complaint data for trends and the links to broader business learning and continuous improvement. Staff receive training in complaint response as appropriate to their roles.

The Quality Standard for the Home care packages service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  |  |  |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  |  |  |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  |  |  |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found that while some consumers stated their concerns were actioned quickly and to their satisfaction, some issues would re-occur.

The service’s complaints documentation show that when complaints are logged, they are prioritised against a rating, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show that there was contact with the consumers or representatives to find options to resolve the complaint.

In its written response to the Quality Audit report the approved provider gave details of how it actively seeks feedback and that it takes reasonable and appropriate action to respond to complaints.

I am satisfied with this information and consider that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. However the approved provider is encouraged to continue with the improvements in place to resolve issues on a systemic level.

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 7 Human resources

# HCP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

While the service had the systems and processes to calculate workforce numbers and skills needed to meet the needs of consumers receiving home care packages, the service did not demonstrate that adequate staff are deployed to provide care and management support to all consumers. Feedback from consumers and representatives identified issues regarding the adequacy of staff. Most comments from consumers and representatives related to the difficulty contacting the service, poor or no response to communications and late payment of invoices and reimbursements which are having a financial impact on some consumers.

#### The service did not demonstrate all staff are competent or have the knowledge to effectively perform their roles and meet the needs of consumers. This is evidenced by gaps in assessment and planning and identifying and managing conditions, including risks, that are common in aged care. Consumers also commented on receiving mixed messages from staff in relation to included and excluded items indicating gaps in staff knowledge. The service could not demonstrate effective processes to monitor the competency, qualifications and knowledge of all staff.

There are systems for the recruitment, training and support to internal staff and certain contracted staff, such as external care managers. The service adequately demonstrated that individual support worker interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

Internal staff have regular monitoring and review of their performance through avenues such as feedback from consumers and annual performance review. Management acknowledged the challenges with recruitment and have actively recruited and trained new staff to meet the needs of the consumers.

Management advised it had implemented a number of improvements in the areas of, for example, telephone reception and telephone systems, financial systems and extensive staff training through 2021-22. Management demonstrate a commitment to continue implementing strategies to ensure there are enough skilled and qualified staff to provide safe, respectful and quality care and services.

The Quality Standard for the Home care packages service is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) |  | Not Compliant |
|  |  |  |

*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.*

Findings

The Assessment Team found that the service did not effectively demonstrate that the workforce is planned to enable the number and mix of staff to deliver safe and quality care and services. It further found that feedback from consumers and representatives overwhelmingly related to staffing issues and interactions with the service, including comments such as no response or poor response times to queries, difficulty finding the right person to speak with, and frequent changes to care managers or no care manager. One consumer stated they had not had a care manager for 6 – 7 weeks, and another stated they must repeat their story each time with a new care manager, reporting they had had 4-5 care managers in the past 12 months. Another stated they were advised that someone would visit for an assessment and that a care manager would make contact within 2 days but it took 3 weeks before they did. The representative of a consumer stated they were unable to secure appropriate staff through the online employment platform and, as a result, no care and services are in place.

The Assessment Team detailed the response of Management to the matters it identified. Management identified staffing as a key issue for its organisation and described the impact of COVID-19 on staffing levels and the difficulties with the ongoing recruitment of staff. Management discussed the workforce strategies to address staff shortages and manage the risks, including active recruitment to fill care manager and administration positions, use of temporary agency staff and inter-organisation and external brokerage arrangements. A review of a range of minutes including manager and executive meeting minutes, showed the organisation monitors staffing issues at the service. Organisational documentation review and discussion with management indicate there is a workforce plan, national planning and scheduling manager and annual planning to forecast workforce needs.

The Assessment Team sighted evidence the service understood that the mix and number of the workforce to meet consumer need including bi-lingual staff and new roles or expanded staff numbers in complaints management, administration, recruitment and social work. The clinical team has expanded with dedicated resources to undertake COVID-19 welfare checks. Over 100 staff were employed in the last year, with planning identifying the need for 270 additional staff over the next 12 months. However, the loss of staff was also acknowledged, with a 30% loss in care management staff since September 2021. Management advised that additional care management staff will be recruited in coming weeks.

Human resources staff described using a care manager-to-consumer ratio and a clinical nurse formula to determine the number of staff members required.

In its written response to the Quality Audit report the approved provider submitted details of how it managed prioritising care and services during the pandemic, which it stated had placed unforeseeable impacts on consumer needs and resources for the aged care industry.

I recognise the challenges faced by the pandemic, and the resources and investment the approved provider has and will continue to put into its workforce. However, I have given weight to the consumer feedback in this requirement. In addition, the Assessment Team reported that Management stated consumers were and are being accepted into the service during this period of staff shortage, although at reduced numbers, and this statement was not directly challenged by the approved provider.

The improvements put in place by the approved provider are significant and designed to address the issues identified, however the full effect of these improvements will take time to embedded.

I find that at the time of the Quality Audit this requirement was Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  |  |  |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  |  |  |

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

The Assessment Team found that the service has systems and processes to ensure that in-house staff are qualified and knowledgeable, including position descriptions, staff training, review points following commencement, annual appraisal and team meetings to discuss issues related to the delivery of care through the home care packages. The Assessment Team also found that the service has plans for improvement to the service’s consumer information management system to make care plan and shift note exchange for external staff currently not covered under current shift note process.

However, the Assessment Team further found that the concerns identified in Standards 2 and 3 indicate that care managers did not demonstrate that these systems are effective or that staff have sound skills in relation to assessment and care planning to effectively perform their role in managing care and services for consumers. In relation to external support staff, the service could not demonstrate systems to effectively monitor that all staff are competent, qualified and have the knowledge to deliver the outcomes to effectively perform their roles.

In its written response to the Quality Audit report the approved provider advised that for the last two years approximately it had engaged an organisation to assist with external nurse advisory services and substantial training had been undertaken in that period. It also noted its suppliers are required to sign and service provider agreement and provide mandatory documents including proof of qualifications.

While I am satisfied processes are in place to ensure that staff are qualified and knowledgeable, and acknowledge the significant effort which has gone into initiating and implementing these processes, I do not consider it has been demonstrated these are effective, due to the issues related to care planning and assessment and provision of clinical and personal care. In addition, I am not satisfied the approved provider showed it had sufficient oversight of the competency, qualifications and the knowledge of external staff.

I find that at the time of the Quality Audit this requirement was Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  |  |  |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  |  |  |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 8 Organisational governance

# HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Management discussed how the service is well progressed in a project aimed at transitioning the service to compliance. Management spoke of the commitment from the governing body, the resources allocated and the significant improvements in systems, processes and staff practice to bring about this change. Discussions with staff and a review of systems showed a commitment to improvement that would demonstrate the delivery of safe and quality care and services. These matters were evident in the approved provider’s response to the Quality Audit and in its CIP.

Some consumers commented positively as to whether they considered the service to be well run, while many consumers and representatives interviewed expressed a level of frustration at the ongoing issues related to communicating with the service, staff being unavailable and late payments.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. There are various plans and strategies to monitor performance and drive the service’s improvements. There are clear reporting lines to the governing body and areas of accountability through the various levels and performance, staffing and risks are monitored through these avenues.

The organisation’s systems are generally effective in relation to continuous improvement, regulatory compliance, financial governance and feedback and complaints, however improvements implemented should be monitored to ensure their ongoing efficacy. However the organisation did not demonstrate effective governance systems in relation to information management and workforce governance

The service has risk management systems for recording and managing incidents from which trending and reporting on high impact and high prevalence risks occurs, and generally demonstrated management of allegations or suspicions of elder abuse.

The service was able to demonstrate that, generally, consumers are supported to live the best life they can.

Clinical care for consumers is provided by nurses, allied health services and medical practitioners. There is a clinical governance framework and clinical care staff within the service were aware of antimicrobial stewardship and processes are established in relation to open disclosure.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) |  | Compliant |
|  |  |  |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) |  | Compliant |
|  |  |  |

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) |  | Not Compliant |
|  |  |  |

*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.*

The Assessment Team found that the service did not demonstrate effective governance systems in relation to information management, financial governance, workforce governance and feedback and complaints. The Assessment Team found that the service did demonstrate effective governance systems in relation to continuous improvement and regulatory compliance.

During the Quality Audit and in its written response the approved provider demonstrated a strong commitment to improvements to its organisation wide governance systems in relation to these matters, and has already implemented a number of improvement activities. However, these improvements require time to achieve full maturity.

I agree with the Assessment Team’s findings in relation to information management and workforce governance and find these sub-requirements Not Compliant. I also agree with the Assessment Team’s findings in relation to continuous improvement and regulatory compliance and find these sub-requirements Compliant. I consider that the approved provider demonstrated effective organisation wide governance systems relating to financial governance and feedback and complaints and find these sub-requirements Compliant. These are my reasons:

#### Information management

The Assessment Team found that the organisation has a suite of policies and procedures which have been developed to inform service delivery and staff accountability. The service has implemented a range of information management systems to centralise information into key portals including an integrated consumer information management system, consumer portal to access to ‘real time’ financial information including package balance and invoices, a portal for external care managers and a learning content and management portal for staff. The systems enable the generation of various reports for monitoring purposes, including training attended, incidents and complaints. Relevant information from these systems is reported to the executive and governing body.

However, while systems are in place they were not always shown to be effective. The efficacy is variable. Information is not always provided to staff where care and services are delivered. This is discussed in Standard 2. Inconsistencies were identified in the quality of information about the consumer’s condition and how this is communicated within the organisation and with others where the responsibility for care is shared, including staff delivering brokered services. This is discussed in Standard 3 Requirement 3(3)(e) and Standard 4 Requirement 4(3)(d).

Substantial improvements were identified in these systems, however at the time of the Quality Audit they were yet to be fully evidenced.

I find this sub-requirement Not Compliant.

#### Continuous improvement

The service demonstrated continuous improvement systems and processes to assess, monitor and improve the quality of care and services.

Management described how opportunities for improvement are identified through feedback and complaints, incidents, internal and external audits, data analysis and improvement suggestions and discussed at meetings.

Improvements are documented in a range of plans relevant to the task, including a strategic plan, operational plan, plans for continuous improvement and various action plans.

The governing body monitors the service’s performance through regular reports that detail the performance of the service indicated, for example, through surveys, incidents, complaints and audits.

The Assessment Team identified the commitment of the governing body, executive and all staff to continuous improvement and the service demonstrated it had made significant improvements to systems and processes to address identified gaps and work towards compliance with the Quality Standards. The approved provider’s written response to the Quality Audit report demonstrated this ongoing commitment.

I find this sub-requirement Compliant.

#### Financial governance

The Assessment Team found that financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Management and the governing body maintain financial oversight with financial performance regularly reported to the executive. However, at service level, the Assessment Team found the service did not demonstrate effective financial governance systems for the timely payment of invoices.

Feedback from consumers, representatives and some external support staff, indicated fundamental issues in relation to the timely payment of invoices with the potential to impact on the financial situation of individuals and the continuity of service provision.

The Assessment Team reported that management acknowledged delays in the payment system, attributing this to the implementation of a new payment arrangement introduced in December 2021 and staff shortages due to COVID-19. In its written response to the Quality Audit report the approved provider stated that as its systems mature this will strengthen its ability to identify, monitor and mitigate risks as they arise and will monitor and review the effectiveness of these systems.

In is written response to the Quality Audit the approved provider also detailed the matters which had impacted on its financial governance and the steps it had taken prior to the Quality Audit to address this. While these improvements should be ongoing, on balance I find this sub-requirement Compliant.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

The Assessment Team found that there is broad workforce planning process, specific staff roles and functions, formulas for the number and mix of staff and recruitment drives.

However, these processes were not seen as effective in relation to the number and mix of staff and ensuring that all staff have the appropriate level of knowledge, qualifications and skills to ensure the service meets the needs of aged care consumers. This is discussed in Standard 7 requirements 7(3)(a) and 7(3)(c).

I find this sub-requirement Not Compliant.

#### Regulatory compliance

Management advised there are no adverse findings by another regulatory agency or oversight body in the last 12 months. They described how the organisation maintains up to date information on legislative, funding and relevant guidelines through various methods. Changes are communicated to staff through various communication channels including staff meetings, emails, training, policies and procedures.

I find this sub-requirement Compliant.

#### Feedback and complaints

The Assessment Team reported that while service has a feedback and complaints system that is trended to improve outcomes for consumers and representatives who provide feedback or complaints, long term resolution for the consumers is not always evident.

In its written response to the Quality Audit report the approved provider gave details of how it actively seeks feedback and that it takes reasonable and appropriate action to respond to complaints.

I am satisfied with this information and consider that it demonstrates an effective systemic approach, however the approved provider is encouraged to continue with the improvements in place to resolve issues on a systemic level.

I find this sub-requirement Compliant.

I find that at the time of the Quality Audit this requirement was Not Compliant, specifically, in relation to information management and workforce governance. I consider that the organisation was Compliant with financial governance, continuous improvement, regulatory compliance and feedback and complaints .

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) |  | Compliant |
|  |  |  |

*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.*

The Assessment Team found that the service did not adequately demonstrate there are systems and a framework to assist the service to identify and respond to the abuse and neglect of all consumers. It further found that while the service has systems to identify, review and action responses to consumer in these situations, these processes are not always effectively applied, including in relation to allegations or suspicions of elder abuse.

I have considered the approved provider’s submissions and consider that it could demonstrate management of the allegations or suspicions of elder abuse, however it is encouraged to continue improvements in its response to reported incidents generally.

The Assessment Team also found that the service collates clinical data and reports trends including consumers’ wounds, falls and catheters through a range of mechanisms including the incident reporting system but that it was not aware of the clinical needs of some consumers at risk of harm. I have considered that information under Standard 3 requirement 3(3)(a).

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) |  | Compliant |
|  |  |  |

*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.*

The Assessment Team found that Management was not aware of the clinical status of some consumers within the sample group and were unable to identify which consumers had current clinical care needs more broadly. A number of clinical reviews were triggered by the Assessment Team’s feedback to staff and undertaken by service staff during the audit.

The Assessment Team also that at the organisational level, there is a clinical governance committee reporting to the governing body, and a clinical advisory group. The service has a clinical care team with oversight of clinical care. The team was expanded in 2021. There is a clinical governance framework for the service (January 2022) and an organisational clinical governance framework (January 2021). Both outline the responsibilities and processes for clinical care.

Although I consider that the application of the clinical governance framework requires improvement, I consider that generally, the organisation could evidence that such a framework is established.

# 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.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) |  |  |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

* Ensure that, at an organisational level, interactions and communication with consumers and/or their representatives demonstrates respect for the consumers as individuals by, including but not limited to, ensuring appropriate and timely contact and engagement with consumers, and ensuring, when care managers are changed, that these changes are communicated effectively to consumers.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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.*

* Ensure that 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 by, including but not limited to timely and comprehensive identification of risks, appropriate assessment of these risks and recording of guidance and mitigation strategies.

|  |  |  |
| --- | --- | --- |
| 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.*

* Ensure that assessment and planning identifies and addresses advance care planning and end of life planning, by ensuring consumers are aware and can discuss the organisation’s processes for location of such directives in case of an emergency, and that discussions about advance care planning with consumers are initiated and followed through, as appropriate to each consumers wishes.

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| 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.*

* Ensure that the outcomes of assessment and planning are documented in a care and services plan that is readily available where care and services are provided, by embedding current measures to improve access to consumer information and reporting.

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| 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.*

* Demonstrate that current improvements to your systems and processes sustainedly ensure 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.

# Standard 3

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| Requirement 3(3)(a) |  | Not Compliant |
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*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.*

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care*,* by, including but not limited to, effectively monitoring clinical needs including consumers at risk and taking appropriate action, providing accurate and up to date guidance to care staff, receiving regular medical/or external nursing reports in relation to clinical condition and using validated pain assessments

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| Requirement 3(3)(d) |  |  |
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*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.*

* Ensure that 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 by monitoring and managing deterioration or change in a timely manner, including implementation of current or planned improvements such as clinical assessment forms, system improvements for transmission of information and enhanced reporting.

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| Requirement 3(3)(e) |  |  |
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*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.*

* 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 by including but not limited to, ensuring information held by the organisation on consumers’ condition, needs and preferences and is accessible to staff and communicated effectively to all people involved in the consumer’s care.

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| Requirement 3(3)(f) |  |  |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

* Ensure that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services, in particular, that when a clinical assessment identifies consumers’ needs and makes recommendations for referrals these are consistently completed.

# Standard 4

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| Requirement 4(3)(d) |  |  |
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*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

* Ensure that information about the consumer’s condition, needs and preferences is communicated within the organisation, by embedding current measures to improve access to consumer information and reporting.

# Standard 7

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| Requirement 7(3)(a) |  | Not Compliant |
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*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.*

* Demonstrate that the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services, by, including but not limited to, ensuring that current workforce planning supports consumers in their care and services in a responsive and proactive manner.

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| Requirement 7(3)(c) |  |  |
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*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

* Ensure that the processes in place to ensure that staff are qualified and knowledgeable are effective and demonstrated through your care planning and assessment and care provision
* Demonstrate sufficient oversight of the competence, qualifications and the knowledge of external staff.

# Standard 8

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| Requirement 8(3)(c) |  |  |
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*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.*

* Demonstrate that existing organisation wide governance systems relating to information management and workforce governance are effective by, including but not limited, ensuring that accurate information is available to staff, to promote an appropriate number and mix of staff and ensuring that all staff have the appropriate level of knowledge, qualifications and skills.