Home Care Assistance Gold Coast

Performance Report

Ground Ground Office Retail 1, 82 Marine Parade   
SOUTHPORT QLD 4215  
Phone number: 07 5528 1643

**Commission ID:** 700947

**Provider name:** Prestige Linx Pty Ltd

**Quality Audit date:** 14 April 2022 to 20 April 2022

**Date of Performance Report:** 10 June 2022

# Performance report prepared by

J Zhou, 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 2038.

# Services included in this assessment

**Home Care:**

* Home Care, 9176, Ground Ground Office Retail 1, 82 Marine Parade, SOUTHPORT QLD 4215

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Not Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
| Requirement 1(3)(b) | | HCP | | | Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Not 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 | | Not 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 | | | Compliant |
| Requirement 3(3)(b) | | HCP | | | Not 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 | | | Compliant |
| Requirement 3(3)(g) | | HCP | | | Compliant |
| 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 | | Not Compliant | |
| Standard 5 Organisation’s service environment | | | | | | |
|  | | | HCP | Not Applicable | | |
| Requirement 5(3)(a) | HCP | | Not Applicable | |
| Requirement 5(3)(b) | HCP | | Not Applicable | |
| Requirement 5(3)(c) | HCP | | Not Applicable | |
| Standard 6 Feedback and complaints | | | HCP | Not Compliant | | |
| Requirement 6(3)(a) | HCP | | Not Compliant | |
| Requirement 6(3)(b) | HCP | | Not Compliant | |
| Requirement 6(3)(c) | HCP | | Compliant | |
| Requirement 6(3)(d) | HCP | | Not Compliant | |
| Standard 7 Human resources | | | HCP | Not Compliant | | |
| Requirement 7(3)(a) | HCP | | Compliant | |
| Requirement 7(3)(b) | HCP | | Compliant | |
| Requirement 7(3)(c) | HCP | | Not Compliant | |
| Requirement 7(3)(d) | HCP | | Not Compliant | |
| Requirement 7(3)(e) | HCP | | Not Compliant | |
| Standard 8 Organisational governance | | | HCP | Not Compliant | | |
| Requirement 8(3)(a) | HCP | | Not Compliant | |
| Requirement 8(3)(b) | HCP | | Not Compliant | |
| Requirement 8(3)(c) | HCP | | Not Compliant | |
| Requirement 8(3)(d) | HCP | | Not Compliant | |
| Requirement 8(3)(e) | HCP | | Not 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 which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

According to the Assessment Team’s quality audit, I note the following:

* Consumers and representatives interviewed said consumers are respected and provided dignity and choice by the staff who deliver their care and services.
* Consumers said they are provided care and services from staff who understand their needs and preferences and they deliver their services in a way makes them feel safe and respected, and, that often are staff have the same cultural background and speak their preferred language.
* Consumers said they are able to make decisions about their care and have choices. Consumers said they are supported by the service to maintain relationships of their choice.
* Consumers said their information is kept confidential and only shared with other providers on a ‘need to know basis’. Staff described how they take steps to protect each consumer’s privacy.
* Staff were able to demonstrate an understanding of cultural safety and what is important to each consumer. Staff were able to describe ways they support consumers to balance risk with quality of life and independence.

However, the Assessment Team noted the service could not demonstrate consumers are provided with current and accurate information to enable them to make choices about their care and services; and could not demonstrate how consumers are supported to understand how their funds are being spent.

Further details of the non-complaince is under the relevant requirement below.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one 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 | Compliant |

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

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| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |

### *Care and services are culturally safe.*

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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.*

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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.*

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Not 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.*

Findings

The Assessment Team found that individualised budgets for home care packages are not provided to consumers. As such, consumers are unable to make active decisions about the use of their services. For instance:

* A consumer who self manages their HCP was unsure of what they do and what the services does.
* Monthly statements do not itemise the services received during a specified period.
* Incorrect information appears on the home care arrangements.
* Inconsistent information provided to consumers regarding the service’s complaints management protocol.

The provider acknowleged there have been some ‘problems’ with the system, enabling monthly statements to be distributed to consumers and that they will review their systems and processes.

Following the quality audit, submissions were requested from the provider on the Assessment Team’s findings but none were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

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

# 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

The Quality Standard for the Home care packages service is assessed as Non-compliant as all five specific requirements are assessed as Non-compliant.

Specific detail is included against each requirement below.

**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

Assessment and planning, including the consideration of risks to the consumer’s health and well-being was not consistent. While some risks were identified through assessment and planning, consumer care plans did not include sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services

Clinical assessments had not been completed for all consumers and for some consumers where a clinical assessment had been completed in the last 12 months, all risks had not been identified or addressed.

For consumers who self-manage their care, or for those consumers where an external provider is involved in care delivery, risk assessment and planning processes are not effective and this impacts on staff understanding of risks to each consumer’s health and well-being.

Some examples are as follows:

* Consumer A is on a level four home care package is at a high risk of choking because of swalling difficulties and an overproduction of saliva. There is no evidence of assessment of the consumer’s choking risk or evidence the service had considered strategies to support care staff in the event this consumer experiences a choking episode during social support services where staff take this consumer for morning tea.
* Meanwhile, Consumer B who is on a level three home care package requires continuous oxygen therapy, is a severe falls risk and experiences chronic pain managed through the use of opioid medication. The Assessment Team reviewed the assessment completed 15 February 2022 by the RN and the pain assessment section was left blank with no pain rating, triggers or treatments documented.
* While there was evidence of falls risk and pressure injury risk assessments, there was insufficient evidence of assessment of the risks associated with this consumer’s oxygen therapy. There was no evidence that assessment and planning considered the risks associated with the use of regular opioid medication and the potential impact on this consumer’s mobility and their risks of falls. Service management acknowledged they had not considered the risks associated with oxygen therapy.
* Consumer C has diabetes, however the service’s assessment and care planning did not evidence that it had considered the risks associated with diabetes such as hypoglycaemic and hyperglycaemic episodes. There was no evidence of diabetic management plans in place or strategies documented to support care staff should Consumer C experience hypoglycaemic and hyperglycaemic episodes. The service management acknowledged they had not considered the risks associated with diabetes and the need to include strategies to support staff when things go wrong.

The service management advised the Assessment Team that its registered nurse and care managers are currently undertaking assessments to ensure all needs and risks are identified and care plans inform safe and effective care, however this is has not occurred for only approximately 50% of all consumers.

While I acknowledged the plans in place to meet the outcomes of this requirement, at the time of the quality audit, deficiencies remain.

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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

Assessment and planning has not consistently identified and addressed consumers’ current needs, goals and preferences. Care plans reviewed did not include strategies to guide staff in how to provide care that was tailored to the individual needs of the consumers and supported their functional abilities. There was insufficient evidence that advance care planning had been raised with consumers. For some consumers there was no evidence of assessment or care plans in place.

For instance:

* Of the consumer’s sampled, care planning documents are not always individualised, reflective of current care needs and do not set out clear individualised goals or preferences. Care planning documentation including for consumers with cognitive decline, complex behaviours, diabetes, mobility impairment, chronic pain, depression and anxiety did not include sufficient detail to enable staff to provide appropriate care.
* The care plans in place for those consumers who self mange their packages were lacking in detail. The service management confirmed they were unaware of the current, needs goals and preferences of those consumers.
* There was no evidence that advance care planning or end of life planning had been raised with 26 of 27 consumers sampled. Care managers of the service stated they had not received training to support them to have such conversations with consumers.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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| Requirement 2(3)(c) | HCP | Not 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.*

Findings

The service was unable to demonstrate how they work in partnership with the consumer in planning their care and services. The service was unable to evidence partnership with other organisations, individuals and service providers in assessment and care planning.

For instance:

* Consumer D (HCP4 package) receives clinical nursing care through brokered arrangements to support them with managing their indwelling catheter on a regular basis. The service’s registered nurse confirmed they do not communicate with or involve the brokered nursing service in assessment and care planning for Consumer D. Liaisons are only between Consumer D and the brokered the nursing service.
* Consumer E (HCP4 package) receives speech therapy every fortnight, bi-monthly podiatry and attends physiotherapy exercise classes 3 times a week through their HCP. However, there was no evidence the service communicates with or involves the allied health professionals in assessment and planning for this consumer.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

|  |  |  |
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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.*

Findings

The service was unable to provide evidence of a documented care plan for each consumer sampled. Where a care plan was in place, the care plan did not always document outcomes of assessment, including assessment by the registered nurse or other health professionals involved in the care of consumers. Interviews with consumers/representatives, staff and a review care documentation identified some consumers do not have a care plan developed by the service.

The Assessment Team noted there was some evidence to demonstrate that discussions took place with consumers and/or their representatives regarding the purchase of recommended equipment following an assessment by an occupational therapist. However, there is no evidence in the care plans reviewed that the outcomes of specialist assessments such as nursing or allied health, are documented in their care plan available at the point of care. This was confirmed the service’s care managers and registered nurse.

Care staff described how they access some information about the consumer through an application (App) on their phone and have access to a care plan in most consumers’ in-home folder. However, care staff confirmed that the information documented in the App is not detailed and when there is insufficient information documented in the care plan or the consumer does not have a care plan available, they ask consumers and/or their representative how they like things done.

The Assessment Team also received inconsistent feedback from consumers/representatives in relation to how staff explain information about the care and services and if they have access to a care plan. For example:

* One consumer said their care plan was not current and they had not seen a care manager for approximately 18 months to explain information about their HCP. They said they communicate with scheduling staff when there are changes required to their services and information about their care needs is discussed with their medical officer and other health professionals involved in their care. The consumer said they tell care staff what needs to be done.
* The representative for Consumer A expressed frustration that the service does not talk to them about this consumer’s care and services and said they do not have a care plan.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

Findings

A review of care documentation evidenced care plans are not always updated when a consumer’s condition changes, their situation changes or when incidents or accidents happen. Not all care and services are reviewed on the agreed review date documented on the consumer’s care plan.

For instance:

* For some consumers sampled, there was no evidence of review of care and services. For example, consumers who self-manage their HCP. Following feedback to management, they confirmed that regular review of care and services does not occur for consumers who self-manage their HCP. The service’s care managers said there were unaware of which consumers self-manage their HCP and said they do not have involvement with those consumers.
* The Assessment Team received mixed feedback about how often the service reviews the consumer’s care and services. Consumer F’s family reported that this consumer’s care plan had not been updated since 2019 depsite this consumer having had several falls since then and a recent admission to hospital due to a change in her condition.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

# 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

According to the Assessment Team’s findings, overall sampled consumers considered that they receive personal and clinical care that is safe and right for them. Consumers nearing the end of their life were provided care that considered their current needs, goals and preferences; maximised their comfort and preserved their dignity. Care documentation reflect referrals to a range of allied health professionals including occupational therapists, physiotherapists and podiatrists.

The service demonstrated they have systems and processes in place to minimise infection related risks through implementing standard and transmission based precautions to prevent and control infection. The service has policies and procedures in place related to infection control and demonstrated preparedness in the event of an infectious outbreak including for COVID-19.

However, the service did not demonstrate how it effectively manages high impact or high prevalence risks associated with the care of each consumer receiving services. High impact and high prevalence risks at the service include risks related to dementia, diabetes, falls, choking, aspiration and oxygen. Information was not consistently reflected in care planning documentation, including the identification of all high impact or high prevalence risks, strategies or guidance for staff who regularly provide services to consumers.

The service did not demonstrate effective systems and processes in place to ensure any deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Information about the consumer’s condition, needs and preferences is not communicated effectively within the organisation, and with others where responsibility for care is shared. The service does not have processes in place to ensure relevant information about the condition of consumers is communicated between parties involved in their care.

Detailed evidence of the identified deficiencies are provided below against requirements 3(3)(b), 3(3)(d) and 3(3)(e).

The Quality Standard for the Home care packages services are assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

*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.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

For the consumers sampled the service did not demonstrate all high impact or high prevalence risks had been identified or adequately assessed and as a result could not demonstrate how they are effectively managed. Care plans reviewed did not document individualised risk prevention or minimisation strategies to manage all high impact and high prevalence risks for consumers. Staff rely on their own knowledge and/or feedback from consumers/representatives to minimise consumers’ risks.

Meanwhile, management and staff did not have a shared understanding of what high impact or high prevalence risks were and how the risks would be identified and managed. They were unable to describe how they monitor and adjust practice in relation to high impact and high prevalence risks to achieve positive outcomes for consumers with high impact or high prevalence risks.

I note the following issues were evident during the quality audit:

* Consumer C is on continuous oxygen yet the service did not document stragegies in her care plan documents should this consumer go into respiratory distress.
* Consumer D has a history of choking episodes from excessive production of mucous and swallowing difficulties yet there is no evidence to demonstrate how the service supports its care staff to manage this risk of choking.
* Consumer B lost approximately 27 kilograms in the last 18 months. Consumer B also has dementia, a history of verbally and physically aggressive and wandering behaviours controlled by psychotropic medications, experiences frequent falls requiring head protection, is incontinent of urine with a history of urinary tract infections (UTIs). The consumer’s husband described how he manages the risks associated with the consumer’s falls risk through the use of restrictive practices including medication as prescribed by the medical officer, locked doors to restrict external access, the use of a luggage belt to restrain the consumer in her wheel chair and the use of a bench beside the bed to prevent the consumer getting out overnight. However, there was no evidence assessment and planning had considered her falls risk, the nutritional risks associated with her weight loss or the risks of delirium associated with her dementia and frequent UTIs. There was no evidence of referrals to appropriate health professionals such as a referral to a dietician or behaviour management support services. The consumer’s care plan does not reflect their current needs or current risks and does not include detailed strategies to support staff in the management of those risks. Care staff interview said they are guided by the consumer’s husband in the delivering of care and services, including the use of restraints.
* For consumers who require assistance from staff in the application of compression stockings, there was no evidence of training for care staff or strategies documented in care plans to guide staff in the correct application of the stockings to minimise the risks associated with the incorrect application of compression stockings.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*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.*

Findings

For consumers sampled who experienced deterioration or a change in their condition, this was not always identified, reported/escalated and followed up or appropriate referrals arranged as required. For example:

* Consumer D’s family described how this consumer’s mobility had deteriorated and they were unable to safely manage the consumer’s transfers, resulting in frequent falls. There was insufficient evidence the care staff had reported the deterioration in this consumer’s mobility or how the service responded to their changing care needs.
* Consumer B’s family described how this consumer has experienced significant deterioration in their dementia and ability to self manage activities of daily living, resulting in increased care needs. There was no evidence this had been reported to the service by the care managers despite their regular interactions with the consumer.

For consumers who self-manage their HCP, the service care managers confirmed they do not undertake care plan reviews and have no communication with them. Refer to Requirement 2(3)(e).

Furthermore, the service care managers confirmed they do not communicate with brokered service providers to identify deterioration or a change in a consumer’s mental health, cognitive or physical function, capacity or condition. There are no systems and processes in place to support communication and information sharing with others where the responsibility for care is shared. Care managers confirmed incidents that may indicate a change in a consumer’s condition are not reported by subcontracted staff.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

Findings

Documentation of consumer condition, needs and preferences are not being communicated effectively within the organisation and with others where responsibility for care is shared.

The Assessment Team found there are no processes in place to ensure relevant information about the condition of consumers is communicated between parties involved in their personal and clinical care. A review of care documentation did not demonstrate effective communication processes in place so that those involved in the care of the consumer have information about delivering safe and effective personal and clinical care. By way of examples:

* Three representatives spoke of having to repeat the consumer’s care and service needs to new staff and staff who do not visit regularly. One consumer who requires assistance with personal care and application of compression stockings said when their regular care staff are unable to attend the service, they decline replacement staff because they have to tell them what to do.
* Consumer D’s family advised they speak directly with the physiotherapist about the consumer’s condition and care needs. There was no evidence of ongoing communication between the service and the physiotherapist about the consumer’s biweekly treatment sessions.
* Care managers confirmed they do not provide assessment and care planning information to brokered service providers and confirmed they do not communicate with them when the consumer’s needs and preferences change. Management confirmed there are no processes in place to share information or communicate with brokered service providers. Management and the care managers said they had not considered how they would communicate with staff delivering personal and clinical care through brokerage arrangements.
* The Assessment Team reviewed consumer information available to care staff through the App on their phone. There was insufficient information documented to inform staff about the consumer’s condition, needs or preferences for all consumers. This was consistent with feedback from staff interviewed.
* While there was some evidence of referrals to and reports received from allied health professionals in relation to occupational therapist assessments for equipment, there was no evidence of regular communication about the consumer’s condition, needs and preferences, between the service and the other providers delivering regular clinical care and services through brokered arrangements.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

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

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| Requirement 3(3)(g) | HCP | 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.*

# 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

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Services and supports promote the emotional, spiritual and psychological well-being of consumers. Services and supports for daily living provided by the service cover a wide range of options for consumers, should they choose, to support them to live as independently as possible, enjoy life and remain connected to their local community. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other services and supports for daily living.

However, the service did not demonstrate that information about the consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care is shared. Where consumers utilise the equipment they need, in the delivery of services and supports, the service did not demonstrate effective systems and processes in place to ensure it is clean, safe, suitable, and well maintained for the consumer to use.

Detailed evidence of the identified deficiencies are provided below against requirements 4(3)(d) and 4(3)(g).

The Quality Standard for the Home care packages service are assessed as Non-compliant as two of the six specific requirements have been assessed as Non-compliant. One requirement was not applicable to the quality review.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | 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.*

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

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

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| Requirement 4(3)(c) | HCP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | 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.*

Findings

Similar to findings against requirement 3(3)(e), the consumers/representatives said that while regular care staff know their care needs, they need to direct new staff in what to do. While care staff have access to information about the consumer’s condition, needs and preferences, changes are not always communicated effectively. There is no evidence the service communicates or shares information with staff delivering services through brokerage arrangements, including when the condition, needs and preferences change for consumers. By way of examples:

* A staff member said they rely on Consumer B’s husband to tell them what to do or when there is a change in her condition or the support this consumer needs during respite services.
* Care staff said they can access the consumer’s care plan in the in-home folder however the information is not always current, and care plans do not always have enough information about how consumer’s like things done. Care staff said they know the consumers well and if they visit a consumer for the first time, they ask the consumer about their needs and preferences. The Assessment Team identified deficiencies in assessment and care planning documentation, and care plans reviewed did not always have sufficient detailed to enable care staff to deliver lifestyle services and supports. Refer to Requirement 2(3)(d).
* When asked, consumers/representatives said they were unaware if the service communicates with or provides updates to other providers of services and supports for daily living for consumers. Where responsibility for care is shared, consumers/representatives said they speak directly with the person delivering their services and supports, including when the consumer’s needs or preferences change. Care managers said they do not provide assessment and care planning information to brokered service providers and confirmed they do not communicate with them when the consumer’s needs and preferences change.
* Where the responsibility for services and supports is shared, the service did not demonstrate clear processes or arrangements in place to share relevant information about the consumer, including changes in the consumer’s condition, needs and preferences. For instance:
* Services and supports for daily living, delivered through brokerage arrangements are not monitored or reviewed by the service and when there are changes in the needs or preferences of a consumer, information is not communicated or shared.
* For consumers who self-manage their HCP and work directly with other providers and/or subcontracted staff, there was no evidence of care plans developed or information shared about the consumer’s condition, needs or preferences. Management said that consumers who self-manage their HCP, communicate directly with the provider of lifestyle service and supports and acknowledged they do not communicate with or share information with those providers or subcontracted staff.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

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

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

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

This requirement was not applicable to the quality review as the service does not provide meals.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Not Compliant |

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

Findings

The Assessment Team found the service did not demonstrate clear processes or arrangements in place to ensure that equipment used by the consumer is safe, suitable, clean and well maintained. Clear responsibilities are not documented for the safe use, ongoing suitability and maintenance of equipment.

Examples include:

* While consumers/representatives were satisfied with the equipment purchased through the HCP, they were unable to describe how the equipment is maintained by the service. For some consumers who purchased equipment through their HCP, they could not describe how the service ensured it was fit for purpose. There was inconsistent evidence of assessment prior to the purchase of equipment. Refer to Requirement 2(3)(a).
* Staff said they would report issues or concerns regarding equipment to their manager, however, they could not describe how equipment is assessed to be safe, suitable or well maintained.
* Care managers acknowledged that while they undertake home risk assessments for consumers, they had not considered risk assessment of equipment owned by consumers, used in the delivery of services and support.
* Care planning documentation reviewed did not describe the equipment the service provides through the HCP, how it should be used or who is responsible for maintenance and/or servicing. Care managers said they would prefer consumers to hire equipment through their HCP so that maintenance and servicing is included, they had not considered if a consumer preferred to purchase equipment through their HCP, how it would be serviced or maintained.

Overall, while there is some evidence of risk assessments completed prior to the purchase of equipment to ensure it is fit for purpose, this does not occur for all consumers.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

As the organisation does not have a service environment, none of the requirements against this standard were applicable to the quality review.

# STANDARD 6 Feedback and complaints

# HCP Not 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

The Quality Standard for the Home care packages services are assessed as Non-compliant as three of the four specific requirements have been assessed as Non-compliant.

Overall, consumers/representative said they would contact the office if they had a concern and those who have made a complaint have been satisfied with the action taken.

However, the service did not demonstrate how it consistently encourages and supports consumers to make complaints, or how complaints and feedback received are effectively used to improve the quality of care and services for consumers receiving aged care services.

Detailed evidence of deficiencies found against requirements 6(3)(a), 6(3)(b) and 6(3)(d) are provided below.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Not Compliant |

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

Findings

The majority of the consumers/representatives reported they would contact the office if they wanted to provide feedback or make a complaint. Some consumers reported the Director telephones them regularly to ask about their welfare.

However, there was insufficient evidence that staff encourage and support consumers/representatives to make a complaint.

For example

* Management acknowledged consumer/representatives are not provided with information on how to provide feedback or make a complaint on entry to the service. Consumers are given a copy of a document outlining tips on making a complaint. There is no information in this document on how to make or raise concerns.
* Management acknowledged the Compliment and Complaint handling policy, which outlines how a consumer/representative or staff member can raise concerns, is not provided to consumers/representatives. Staff interviewed were unaware of the policy document, which was last reviewed in 2018.
* Under ‘Complaints process’ in the Home care agreement, the reader is referred to ‘Attachment 4’. The Assessment Team reviewed 12 home care agreements and only one Attachment 4 was located. The Director acknowledged the practice of providing Attachment 4 is inconsistent
* Staff interviewed reported they have had no training in complaints management, however said they would encourage the consumer to contact the office to raise any concerns.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Not Compliant |

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

Findings

Overall, the service did not demonstrate that appropriate action is taken to ensure consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Consumers said they have not been told of alternative ways to raise concerns. They reported not knowing how to access advocacy or external complaints agencies.

Staff interviewed could not describe the organisation’s complaint handling process or how they would support consumers and representatives to access advocacy and language services. Staff said they would report any concerns from consumers to their supervisor.

Management reported they do not provide information to consumers on advocacy services or external complaints agencies.

Meanwhile, the service’s Compliment and Complaint handling policy informs consumers if they are not happy with the outcome of their complaint, the service can assist in accessing external complaint resolution mechanisms. It also informs consumers are able to access advocacy services. However, the service was unable to demonstrate this information is provided to consumers and no contact details for advocacy services or external complaints agencies are provided within the document.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Not Compliant |

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

Findings

While there is evidence the service responds to complaints, there appears to be a failing by the service to ensure complaints are analysed, trended and the information used to make improvements to the quality of care and services.

For example:

* Management advised trends in complaints are in relation to ensuring the continuity of care staff; in relation to consumers not being able to purchase certain items through their package. However, these are not captured on the complaints register or plan for continuous improvement (PCI). Management acknowledged these are generally verbal complaints and are not consistently recorded in the complaints register. Therefore, feedback and complaints are not being effectively captured to identify trends.
* The Assessment Team reviewed the plan for PCI. The PCI reviewed did not document specific planned actions to address the concerns raised by consumer or representatives.
* Management reported the PCI was commenced in 2021 by a consultant engaged by the service. The consultant was unable to complete due to personal circumstances and the service has not revisited the plan.
* Staff interviewed were unable to describe how feedback and complaints are used to improve care and services.

The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

# 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

Overall sampled consumers/representatives considered consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring.

However, the service did not demonstrate training and development programs are in place for the workforce relevant to the Quality Standards and the service does not undertake regular assessment, monitoring and review of the performance of each member of the workforce.

Detailed evidence of deficiencies found against requirements 7(3)(c), 7(3)(d) and 7(3)(e) are provided below against the relevant requirements.

The Quality Standard for the Home care packages services are assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | 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.*

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

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

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

Findings

Some consumers/representatives expressed concerns to the Assessment Team about the ability of staff to meet their individualised care needs.

Their concerns related to the use of equipment and having confidence that the staff would know what to do if something ‘went wrong’.

When asked, the service could not demonstrate a process for ensuring staff have the required competencies to perform their role. The following issues were apparent to the Assessment Team:

* One care manager is tasked to oversee all staff training. The care manager, who is new to the role, has not been provided with information to undertake this role. For example, they were unaware of what training is mandatory; and they had not been provided with access to monitor staff attendance at training.
* There is currently no process for monitoring completion of mandatory training. The general manager was unaware how to access information to inform what training had been completed by staff.
* Management and case managers do not have a shared understanding of the Quality Standards to effectively perform their role in managing care and services for consumers.
* Management and staff do not have a shared understanding of the requirements of the Home Care programs to ensure they are equipped to assist consumers to make decisions about the care and services they may access.
* Case managers did not demonstrate sound skills in relation to assessment and care planning. This is further considered in Requirement 2(3)(a).
* Case managers were unaware of how to access policies and procedures.
* Care staff do not have an understanding of restrictive practices. For example, they did not understand the risks associated with restricting Ms Churton in her wheelchair. This is further considered in Requirement 3(3)(b).
* Management and care managers demonstrated an inconsistent understanding of high impact high prevalent risks This is further considered in Requirement 3(3)(b).
* There is currently no system for monitoring requirements for the role, such as criminal history checks and drivers’ licences. Management reported this is due to a ‘changeover ‘of systems. For example, while the service provided evidence that criminal history checks are undertaken for all members of the workforce, there is currently no system for monitoring expiry dates. One criminal history check reviewed was out of date and the Director and office staff could not find evidence of it being renewed.

In addition, the service was unable to demonstrate how they ensure staff who provide services to consumers through brokered arrangements, are competent and have the qualifications and knowledge to effectively perform their roles. Management advised they do not monitor the education, training and competencies of staff from brokered services and do not monitor the performance of brokered staff to ensure safe and quality care is delivered to the consumer.

Whilst the service was able to provide evidence to confirm staff were qualified, the Assessment Team identified management and the workforce did not have sufficient knowledge to effectively perform their roles. The provider acknowledged to the Assessment Team that these are areas for improvement and there are plans for continuous improvement. However, no formal submissions were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

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

Findings

Members of the workforce confirmed to the Assessment Team that they have not received training at the service and stated they rely on their own knowledge when supporting consumers and delivering services. For example:

* One staff member reported having had no orientation and has not been provided with any training since commencing with the service in 2021.
* Staff reported on the availability of online training, however did not know what training was mandatory.
* Six staff reported no training has been provided on the Quality Standards.
* Staff reported they have not been provided with training on elder abuse, saying they were informed about it during their Certificate 3 training and would report any suspected abuse to their supervisor.
* Staff reported they have received no training to ensure they are equipped and supported to deliver outcomes for consumers requiring diabetes management, oxygen therapy or behaviour management. Staff confirmed they have received no training to support them caring for consumers living with dementia.
* Management and staff reported the only mandatory training required of staff is completion of the online COVID-19 training.

Furthermore, there was no evidence to demonstrate the management team and members of the workforce had received training relevant to the Quality Standards, including but not limited to:

* Complaints management and open disclosure.
* Cultural safety and diversity
* Dignity of risk
* Antimicrobial stewardship
* Identifying abuse and neglect of consumers.
* Training in the Quality Standards and the practical application relevant to the role and responsibilities of the workforce and the governing body.

The Assessment Team discussed their findings with management who reported they are planning on providing regular training on a four monthly cycle and would be including some of the areas identified during this Quality Review.

The provider was provided an opportunity to provide formal submissions in response to these areas of concern but none were forthcoming.

On balance, I find the provider non-complaint with this requirement.

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

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

Findings

The Assessment team found the service did not demonstrate that it had an effective system in place to regularly evaluate how staff are performing their role, including subcontracted staff through brokerage arrangements. For instance:

* Management acknowledged there is no system to regularly assess and monitor the performance of staff, relying only on feedback from consumers.
* The CM, responsible for staff training and performance reviews, reported no reviews have been undertaken. The CM said they have not yet distributed performance review forms to staff and have no schedule in place to undertake the reviews.
* Staff interviewed were unable to describe how the service assesses, monitors and reviews their performance. Four staff, 3 of whom have been employed by the service for several years, reported they have never been involved in a review of their performance.
* The service did not demonstrate a system in place to assess, monitor and review the performance of staff delivering services through brokered arrangements. Management acknowledged they had not considered this and said they rely on feedback from consumers/representatives

The provider was provided an opportunity to provide formal submissions in response to these areas of concern but none were forthcoming.

On balance, I find the provider non-complaint with this requirement.

# 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

The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services, as assessed through other Standards.

Unfortunately, the service did not demonstrate effective risk management systems and practices to safely manage risks and use the incident management system (IMS) to improve its performance and how it delivers quality care and services. High impact and high prevalence risks associated with the care of consumers are not identified and effectively managed. The did not demonstrate an effective clinical governance framework in place to maintain and improve the reliability, safety and quality of the clinical care consumers receive.

Furthermore, consumers were not engaged in the development, delivery and evaluation of care and services. Governance systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints were ineffective.

On this basis, all requirements were found non-complaint with this quality standard.

Detailed evidence is contained below.

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

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | HCP | Not Compliant |

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

Findings

Staff and management could not describe how consumers are actively engaged in the development, delivery and evaluation of care and services beyond that associated with a review of their care and services plan.

While the evidence clearly verified that the Director regularly telephones consumers to ‘see how they are’, there is no evidence of consumer being actively engaged in designing and improving care and services. Management could not provide examples of how the feedback from consumers is used to plan improvements at the service or how the organisation responds to information received from consumers through this process.

A review of the service’s PCI does not include improvements in relation to feedback from consumers and representatives. As such, the service does not have an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services.

The provider was provided an opportunity to provide formal submissions in response to these areas of concern but none were forthcoming.

On balance, I find the provider non-complaint with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Not Compliant |

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

Findings

Based on discussions with management and staff and an analysis of the information provided by management during the quality audit, there was insufficient evidence provided to demonstrate that the governing body understands and sets priorities which promotes a culture of safe, inclusive and quality care and services and then takes steps to ensure this filters down to staff tasked with delivering such services. By way of examples, the Assessment Team found:

* There is no evidence the governing body asks for or receives information in relation to continuous improvement.
  + The organisation arranged for an external consultant to undertake a review of the service against the Quality Standards in 2021. However, circumstances resulted in the consultant not completing the review and no further follow up has been taken.
  + Management were unable to provide examples of improvements implemented because of consumer feedback or incidents at the service, that have been driven by the governing body.
* There was no evidence provided to demonstrate that the governing body understands and sets priorities to improve the performance of the service against the Quality Standards.
* The service does not report, trend or analyse indicators of performance against the Quality Standards. For example:
  + The service does not collect clinical indicators.
  + Complaints and incidents are discussed individually when they occur and detailed in progress notes, however they are not consistently analysed to identify trends, areas for improvement or training needs of staff.
* Management could not describe how the governing body maintains oversight of the quality of subcontracted services through brokerage agreements.

The provider was provided an opportunity to provide formal submissions in response to these areas of concern but none were forthcoming.

On balance, I find the provider non-complaint with this requirement

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

Findings

The service did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

#### Information management

#### While the service has a suite of policies and procedures, care managers reported they unaware of this and were unaware of how to access this information. Furthermore:

* The general manager and care managers were unable to access training records for staff to monitor attendance.
* Care staff said they can access the consumer’s care plan in the in-home folder however the information is not always current, and care plans do not always have enough information about how consumer’s like things done.
* Information provided to consumers to support them in making decisions is not always relevant, accurate or provided in a timely manner. This is discussed further in Requirement 1(3)(e) and Requirement 2(3)(d).
* Information about the consumer’s condition, needs and preferences is not documented and communicated within the organisation and with others where the responsibility for care is shared, including staff delivering brokered services. This is discussed further in Requirement 3(3)(e) and Requirement 4(3)(d).
* Assessment and care planning information was not always documented, including where risk to consumers were identified. Information was incomplete and care plans did not consistently document strategies to guide staff practice in the delivery of care and services. This is discussed further in Standard 2.
* Outdated terminology and information was evident within key documents. For example, the compliment and complaint handling policy referred to the ‘*Aged Care Complaints Commissioner’*; the home care agreement referred to the ‘*Charter of Care Recipients Rights and Responsibilities’* and the ‘*Home Care Standards’.*

The evidence demonstrates the provider has a lack of clarity around its own information management system and processes.

#### Continuous improvement

When asked how opportunities for improvement are identified, management said they rely mostly on feedback from consumer/representatives and staff. While feedback is provided through the assessment and care planning process and some feedback and complaints are documented on the feedback and complaints register, there is no evidence the information is used to improve care and services.

Management acknowledged proposed improvements and actions are not being captured and recorded; and that the service does not have a current PCI.

However, management said a recent example of continuous improvement was that the service has recruited to the newly formed role of General Manager. This new position commenced in 2021 and has day to day oversight of the service.

#### Financial governance

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service. The directors have oversight of the service’s income and expenditure.

Management described the process for identifying and tracking unspent funds and communicating with consumers about this. They advised the GM and CMs are responsible for checking monthly statements, monitoring any unspent funds and discussing with consumers/representatives.

While the Directors monitor the financial position overall, a review of the sampled consumers’ budgets and monthly statements provided, identified a range of issues with the development of each consumer’s HCP budget to inform care and service planning and the lack of information in the monthly statements. This is discussed further in Requirement 1(3)(e).

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

#### The service did not consistently demonstrate how they support, develop and monitor the workforce to deliver safe and quality care and services. The service did not demonstrate that its own management, including case managers, had the required skills and knowledge of aged care programs or the requirements of the Quality Standards to meet the needs of aged care consumers receiving a home care package.

This is discussed further in Standard 7.

#### Regulatory compliance

Management described how the organisation maintains up to date information on legislative guidelines through various methods, including for example correspondence and media releases, Australian Government websites, and the organisation’s membership with an aged care peak body.

The service did not demonstrate effective systems and processes in place to support the service to meet regulatory requirements in respect of the Home Care Package program. For example:

* Individualised budgets are not provided and as a result, consumers do not have the information to support them in making decisions about what they can afford with services.
* Home care agreements reviewed identified that information contained is not current or accurate. The agreements did not contain sufficient information to inform consumers and their representatives about the terms and conditions of the care and services they receive through their HCP, as required by the Aged Care Act and Principles.
* Monthly statements reviewed by the Assessment Team did not itemise the services received during the period to inform how funds are being spent.
* Management acknowledged agreements are not in place for all subcontracted services.

#### Feedback and complaints

The service does not consistently provide consumers/representatives with information to support and encourage them to provide feedback or make a complaint. The service does not monitor, analyse and use feedback and complaint data to improve the quality of its care and services.

This is discussed further in Standard 6.

Overall, the service is not satisfying the elements of this requirement for the reasons discussed. While the provider was provided an opportunity to provide formal submissions in response to these areas of concern but none were forthcoming.

On balance, I find the provider non-complaint with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not 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.*

Findings

The Assessment Team did not see evidence of a risk management framework and policies and procedures to guide staff practice in identifying and responding to risk.

In relation to high impact or high prevalence risks associated with the care of consumers:

* Management and staff did not have a shared understanding of what high impact or high prevalence risks were and how the risks would be identified and managed. Issues in relation to the management of risks to individual consumers have been identified under Requirement 3(3)(b).
* The service did not adequately demonstrate assessment and planning processes included a consideration of high impact or high prevalence risks to inform the delivery of safe and effective care for each consumer. The Assessment Team noted consumers risks are inconsistently documented in various forms of care documentation. Refer to Standard 2.
* Management advised the service does not report, analysis or trend risks, including high impact high prevalent risks associated with the care of consumers.
* The service did not demonstrate staff have received training on the identification and reporting of high impact or high prevalence risks or how these risks could be mitigated to ensure the safety of the consumers.

On the other hand, the service has an Incident management system (IMS) and staff reported having been given training on what to do if they witness an incident involving a consumer, including checking the consumer, contacting emergency services if required, contacting the office and reporting the incident.

While records did not demonstrate staff have received training in the identification of abuse and neglect, staff interviewed reported having received information on elder abuse either at other workplaces or during their training. Management and staff understood their responsibilities in relation to reporting abuse and neglect and management were aware of the soon to be introduced Serious incident response scheme (SIRS).

And while care planning documents did not consistently identify risks or describe areas in which consumers are supported by the service to take risks, consumers said they felt supported to take risks, and staff could describe the process and showed familiarity with choices consumers had made.

The provider was provided an opportunity to provide formal submissions in response to the areas of concern outlined against this requirement but none were forthcoming.

On balance, I find the provider non-complaint with this requirement

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not 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.*

Findings

No evidence of the service having policies regarding antimicrobial stewardship, minimising the use of restrictive practice or open disclosure were provided to the Assessment Team.

While the service had a clinical governance it did not address antimicrobial stewardship, open disclosure or minimising the use of restrictive practices and management, staff and clinical staff could not describe clinical governance and how it applies to their roles in a practical way.

The service could not demonstrate effective systems and processes to ensure consumers get safe and effective clinical care that is right for them. This is discussed further in Standard 3 Requirement 3(3)(a) and Requirement 3(3)(b).

A review of training records identified and management confirmed that staff have not received training in relation to clinical governance, antimicrobial stewardship, restrictive practices or open disclosure and what it means for them in their role.

Staff also did not demonstrate an understanding of what constitutes a restrictive practice and the risks associated with its use.

With respect to the service’s understanding of open disclosure, the results were varied. Staff did not appear to have an understanding of open disclosure however management could describe the principles of this process and how they would respond to complaints in line with open disclosure principles.

The provider was provided an opportunity to provide formal submissions in response to the areas of concern outlined against this requirement but none were forthcoming.

On balance, I find the provider non-complaint with this requirement

# 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 Consumer dignity and choice | | | HCP | Not Compliant | | |
| Requirement 1(3)(e) | | HCP | | | Not 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 | | Not 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)(b) | | HCP | | | Not Compliant |
| Requirement 3(3)(d) | | HCP | | | Not Compliant |
| Requirement 3(3)(e) | | HCP | | | Not Compliant |
| Standard 4 Services and supports for daily living | | | | | | |
|  | | | HCP | Not Compliant | | |
| Requirement 4(3)(d) | HCP | | Not Compliant | |
| Requirement 4(3)(g) | HCP | | Not Compliant | |
| Standard 6 Feedback and complaints | | | HCP | Not Compliant | | |
| Requirement 6(3)(a) | HCP | | Not Compliant | |
| Requirement 6(3)(b) | HCP | | Not Compliant | |
| Requirement 6(3)(d) | HCP | | Not Compliant | |
| Standard 7 Human resources | | | HCP | Not Compliant | | |
| Requirement 7(3)(c) | HCP | | Not Compliant | |
| Requirement 7(3)(d) | HCP | | Not Compliant | |
| Requirement 7(3)(e) | HCP | | Not Compliant | |
| Standard 8 Organisational governance | | | HCP | Not Compliant | | |
| Requirement 8(3)(a) | HCP | | Not Compliant | |
| Requirement 8(3)(b) | HCP | | Not Compliant | |
| Requirement 8(3)(c) | HCP | | Not Compliant | |
| Requirement 8(3)(d) | HCP | | Not Compliant | |
| Requirement 8(3)(e) | HCP | | Not Compliant | |