**Performance**

**Report**

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| Name: | Home Care Nursing |
| Commission ID: | 201371 |
| Address: | 92 Masonite Rd, TOMAGO, New South Wales, 2322 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3270 Hunter Healthcare Group Pty Ltd  
Service: 26882 Hunter Healthcare Group Pty Ltd

**This performance report**

This performance report for Home Care Nursing (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 9 February 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

No

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service demonstrated that each consumer is treated with dignity and respect. Staff were able to acknowledge individual consumers’ identity and support workers appropriately described how they routinely respect consumer dignity, including by covering consumers when assisting them with personal care and only leaving the area being washed exposed. Consumers advised that they feel safe and respected from the staff providing their care. Consumer care plans and care file notes are written respectfully with some staff writing compliments about the consumers they are providing caring for.

Consumers advised that the care provided was safe. The service undertakes online mandatory training focused on culturally safe delivery of care. Staff demonstrated an appropriate knowledge of culturally safe care. Consumer assessments include where consumers were born and if they speak other languages.

The service demonstrated that consumers are able to make choices about their own care and who is involved in their care. Consumers are routinely supported to communicate their decisions and maintain relationships of their choice. Staff routinely check with consumers on their arrival, confirm with the consumer the services they are providing during the visit and will adjust if a consumer requests any changes.

The service supports consumers to engage in risk to enable them to live the best life they can. The Assessment Team reported that consumers are still very independent in their daily living.

The service demonstrated current, accurate and timely delivery of information to consumers and consumers advised that they are able to understand their monthly statements and if they were unsure, they are able to call and speak with the service. Staff routinely contact consumers if a service is going to be late or someone else will be replacing a support worker due to changes in rosters.

The service administers effective processes to ensure consumers’ privacy and information is kept confidential. Support workers demonstrated how they keep consumers’ information confidential by not talking about consumers to others or in front of other consumers, only speaking with management in a private location or while on site. Consumers advised that the care staff and service management respect their privacy and personal information. Within the office, hard copies of consumer files are kept in a locked filing case.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was unable to demonstrate comprehensive and consistent assessment and planning, including appropriate consideration of consumer risk, to inform delivery of safe and effective care. Consumer assessment tools such as an initial assessment, home risk assessment, cognitive assessment and falls risk assessment were not always completed and often lacked information relevant to each individual consumer. Staff were able to explain their processes for consumer assessment, however the Assessment Team reported that consumer assessments lacked relevant detail. The organisation provides a range of assessment tools available for staff to utilise, including a pain assessment and consumer skin integrity assessment. Staff were unable to demonstrate an effective knowledge of relevant risks to consumers and their responsibility to minimise these risks. There was a lack of understanding of ‘dignity of risk’ or how the service could support consumers to engage in risk to inform safe care. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement and highlighted that in an effort to ensure compliance, the service will include a pain assessment tool along with their existing assessment tools to ensure a better understanding of consumer needs and preferences. After considering the Provider’s response, at this time I find the Assessment Team’s findings to be more compelling in relation to ongoing consumer assessment and planning and highlight that remediation efforts need to be evaluated and embedded at the service, ensuring that routine and thorough assessments are undertaken, and that staff are focusing on consumer risk minimisation. With these considerations, I find the service non-compliant in Requirement 2(3)(a).

The Assessment Team reported that the service was unable to demonstrate that assessment and planning identified each consumer’s current needs, goals and preferences including advance care planning and end of life care. While assessments were completed upon commencement of services, they were minimal or left blank, and often not reviewed on a regular basis. The Assessment Team were unable to identify any consumer advance care plans or end of life planning documentation. Advance Care Directive (ACD) information on all consumer assessments were found to be left blank. Management and clinical staff advised that it was the consumer and family’s responsibility to address advance care planning. Staff advised the Assessment Team that they do ask for this information on initial assessment and verbally refer consumers to the NSW Health advance care plan document. Following feedback from the Assessment Team, the service advised they would provide consumers with NSW Health advance care planning documents and would revisit end of life planning at reviews and when clinically relevant. After considering the Provider’s response, and considering the impact on consumers at this time, I find the Provider’s findings to be more compelling in relation to ongoing consumer assessment and planning that identifies and addresses each consumer’s current needs, goals and preferences. I acknowledge that the efforts to ensure compliance need to be embedded and evaluated and staff education must be delivered however, based on the Provider’s immediate commitment to revise their processes, and the current minimal impact on consumers, I find the service compliant in Requirement 2(3)(b).

The service demonstrated that assessment and planning is based on an ongoing partnership with each consumer. Consumers advised the Assessment Team that they can communicate their care and service needs and they are satisfied with the care and services they receive. Some consumers advised the Assessment Team that their care and services were ‘lifesaving.’ Staff were able to identify other individuals and organisations who were involved in consumer care.

The service demonstrated that outcomes of assessment and planning were documented in the consumer’s care plan, and that these are made available to each consumer and staff members who are providing care. Consumers were able to describe the care they received which was generally in line with their care and services plan.

The Assessment Team reported that the service was unable to demonstrate that consumer care and services are reviewed regularly for effectiveness. In response, the service has developed improvements to their review scheduling system and added this to the service’s plan for continuous improvement. The service’s electronic database now sets reminders in each consumer’s file for a care plan review. The Assessment Team also reported that not all consumers receive a review following a change in their health status. In response, the service has developed staff and management knowledge, skills and ability to identify and ensure a more comprehensive review of consumer condition and care needs is attended to. The service has implemented a consumer review form and this is actioned when a change in consumer condition is identified. After considering the Provider’s response, and the impact on consumers at this time, I find the Provider’s findings to be more compelling in relation to review of consumer care and services and I find the service compliant in Requirement 2(3)(e).

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service was unable to demonstrate that each consumer receives safe and effective personal or clinical care that is best practice and optimises their health and wellbeing. The service administers a combination of written and electronic documentation, with some staff not utilising the electronic system. This leads to gaps in relevant information and knowledge of consumer care needs and can lead to unsafe delivery of care and services to consumers. Staff displayed a knowledge deficit in relation to best-practice care, including consumer wound and plain management. The Assessment Team reported significant gaps in implementation of care needs for consumers due to the lack of thorough assessment and planning as well as the implementation of consumer care. This included staff performing care and services beyond their scope of practice and without the knowledge of the care coordinators and clinical staff, including medication management. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement and highlighted that management is committed to improving practices of medication management, improving consumer wound management planning and implementing a new pain assessment tool. I acknowledge the immediate and responsive actions undertaken by the service to work towards compliance, however after considering impact on consumers and acknowledging that time is required for improvements to become embedded and evaluated, I find the Assessment Team’s findings to be more compelling at this time. As such, I find the service non-compliant in Requirement 3(3)(a).

The Assessment Team reported that the service was unable to demonstrate that high impact and high prevalence risks were managed for consumers. The service indicated that there had been no incidents to consumers in the last six months, however review of documentation highlighted that incidents did occur but were not recorded as such as they did not occur during service times. Relevant information for consumers at risk was not recorded in their care plans and interventions were not thoroughly implemented. In their response, the Provider highlighted that the service has undertaken training and education for staff to ensure that the consumer database is being effectively utilised by all staff and to its full potential. The Provider advised that the service would provide ongoing focus on ensuring that consumer wound management is monitored and recorded appropriately to ensure the best support is provided to consumers. With these considerations, I find the service compliant in Requirement 3(3)(b).

The service demonstrated that needs, goals, and preferences of consumers nearing their end of life are recognised and addressed. Although the service did not currently or recently provide end of life care to consumers, they have policies and procedures to ensure that relevant care and support is provided to consumers. These policies include advocacy, advance care, power of attorney, guardianship, communication, and resuscitation policies. Clinical assessment tools and clinical pathways are available, and the service has access to a multidisciplinary team, including medical officers, palliative care team, pastoral care, and other service providers to assist with end of life care.

The service demonstrated that deterioration of a consumer’s physical condition and function is recognised and responded to in a timely manner. Registered nursing staff complete reviews when deterioration or changes occur and appropriate interventions are documented in the consumer files.

The Assessment Team reported that the service was unable to demonstrate that consumers’ condition, needs, and preferences are routinely documented and communicated within the organisational and where responsibility for care is shared. Consumer care and service plans do not adequately outline the needs, goals, and preferences of consumers and progress reports received by brokered services and allied health professionals, though available in the service’s electronic management system, were not routinely acted upon. Gaps were identified with inconsistent communication and follow-up between managers and clinical staff. Non-clinical management rely on clinical staff to complete the appropriate clinical follow-up. In their response, the Provider highlighted that the service has adopted a morning handover between management and clinical staff and this along with regular meetings works to ensure reduced gaps in information. The service has also implemented a standard electronic document template to ensure that consumer reports and documents are easily reviewed and understood by all staff. After reviewing the Providers response and considering the impact on consumers, I find the Provider’s finding more compelling at this time and as such, I find the service compliant in Requirement 3(3)(e).

The service demonstrated that timely and appropriate referrals are made to organisations and providers of care and services. Referrals include to physiotherapists, occupational therapists (OT), high risk foot clinics, and advice to consult medical officers for treatment.

The service demonstrated minimisation of infection-related risks through standard and transmission-based precautions. Consumers advised that staff take relevant precautions in relation to COVID-19 by using personal protective equipment and monitor for symptoms. The service administers relevant policies and procedures for infection control, minimisation of infection-related risks and outbreak management. Regarding appropriate antibiotic use to reduce risk of antibiotic resistance, clinical staff refer consumers to their medical officer when infections are suspected and therefore staff have minimal input into the use of antibiotics and appropriate prescribing. Staff do not conduct testing including wound swabs or urine testing. The service has provided medication management training to homecare workers to further their scope of practice, and the service has informed staff of their Medication Management Policy as a reminder of their scope of practice. The service has met with homecare workers to reinforce the policy and all staff have returned their signed acknowledgment of the Aged Care Code of Conduct. With these considerations, and after considering the impact on consumers, I find the service compliant in Requirement 3(3)(g).

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated that each consumer receives safe and effective services which supports their daily living, independence, health, well-being, and quality of life. Consumers’ needs and preferences are being met however, their needs, goals and preferences are not well documented and relied on care staff knowing the consumer or asking on their visits.

The service demonstrated effective emotional support for consumers, including taking the time to have a cup of tea with a consumer and talking with them. Care staff routinely ask the consumer how they are when they arrive, and what they have been up to. Consumers advised that staff knew if they were feeling down however, consumers did not always feel as though additional assistance was available if they are feeling down and the Assessment Team reported that this information is undocumented or not advised to the provider for follow-up. The service provides effective support for consumers spiritual needs by taking them to church or other activities of interest.

The service demonstrated effective support for consumers in respect to their daily living. This includes support to participate in their community and to engage in activities of interest to them. Consumers are regularly participating in activities of interest to them that are either privately organised or assisted by the service.

The Assessment Team reported that the service does not implement effective processes to ensure consistent documentation of consumer condition, needs and preferences, and ensure staff are reviewing care notes. Not all support workers follow the service's process of recording progress notes electronically, and some record hard copy notes that are not consistently followed up by case managers or communicated to case managers to action accordingly. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement and highlighted that all homecare workers have been advised to utilise the service’s phone app or email relevant notes to ensure continuity and oversight of information. Further, clinical and management staff have been informed that upon undertaking a consumer review, a greater level of consistency of documentation follow-up of consumers’ needs and preferences is a focus of the service. After considering the Provider’s response and the impact on consumers, I find the service compliant in Requirement 4(3)(d).

The service demonstrated that they provide referrals for individuals to other organisations that assist in the care and services for consumers. The service refers consumers to organise a vital call (safety pendant) for those who have this requirement. Consumers advised that they feel safe having the pendants in case of a fall. In addition, the service provides referrals for consumers who require pre-prepared meal services to assist with their meals.

The service assists consumers to purchase equipment that is safe and suitable for use. Consumers are provided with an assessment depending on their funding for an occupational therapist who will provide recommendations on equipment required. Where equipment is already purchased staff check they are undamaged, clean and well maintained.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised that they feel encouraged, safe and supported to provide feedback. Staff demonstrated appropriate knowledge of the avenues available for consumers and representatives to provide feedback or make a complaint. Staff effectively described the process they follow if a consumer or representative raise an issue with them directly, including recording the issue, appropriate discussion with the consumer and escalation to management if necessary.

Consumers and representatives advised that they are aware of the complaints and escalation process if required and are comfortable raising concerns with management and staff. Staff demonstrated appropriate knowledge of advocacy policies available for consumers and described how they effectively assist consumers who have cognitive impairment and communication difficulties.

Consumers advised that the service appropriately addresses and resolves their concerns and advised that staff and management provide an apology when things go wrong. Support workers described the process followed when receiving feedback or a complaint and advised that they routinely escalate these for investigation and follow-up. Management advised that open disclosure principles are applied following an adverse event.

Consumer and representative feedback and complaints are considered at the time they are raised, reviewed, and documented by management. The service demonstrated how they take proportionate and appropriate action in response to consumer feedback. Service management advised that they like to use the same language as communicated by consumers when issues or concerns are raised. Management demonstrated some trending of complaint and feedback data and appropriate records management.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The service demonstrated that the number and mix of workforce members is sufficient to deliver safe and quality care and services for consumers. Management described how they take account of consumer and support worker locations and travel time required when planning service arrangements, and that the service encourages consumers to have at least two support workers who regularly attend services to minimise disruption, and to support continuity of services.

Consumers advised that staff are kind and caring and that they routinely respect their identity and preferences. Staff demonstrated how they effectively deliver care that is respectful to identity and individual consumer needs. Representatives highlighted that staff are always kind, caring and respectful and praised the service office staff for being very responsive. Support workers described how they treat consumers as individuals and were able to understand individual preferences and how they accommodate these for each of their consumers.

The service demonstrated a competent workforce including ensuring that the members of the workforce have the skills and qualifications to effectively perform their roles. The service administers a robust recruitment process and an initial onboarding process to ensure that new employees are competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Contract agreements with brokered service providers for allied health services include clauses relating to minimum qualifications and other relevant compliance requirements to remain current.

The service was unable to demonstrate, however, that the workforce is trained, equipped, and supported to deliver outcomes required by the Quality Standards. The service administers an online training platform however this system had not been managed to support the service to maintain oversight of training records for staff. Management acknowledged using both paper-based and electronic records has resulted in gaps in care provided to consumers and advised the Assessment Team of their plan to transition entirely to the electronic management system. Management also acknowledged that they have not provided sufficient support to registered nursing staff in attending to consumer assessments or provision of clinical care, rather the service was relying on registered nursing staff to raise what they need. With these considerations, I find the service non-compliant in Requirement 7(3)(d).

The service was unable to demonstrate formal assessment, monitoring, or review of the performance of staff. The service currently undertakes these action on an ad-hoc basis. Management advised that the service does not perform annual performance reviews. Management acknowledged their non-compliance in undertaking regular assessment, monitoring and review of performance of each member of the workforce and highlighted that the service will ensure that staff training is overseen and all performance related conversations are documented. Management are working to ensure effective clinical understanding in order to assess the work attended by registered nursing staff. With these consideration, I find the service non-compliant in Requirement 7(3)(e).

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

Consumers and representatives advised the Assessment Team that they provide ongoing input into how care and services are delivered and that the service has sought their input in a variety of ways such as phone calls, surveys, and face to face discussions, to ensure engagement into their care planning and service provisions. However, the service was unable to demonstrate an organisation wide approach to formally and routinely involve consumers in the development and evaluation of care and services.

The service was unable to demonstrate an effective monitoring and review system of the organisation’s performance and continuous improvement. The organisation’s governing body were unable to demonstrate processes for recording and reviewing clinical data, consumer incidents, feedback and complaints, or other information relating to the provision of quality care and services. Clinical staff demonstrated a lack of understanding of the Quality Standards in relation to assessment and clinical care, and management acknowledged there was a lack of oversight to ensure clinical care was safe and effective for each consumer.

The organisation was unable to demonstrate effective governance systems, including that for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service lacked systems to ensure reporting and documentation was routinely and consistently attended by all staff. The service lacked systems for monitoring, reviewing, trending, and analysing consumer complaint and incident data, and while staff are prompted to attend mandatory training, the service was unable to demonstrate appropriate oversight of whether this had been attended. The organisation did not have access to staff records from the online training system, instead relying on staff to send copies of their completion certificates. Support workers were not aware of this requirement. In relation to regulatory compliance, the organisation administers a policy for Abuse Prevention and Response, however support workers advised that they had not heard of or had training for the Serious Incident Response Scheme (SIRS) for home care. The Abuse Prevention and Response policy did not include reference to SIRS. Management advised the Assessment Team that staff had not been provided education on the Code of Conduct for Aged Care.

The service was unable to demonstrate effective risk management systems to identify risk or manage high impact or high prevalence risks. The service does not administer an effective incident management system or apply relevant assessment tools to suitably identify risk to consumers. As the service was unable to demonstrate effective processes for identifying incidents, there is reduced opportunity for effective organisational trending and analysis.

The organisation administers a clinical governance policy, however was unable to demonstrate an effective clinical governance framework. This results in relevant consumer feedback and consumer incidents not being recorded, trended, or analysed. In reference to antimicrobial stewardship, the organisation administers a relevant policy, however staff demonstrated a lack of understanding, and the Assessment Team reported that clinical staff were not adhering to the policy which included ‘maintaining clear and accurate care records which includes allergies and antimicrobial use identifying the name, dose, purpose/indication, administration route, duration with end date and review plan’. In addition, the Assessment Team’s review of consumer documentation and discussions with staff highlighted that consumer medication was being administered by support workers without the knowledge of management and without appropriate oversight or documentation established. Management acknowledged that the organisation did not have systems or processes to ensure that clinical care was safe and effective, or that clinical assessment and care was overseen to ensure it meets the requirements of these Quality Standards.

In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement and highlighted that the organisation has reached out to consumers seeking their commitment to become part of a consumer advisory body, and have developed a wider approach to feedback from consumers as well as developed improved recording and monitoring approach to complaints and consumer incidents. The organisation now clearly records action and outcome thus supporting better trending and analysis, and the organisation has implemented updates and new assessment tools and provided clinical staff with technology to assist with effective observations to support identification of risk. The organisation also took immediate and proportionate action to ensure that SIRs, consumer risk incidents and antimicrobial stewardship topics are discussed at the service’s staff meeting. Management will also provide a reminder that policies and procedures are available, and maintained with up to date information, to best support staff.

I acknowledge the efforts the organisation has taken to remediate non-compliance in relation to their organisational governance, however highlight that actions, including system updates, staff education and commencement of meetings will take time to embed, monitor and evaluate. After considering the Provider’s response, and the impact on consumers at this time, I find the Assessment Team’s findings to be more compelling in relation to organisational governance, and I find the service non-compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

The Quality Standard is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)