**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Icare Community Aged Services (IAWCC) |
| Service address: | 209 Fitzgerald Street PERTH WA 6000 |
| Commission ID: | 500021 |
| Home Service Provider: | Italo-Australian Welfare & Cultural Centre Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 18 July 2023 to 20 July 2023 |
| Performance report date: | 21 September 2023 |

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

**This performance report**

This performance report for Icare Community Aged Services (IAWCC) (**the service**) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Icare Community Aged Services (IAWCC), 19152, 209 Fitzgerald Street, PERTH WA 6000

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 14 August 2023 and 23 August 2023

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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

* Demonstrate a comprehensive assessment occurs when the consumer joins the service covering all aspects of their health and wellbeing.
* Demonstrate the use of validated, evidence-based clinical assessment tools and ensure the outcomes of assessments inform care planning strategies.
* Ensure appropriately qualified employees deliver personal care and undertake care coordination roles.
* Ensure the service’s quality management system / audit processes support the governing body to have relevant information on risk to inform their decisions.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Consumers/representatives provided positive feedback about staff, saying they are kind and gentle, and take care to be respectful. They advised staff take care to understand their background and pay attention to their personal circumstances and preferences. They said staff make them feel valued, and they are comfortable to discuss their personal information and individual needs or requests with staff.

Management and staff gave examples of how services are delivered to meet the needs and preferences of individuals and to ensure inclusive care and support. Staff advised as part of the assessment process information is captured for consumers including any specific cultural requirements. Documentation reviewed evidenced the consumer’s history is detailed from My Aged Care (MAC) support plans and discussions with the consumer/representative.

Consumers advised the service makes it easy for them to be involved in exercising choice and to involve the people important to them in any aspect of the care. They said they can speak with staff and/or management at any time to make change requests and these are acted on promptly. Consumers gave various examples of the service supporting them to live the life they wish.

Management and staff spoke of steps they take to support consumers to live a life of their choosing. Management advised they encourage consumers who may be feeling anxious to have care staff in their homes and engage with the service at their own pace to the extent they feel comfortable. Staff described how they assist consumers with mobility aids to access transport vehicles and how they supervise the consumer when mobilising. Management advised if they believed a consumer was taking a risk this would be discussed with the consumer and the family to ensure the safety and wellbeing of the consumer. The service has policies and procedures for dignity of risk to identify and assess risks consumer’s wish to take.

Information is available in both Italian and English depending on their preference. Consumers said they generally receive communication from the service in a timely manner and in a way they can understand.

The service was able to demonstrate consumers privacy is respected and their personal information is kept confidential. Staff demonstrated an understanding of the need to observe consumer privacy and confidentiality.

Based on the information summarised above, I find the approved provider complies with all Requirements in this Standard.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | Non-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. | Non-compliant |

Findings

I am not satisfied, based on the Assessment Team’s report and the approved provider’s response that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Requirement 2(3)(a)

The Assessment Team reported assessment and planning, including consideration of risks to the consumer’s health and well-being, does not inform the delivery of safe and effective care and services.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

The Assessment Team reviewed multiple care plans. While all consumer files included a home safety checklist, other assessments, for known risks to aged care consumers such as falls risks, risk of poor nutrition, incontinence and so forth are not evident.

Consumer A who joined the service in 2012 on a Level 1 Home Care Package has an Aged Care Assessment Team assessment from that time stating the consumer has poor mobility and uses a walking stick. There was no evidence of the service undertaking its own assessment in relation to the falls risk to the consumer.

I also note the Assessment Team’s evidence in Standard 3 Requirement 3(3)(b) and Standard 8 Requirement 8(3)(c) which I find relevant to this Requirement.

Consumer B on a Level 4 Home Care Package has a mental health diagnosis. A behavioural support plan was not included in their file. While management said there have been no behavioural incidents, therefore there is no need to complete a plan, the consumer’s representative said support workers have contacted directly when they have observed changes in the consumer’s behaviour.

The service stated they refer consumers to nursing services or allied health professionals when high impact or high prevalence risks are identified. File reviews identified high impact or high prevalence risks are not consistently documented.

The approved provider’s response that is relevant to my finding is summarised below.

Consumer A with poor mobility did not consider themselves as a falls risk and refused any help offered with regard to falls prevention.

A memorandum was submitted as additional evidence. In summary the memorandum notes in November 2018 (and now on a Level 4 home care package), Consumer A requested the purchase of a walking frame. An Occupational Therapist assessment was proposed to the consumer but was declined, as they deemed it unnecessary.

A registered nurse undertook an occupational therapy assessment in 2023. The service on numerous occasions over time have tried to have an occupational therapy assessment undertaken however the consumer had not consented to this and the service respected their wishes accordingly.

The service was not advised of the other individuals the Assessment Team had concerns about and would have produced the relevant risk related information if requested. The approved provider also highlighted the positive feedback from consumers in relation to the delivery of care and services.

The family of Consumer B have declined a Behavioural Support Plan be undertaken noting the consumer is under the treatment of their general practitioner and they are being monitored well and do not need additional support. There have been no behavioural incidents since intake.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I am not satisfied that validated clinical assessments in line with the consumer’s health status are being undertaken when the consumer joins the service. A consumer’s self-assessment of their own health status is an important contribution to assessment but insufficient alone, and does not meet the expectations of this Requirement.

The intent of the Requirement expects relevant risks to a consumer’s safety, health and well-being be assessed, discussed with the consumer, and included in planning a consumer’s care. This supports consumers to get the best possible care and services and makes sure their safety, health and well-being are not compromised.

A behaviour assessment has multiple purposes and without an assessment to inform care planning, care workers are unaware of how their interactions might support or be detrimental to the consumer’s wellbeing. Effective assessment and care planning should minimise the likelihood of any adverse interaction or outcome for a consumer, allowing preventative strategies to be put in place to minimise the likelihood of an incident occurring.

The additional evidence submitted by the approved provider includes a falls risk assessment but does not include any validated clinical risk assessment that staff at the service have undertaken for consumers.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Requirement 2(3)(b)

The Assessment Team reported assessment and planning does not identify or address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers are not asked what their individual goals are during the initial care planning or care plan reviews. The care coordinator said all consumers have the same goal, which is to remain independent, therefore it does not need to be included in the care plan.

The service’s assessment template does not request information regarding individual preferences or goals.

Management said discussions with consumers regarding end-of-life and advanced care planning care does not currently occur and no information relating to advanced care planning is provided to the consumer.

I also note evidence in Standard 1 Requirement 1(3)(a) and Standard 8 Requirement 8(3)(c) which I find relevant to this Requirement.

The representative of Consumer C outlined the goal of the consumer to go shopping. In summer their preference is to go shopping with the staff member, however, in winter the consumer stays at home. Staff are meeting the consumer’s preferences.

Staff reported that they have access to information that is relevant to them when they need it and to inform them in the delivery of care and services to consumers.

The approved provider’s response that is relevant to my finding is summarised below.

The provider disputed the accuracy of the Assessment Team’s report:

* A care coordinator made a general statement about the main goal of consumers, however, care coordinators always ask consumers about their goals needs and preferences
* A supplementary care plan form includes consumer questions on their goals, needs and preferences. Consumer folders containing the care plan (including the supplementary care plan form identifying consumer goals, needs and preferences) were made available for viewing by the Assessment Team.

Management did not discuss the advance care planning processes with the Assessment Team, however, did confirm the service has an End of Life Policy. At no time did any employee state that advance care planning does not currently occur.

A care coordinator told the Assessment Team that they always allude to the matter of advance care planning and health directives during assessment and care plan reviews and this is done in a culturally sensitive manner.

As a result of the quality audit the approved provider will enhance and formalise the process of advanced care planning from the initial intake through and when care plans are reviewed.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I am satisfied the Assessment Team’s evidence does not demonstrate a systemic failure in planning care around the preferences and goals of consumers. In the absence of direct consumer feedback on their goals, needs and preferences and if these are accurately reflected in their care planning documentation, I am persuaded by the approved provider’s assertion that supplementary documentation contains personalised information on consumers’ goals and preferences. Representatives interviewed did not raise any instance of a consumer’s goal or preference being overlooked or unmet.

There appears to be scope to merge both the care plan and supplementary care plan into a single document and I encourage the approved provider to emphasise this with staff undertaking care assessments and reviews.

I am satisfied that advance care planning is occurring in a culturally sensitive manner, and that the approved provider will formalise their process to raise advance care planning with consumers.

Based on the information summarised above, I find the approved provider complies with this Requirement.

Requirement 2(3)(e)

The Assessment Team reported care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

* Care plan reviews are not undertaken when consumers return from hospital

Care plan reviews are not undertaken consistently when consumers are discharged from hospital. For example, the representative for Consumer D on a Home Care Package Level 3 advised they had recently been discharged from hospital following surgery. The representative said additional services have temporarily been put in place for to assist with showering and laundry. The Assessment Team reviewed the care planning documentation which did not contain a record of the consumer being in hospital and did not contain any evidence of re-assessments having occurred.

* Care plan reviews are not undertaken consumers move to a higher level package

The Assessment Team gave four examples of consumers where no additional assessments occurred following an increase in funding to the consumer.

The approved provider’s response that is relevant to my finding is summarised below.

In relation to Consumer D, detailed notes of any changes occurring at any time are transcribed via memorandum notation, discussed with Senior Management, actioned accordingly by the coordinators, and kept in the consumer’s separate supplementary folder. All care plans are reviewed when consumers are discharged from hospital or when there is a change in level of a home care package.

The Assessment Team used several examples of consumer care plans in demonstrating that care plans, although updated to reflect the increase of care services in hours, at times may not have described the specific details of the types of services delivered for a consumer. These specific details would however be noted on rostering schedules which reflect these service types, as well as the amended service schedule placed in the consumer’s home folder.

Immediate proactive action has been taken by Senior Management to have all consumer care plans reviewed by the coordinators, with an immediate start. Care plans which are prioritised are those relating to existing consumers where there is a necessity to reflect any changes in their respective increase of level package, hospital discharges or need for additional care services due to health requirements. Even though these care plans may have already been reviewed, management directives have been given that the reviews are to be re-done more comprehensively to ensure that all consumer needs are being documented in detail.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I am not satisfied there is a system for effective review of consumers with changed circumstances.

A re-assessment using validated clinical assessment tools of a consumer’s pain management, or skin integrity following surgery, is ordinarily undertaken, even if the result of the review does not identify any changed needs. I acknowledge additional hours of care were put in place for Consumer D. However, there is no evidence that this occurred as the result of a suitably qualified staff member with the relevant clinical skills undertaking re-assessments, and using this information to inform the care plan so that staff can deliver optimal care.

The movement of a consumer from a lower level to a higher level home care package, in of itself, generally indicates more care and services are needed and a higher funding level is required to meet these changed or more complex care needs. Clinical and non-clinical re-assessments as indicated should ordinarily be undertaken and a revised care plan put in place.

I acknowledge the proactive action the service has taken, however these actions will take some time to embed into day to day practice.

I acknowledge the approved provider’s assertion that all care plans are reviewed when consumers are discharged from hospital or when there is a change in level of a home care package. However, the approved provider did not provide any further documentary evidence of review / re-assessments having occurred.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Requirements 2(3)(c), 2(3)(d).

All consumers/representatives said they are involved in making decisions regarding their care and services. Management said they encourage consumers to include others when carrying out assessments and reviews, however consent is provided by the consumer before this occurs. The Assessment Team sighted consent to share information forms for several consumers.

Communication with other organisations was sighted in consumer care planning documentation, including with subcontracted services. All consumers/representatives said they had a copy of their care plan. All support workers stated they are provided with enough information to provide care safely. A Registered Nurse from the subcontracted service provider for clinical care said when a consumer is referred to them, the service provides sufficient information about the consumer to carry out the care safely. The nurse said the service is very responsive when issues arise.

Based on the information summarised above, I find the approved provider complies with these Requirements.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I am not satisfied, based on the Assessment Team’s report and the approved provider’s response that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Requirement 3(3)(a)

The Assessment Team reported consumers are not receiving safe and effective personal care, clinical care, or both personal care and clinical care.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumer and representatives’ feedback was positive in relation to clinical and personal care services. The service utilises a subcontracted service for clinical care, and personal care is provided by support workers directly employed by the service.

A representative of Consumer E described the consumer’s catheter care management as being well managed and said nurses are thorough, and raise any concerns with the consumer. The Assessment Team’s report outlines regular detailed progress notes from the subcontracted nursing service are being recorded. Notes outline details of the catheter type and size, the amount of fluid used to flush the catheter, any signs of infection and how the catheter site is to be cleaned and dressed.

I also note evidence in Standard 1 Requirement (3)(c) which I find relevant to this Requirement.

The representative of Consumer F described that previously staff used a hoist to transfer, the consumer, however, the consumer was not comfortable in the hoist and made their preference known for two care workers to support transfers instead. Further, the provider has been involved in all aspect of the consumer’s care, ongoing discussions with the family occur and the service has adjusted services to suit the consumer’s changing care needs.

In coming to my finding, I have considered the information in the Assessment Team’s report.

I am satisfied the Assessment Team’s evidence does not demonstrate a systemic failure to deliver safe and effective care. Adverse impacts or potential adverse impacts to consumers as a result of the poor management of clinical and or personal care are not evident.

I am satisfied that consumers are receiving tailored care.

Based on the information summarised above, I find the approved provider complies with this Requirement.

Requirement 3(3)(b)

The Assessment Team reported effective management of high impact or high prevalence risks associated with the care of each consumer is not occurring.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Care planning documents did not adequately record consumer risks and roster alerts did not adequately notify staff of current risks.

Support workers interviewed described in various ways how they minimise risks. For example, ensuring bathroom floors are dried following a shower, encouraging the consumer to use their mobility aid, removing trip hazards and not rushing a consumer when mobilising.

I also note evidence in Standard 1 Requirement 1(3)(d), Standard 3 Requirement 3(3)(e) and Standard 8 Requirement 8(3)(d) which I find relevant to this Requirement.

A representative described Consumer G of having a fall a few years ago after being in hospital. A mobility aid was purchased, however, the consumer prefers to use their walking stick. The representative said staff assist the consumer in and out of vehicles, and monitor the consumer’s movements when they are mobilising out in the community. The consumer has not had any falls since their hospitalisation and is comfortably mobilising.

Subcontractor communication with the service demonstrated regular, detailed feedback. For example, regular clinical notes regarding the wound care for Consumer H on a Level 4 Home Care Package noted the wound size, the amount of exudate, how the wound was cleaned and dressed and any signs of infection, weekly photographs are also taken.

Support workers said they feel they have enough information to carry out care and services safely. One support worker said, if there is insufficient information, they will talk to the family or call the care coordinator.

In June 2023 a consumer was found lying on their loungeroom floor by the support worker when they arrived on shift. The support worker followed the service’s incident management protocols and waited for the arrival of emergency services. The consumer was transferred to hospital.

The approved provider’s response that is relevant to my finding is summarised below.

Although all details may not be documented consistently in the care planning process, in any situation involving high-impact or high-prevalence risks associated with the care of consumers, immediate clear procedural instructions are given to support workers. Such situations call for appropriate mitigating strategies which are discussed with management and followed through quickly and efficiently.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I have considered the Assessment Team’s evidence that care planning documents did not adequately record consumer risks and roster alerts did not adequately notify staff of current risks in my compliance finding in Standard 2(3)(a). I note from evidence in Standard 3(3)(e) of the Assessment Team’s report that overall staff feel they do have enough information to carry out care and services safely.

I am satisfied that consumer’s risks are being managed, this is evident in the evidence on wound management. I am also satisfied that risk mitigation strategies for consumers are adhered to by care staff following a fall.

Based on the information summarised above, I find the approved provider complies with this Requirement.

Requirement 3(3)(f)

The Assessment Team reported timely and appropriate referrals to individuals, other organisations and providers of other care and services are not occurring.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

While referrals to brokered clinical services for the care for consumers are undertaken in a timely and appropriate manner. Referrals for occupational therapist assessments are not generally undertaken in a timely and appropriate manner and referrals for falls risk assessments are not occurring or are not timely.

The referral time frame in four instances took over a year.

The approved provider’s response that is relevant to my finding is summarised below.

A unique service referral form is currently being devised and will soon be finalized and implemented.

In all four instances outlined in the Assessment Team’s report the service made efforts to encourage the consumer to have an occupational therapist review undertaken. In all four instances the consumer or their representative did not wish to pursue the service recommendation to have an occupational therapist review. Over time each consumer has become open to having an review and when the service has their consent the review has occurred and the recommendations have been promptly implemented.

Further documentation was submitted as evidence of the referral process in the form of internal memorandums from care coordination staff to management. One of the memorandums note the consumer declined an occupational therapy assessment and went on to use the home care package funds to buy a mobility aid of their choice. Other memorandums note family members buying equipment and claiming a reimbursement against the home care package funds. One memorandum outlines an assessment undertaken by the staff at the service in January 2023 noting an further occupational therapist review was required, the review was authorised by management in March 2023.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I am satisfied that the service has an effective referral process. Referrals are occurring once the consumer has consented.

Ordinarily the use of the home package funds should follow an assessment with the consumer by a suitably qualified person to ensure that what is proposed is in line with the consumer’s actual assessed needs.

An allied health or other suitably qualified professional is best placed to approve or indeed decline a request. They can also make recommendations which warrant further consideration by the service through identifying additional supports or barriers to the consumer’s health, well-being.

Based on the information summarised above, I find the fault is with the use of home care packaging funds to purchase equipment that has not been assessed. The fault is not with the referral process.

Based on the information summarised above, I find the approved provider complies with this Requirement.

Requirements 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(g).

Management said consumers who are nearing the end of life are referred to specialist palliative care services and/or their general practitioner. They said services are increased in line with the consumer’s changing care needs and staff work closely with the palliative care team.

All consumers and/or representatives interviewed said they are confident staff would recognise if there was a sudden change in the consumer’s health and would take appropriate action. Care workers recently recognised and escalated a consumer exhibiting signs of depression and a consumer with a small leg wound. Following the care workers escalating their observations, care coordination staff organised reviews by each consumer’s general practitioner.

Staff and other practitioners involved in consumers’ care said they have sufficient information to inform how they deliver care.

Subcontracted staff said information received from the service is detailed and provides a good basis for any additional assessment they undertake prior to providing clinical care to the referred consumer.

A review of documentation supports that communication between the subcontracted provider and the service (and vice versa) is occurring.

The service has processes in place to minimise the risk of infections. Consumers said all support workers wear gloves when carrying out personal care and practicing hand hygiene when in their homes.

The service demonstrated commitment to antimicrobial stewardship. Policies describe various ways to help reduce the risk of increasing resistance to antibiotics.

Based on the information summarised above, I find the approved provider complies with these Requirements.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Consumers and representatives provided examples of how the services and supports consumers receive help to maintain the consumer’s independence and quality of life. Staff interviewed had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves.

Staff described two consumers they are currently providing emotional support for, including a consumer who wants to return back to their birthplace and is lonely, and a consumer whose son passed away and is grieving.

Staff provided examples of consumers who are supported to maintain their relationships, both inside and outside of the service and described ways to support consumers to participate in the community, such as day respite activities.

Care planning documentation identified the people important to individual consumers and the activities of interest to that consumer

Support workers said they receive a briefing from the care coordinator, family members and can access care planning information to deliver services to consumers. Support workers described how they are informed of any changes to the consumer’s condition prior to a scheduled visit. Care planning documentation reviewed demonstrated effective communication through email correspondence, within the service and with other organisations or providers involved in supporting the consumer’s lifestyle needs.

Information consumers receive at initial intake includes details of different day respite centres, advocacy services, dementia services and carer gateway contact details. Staff advised they refer consumers to different services upon request.

Support workers described how they check equipment prior to use and report any concerns to the family and the care coordinator.

I note evidence in Standard 3 that the organisation does not always do risk and other assessments before they authorise consumers’ purchase of equipment. I encourage the approved provider to put a process in place for these assessments to occur.

Based on the information summarised above, I find the approved provider complies with all Requirements in this Standard.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard is not applicable as care and services are not delivered on the organisation’s premises.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Consumers and representatives said in various ways they are encouraged to provide feedback and raise complaints and they feel safe doing so. Consumers described telephoning and emailing care coordinators with any concerns.

The organisation has a feedback and complaints policy and the information kit and home care package consumer agreement provided to consumers includes information regarding the internal and external complaints processes and includes a feedback form.

Access to language and communication services are available. Additionally, many staff employed, speak both English and Italian which are the main languages of the consumer cohort. The welfare officer is an accredited translator for Italian to English and provides support to consumers as required.

At intake each consumer’s right to be represented by an advocate is made clear and consumers are given information on external avenues for complaints.

Management described the procedure for open disclosure which is defined in the organisation’s open disclosure policy. Complaints, compliments and feedback are documented in a complaints and feedback register.

Mostly, consumers and representatives are satisfied the service listens to their feedback and makes changes. Management said all feedback is documented in a complaints and feedback register and that they have not received any complaints in the past 6 months. The complaints and feedback register dated January to June 2023 confirmed the only feedback received in that time were compliments.

Management advised that feedback is discussed at senior management and Board meetings. A review by the Assessment Team of the managing director’s monthly report for May 2023 and a Board pack did not confirm whether feedback and complaints are reported and discussed by senior management and the Board.

A review of the complaints and feedback register includes a description, action taken and reviews but no quality reports are documented.

In coming to my finding, I note the service has 148 consumers, however, no feedback or complaints have been recorded on the service’s complaints and feedback register for the six months January 2023 to June 2023. This is out of step with consumers’ feedback that they telephone and email care coordinators with any concerns.

Based on the information summarised above, I find the approved provider complies with all Requirements in this Standard. I encourage the approved provider to register complaints and feedback more formally in order to inform areas of continuous improvement and support the governing body in understanding areas of priority and risk.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am not satisfied, based on the Assessment Team’s report and the approved provider’s response that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Requirement 7(3)(c)

The Assessment Team report the workforce is not competent, and the members of the workforce do not have the qualifications and knowledge to effectively perform their roles

The Assessment Team’s evidence that is relevant to my finding is summarised below.

The service was unable to demonstrate that the workforce has the qualifications and knowledge to effectively perform their roles.

Discussions with support workers identified two of seven support workers are not appropriately skilled for the safe delivery of personal care and a further support worker does not have the relevant competencies and training for monitoring blood glucose levels.

Care workers are working outside the scope of their role.

I also note evidence in Standard 2 Requirements 2(3)(a) and 2(3)(e) which I find relevant to this requirement.

Care coordination staff have not undertaken adequate assessments or re-assessments to inform care planning strategies.

The approved provider’s response that is relevant to my finding is summarised below.

The Assessment Team identified that some staff who are monitoring blood glucose levels of several consumers did not have the appropriate competency qualifications to provide this service. In this instance, staff have been given appropriate instructions if they are required to monitor blood glucose levels, both verbally and in written formats.

On these specific occasions, the consumers themselves, along with their families, have requested for the care services to be administered by specific support workers whom they feel comfortable with. Although the specific care worker may not have had the appropriate competency qualifications, they do have the knowledge and understanding of the personal care roles they had to perform.

Senior management has now given a directive that only workers with the competency, qualifications and skills are to be assigned to consumers to perform their personal care services.

Staff who do not currently have a Certificate III in aged care have been requested to enrol in an appropriately accredited course to obtain this qualification, and will be supported accordingly by the service. Newly recruited community workers designated solely to deliver personal care to consumers will be required to have a minimum of Certificate III in aged care prior to commencement of employment.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I am not satisfied that the approved provider has a system to ensure care staff have the required qualifications and competence to undertake all aspects of their roles.

The approved provider accepts that some direct care staff are unqualified and their response is comprehensive in how this is going to be addressed.

In coming to my findings of non-compliance in Standard 2 and Standard 3 I am not satisfied that care co-ordination staff have the clinical skills and/or clinical support to effectively undertake relevant assessments and make appropriate and timely referrals.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Requirements 7(3)(a) 7(3)(b) 7(3)(d) 7(3)(e)

Discussions with the scheduling team and a review of the roster identified the service currently has sufficient support workers to provide care and services for the number of consumers.

Multiple care workers are allocated to individual consumers, so someone is available to step in, if the care worker rostered is unavailable. Consumers and representatives said the same care worker usually delivers the consumer’s care and they are notified if there is going to be a change to the care worker.

Representatives were complimentary about the staff and said in various ways that they are kind and caring.

Management advised there have been no unfilled shifts in June 2023.

Staff interviewed showed they are familiar with the cultural needs of individual consumers and said this is helped as many staff are also from a similar cultural background.

New staff participate in an induction/orientation onboarding program prior to commencing. All new support workers are initially provided with an initial observation shift and can also request additional observation shifts if they wish.

Staff said training needs are discussed at staff meetings. A review of staff meeting minutes by the Assessment Team identified a staff training calendar for 2023.

Recruitment of additional staff is discussed at Board level. Management discussed their workforce planning strategies. This includes discussions between senior managers about the right number of staff required to provide care and services for the number of consumers and the complexity of their care and service needs.

Staff performance evaluations are conducted annually. Management advised staff are monitored formally when performance issues arise. Management described how they monitor the performance of subcontracted service providers using consumer feedback.

Based on the information summarised above, I find the approved provider complies with these Requirements.

# Standard 8

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

Findings

I am not satisfied, based on the Assessment Team’s report and the approved provider’s response that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above.

Requirement 8(3)(c)

The Assessment Team report the service does not have effective organisation wide governance systems in relation to sub Requirement (i) information management.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

Information management

The service has information management systems in place that include a client management system for rostering, email and face to face meetings. Consumer information is maintained in hard copy files. Information is maintained securely and information privacy policies apply as identified by the Assessment Team during the quality audit.

The rostering system is password protected and all information technology is backed up nightly.

Consumer files and the roster reviewed identified minimal information is provided to support workers regarding care directives and the care they are providing to consumers. However, management and staff reported that they have access to information that is relevant to them when they need it and to inform them in the delivery of care and services to consumers.

Changes in a consumer’s care needs do not result in clinical re-assessment or care plan updates.

Continuous Improvement

Continuous improvement opportunities are identified through feedback, surveys, staff suggestions, observations, incidents and home visits. Management and staff are guided by the organisations continuous improvement policy. Discussions with management, staff, consumers/representatives show improvements are ongoing. The organisations continuous improvement plan submitted and discussed identified risk management as an ongoing improvement.

Financial Governance

Financial governance is overseen by the organisation’s managing director, treasurer, finance officer and the Board. A review of the monthly statements by the Assessment Team identified they are itemised, however, the statements do not include the type of service provided. Management stated their financial system does not allow them to expand the details in the statement. Management stated they would review their financial system.

Consumer unspent funds range from approximately $30,000.00 to $85,000.00 and are monitored by the finance officer and reported to the managing director and care coordinator.

Consumer budgets are not consistently updated when required as identified through consumer file reviews and feedback from consumers/representatives.

Workforce Governance

Workforce governance is overseen by the organisation’s managing director and the Board. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

Regulatory Compliance

When consumers transition to a higher-level package a new home care package agreement is completed. However, a new budget is not developed. A review of the home care package client programme agreement identified an exit fee is still included in the agreement. A recent agreement reviewed by the Assessment Team identified reference to exit fee was crossed out and initialled by the care coordinator. Management advised they are updating their consumer agreements to reflect the changes.

Feedback and Complaints

The organisation has a feedback and complaints policy, an advocacy policy and an open disclosure policy to guide staff practices.

Other evidence

I also note evidence in Standard 3 Requirement 3(3)(e) and Standard 4 Requirement 4(3)(d) which I find relevant to this Requirement.

Staff and other practitioners involved in consumers’ care said they have sufficient information to inform how they deliver care.

Subcontracted staff said information received from the service is detailed and provides a good basis for any additional assessment they undertake prior to providing clinical care to the referred consumer.

Support workers said they receive a briefing from the care coordinator, family members and can access care planning information to deliver services to consumers. Support workers described how they are informed of any changes to the consumer’s condition prior to a scheduled visit. Care planning documentation reviewed demonstrated effective communication through email correspondence, within the service and with other organisations or providers involved in supporting the consumer’s lifestyle needs.

The approved provider’s response that is relevant to my finding is summarised below.

The approved provider asserts that the organisation has a strong and effective business-wide governance systems infrastructure that includes a good and efficient information management system. Information management is an essential element and component of the service pertinent to practices which are responsible for ensuring that information is accessible to all staff, consumers and other stakeholders, consumers. It includes policies and procedures related to each sector department of the organisation, and involves the application of technology and procedures to ensure that information is accessible and useful.

Consumer budgets are immediately reviewed when consumers transitions between home care package levels. Evidence of this was made available for the Assessment Team’s during the quality audit.

In coming to my finding, I have considered the Assessment Team’s report, specifically their evidence for Requirement 8(3)(c) sub Requirement (i) information management.

I have considered the evidence of the Assessment Team in relation to the level of information provided to support workers regarding care directives and a lack of consumer care plan updates in my compliance finding in Standard 2(3)(a) and 2(3)(e).

I am satisfied that management, staff and subcontracted providers have sufficient information to undertake their roles, as evidenced in Standard 3 Requirement 3(3)(e) and Standard 4 Requirement 4(3)(d). I note the deficits in documentation outlined by the Assessment Team, which I have considered in my compliance findings in Standard 2 Requirement 2(3)(a) and Requirement 2(3)(e). However, assessment and care planning documentation deficits alone are insufficient to demonstrate a systemic failure at a governance level in information management.

Based on the information summarised above, I find the approved provider complies with this Requirement.

Requirement 8(3)(d)

The Assessment Team report effective risk management systems and practices are not in place.

The Assessment Team’s evidence that is relevant to my finding is summarised below.

The organisation has a risk management framework inclusive of a risk register and risk management policy and procedure. The organisation’s risk register is reviewed biannually by the Board. A copy of the risk register was provided to the Assessment Team. The register was contained organisational risks and minimal risks associated with consumers.

In relation to managing high impact or high prevalence risks associated with the care of consumers, management stated they have a dignity of risk policy for staff to follow when risk has been identified. Staff said they refer consumers to nursing services or allied health professionals when high impact or high prevalence risks are identified.

In relation to identifying and responding to abuse and neglect of consumers, management advised they have an elder abuse policy and elder abuse training is scheduled for the July 2023 staff meeting, this was evident on the training calendar.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer’s safety, enjoyment, choice and sense of self.

An incident management system operates and all incidents are recorded in a register. Staff are guided by the incident/accident management policy. The organisation has developed a serious incident response scheme policy and provided training and factsheets to staff. The organisation demonstrated staff follow incident protocols.

* The organisation has recorded one incident in the past six months.

I also note evidence in Standard 8 Requirement 8(3)(b) which I find relevant to this Requirement.

Data relating to the number of home care package consumers, incidents, complaints and feedback are not documented in any reports provided to the Board. There are no quality reports provided to the Board.

The approved provider’s response that is relevant to my finding is summarised below.

The risk register is a continuous improvement working and developing document which contains what are perceived to be current risk factors, scaled from low risk and medium risk to high risk. The register made available to the Assessment Team is a realistic reflection of ‘perceived risks’ and therefore should be considered as an appropriate document.

Detailed memorandums filed in the consumer’s separate folders, inadvertently not demonstrated to the Assessment Team during the quality audit confirm that high-impact and high-prevalence risks are consistently documented.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response.

I am not satisfied the service’s incident management system is effective, based on the minimal inputs recorded.

The intent of the Requirement expects that an organisations’ risk management system identifies and evaluates incidents and ‘near misses’ (both clinical incidents and incidents in delivering care and services). I note that the service has recorded one incident in the last six months which for 148 consumers. I am persuaded by this data that staff are under reporting incidents that occur and as a result the governing body may not be alert to all risks for consumers.

I have reviewed the memorandums submitted as additional evidence by the approved provider and I do not accept the approved provider’s assertion that the memorandums demonstrate how the governing body is informed of risks associated with the care of consumers. They are memorandums between staff authorising the expenditure of funds or seeking management agreement on a proposed next step in managing the consumer’s care.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Requirements 8(3)(a) 8(3)(b) 8(3)(e)

Management stated that consumers are engaged through surveys, feedback and complaints. Management discussed and provided their most recent survey conducted in 2022 with an evaluation report. Management advised that they currently do not have an advisory committee but it is something they are contemplating.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s Board meets monthly and reports are provided to the Board from the organisation’s managing director.

Management and the Board satisfy itself that the Aged Care Quality Standards are being met through use of management reports that include financial reporting and the managing directors report.

The managing director attends the meetings and provides a report in the Board pack. The Board pack is emailed to Board members a week prior to the meetings.

A review of meeting minutes and monthly reports identified information is shared within the organisation. However, information relating to the number of home care package consumers, incidents, complaints and feedback are not documented in any reports provided to the Board. There are no quality reports provided to the Board.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

Based on the information summarised above, I find the approved provider complies with these Requirements.

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