**Performance**

**Report**

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| Name: | Ingham Parent Support Group |
| Commission ID: | 700999 |
| Address: | 5 Palm Terrace, INGHAM, Queensland, 4850 |
| Activity type: | Quality Audit |
| Activity date: | 30 October 2023 to 2 November 2023 |
| Performance report date: | 5 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9543 Ingham Parents Support Group Inc  
Service: 27345 Ingham Parents Support Group Inc t/a Ingham Disability Support Service

**This performance report**

This performance report for Ingham Parent Support Group (**the service**) has been prepared by E Blance, 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 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 24 November 2023 and 30 November 2023.
* other information held by the Commission.

# 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 | **Not 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.

**Standard 2**

Requirement 2(3)(a) - Assessment and planning, including consideration of risks to the consumer’s health and well-being, with the use of validated assessment tools.

Requirement 2(3)(b) – Assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, for advance care planning and end of life planning if the consumer wishes.

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.

**Standard 3**

Requirement 3(3)(a) – Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that addresses pain, wound and behaviour management.

Requirement 3(3)(b) – Effective management of high impact or high prevalence risks associated with the care of each consumer including for falls management.

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.

Requirement 3(3)(g) – Minimisation of infection related risks through implementing practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

**Standard 4**

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.

**Standard 7**

Requirement 7(3)(d) – The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards including for antimicrobial stewardship, the Serious Incident Response Scheme, and the Code of Conduct for Aged Care.

**Standard 8**

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.

Requirement 8(3)(c) – Implement effective organisation wide governance systems relating to information management, workforce governance and regulatory compliance.

Requirement 8(3)(d) – Implement effective risk management systems and practices.

Requirement 8(3)(e) – Implement effective clinical governance frameworks.

# 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

Consumers were treated respectfully and with dignity, their identity and diversity was valued. Services were arranged to suit their personal circumstances and consumers felt supported in line with the Aged Care Charter of Rights.

Staff understood consumer preferences and what was important to them, and this was considered when care was provided. Consumers said staff treated them in a way that made them feel safe and valued. Cultural backgrounds were considered and discussed with consumers, with differences acknowledged and care and services adapted accordingly.

Consumers were supported to exercise choice about how their services were delivered, including making decisions about when to involve family or others in their care. The workforce respected each consumer’s right to make decisions about their care and services.

Potential risks were discussed with consumers allowing them the freedom to continue taking those risks if they chose. Staff provided encouragement to consumers and supported consumers to take risks to enable them to live the best life they could.

Information was current, accurate and timely and consumers said management were approachable in the event of discrepancies. Consumers could make choices about their care and services and were actively involved in discussions with the service. The workforce described strategies used to help communicate with consumers who experienced communication barriers. Consumers said financial statements were clear and easy to understand.

Consumers’ privacy was respected, and personal information was kept confidential. Resources to understand how personal information was used was provided to consumers and consent was obtained prior to sharing information. Consumer information was stored securely in electronic databases. The service had a privacy policy in place to guide staff in the management of personal information.

I have considered the information available and I am satisfied Standard 1 is 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. | Not 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. | Not Compliant |

Findings

Requirement 2(3)(a)

The Assessment Team provided information that the service was not utilising validated assessment tools to identify risks and inform a care and service plan for consumers’ needs. The Assessment Team included evidence in relation to:

* One named consumer experienced pain, had a cognitive impairment, pressure injuries, required specialised equipment to assist with the prevention of pressure injuries and who had near misses with the management of their own medications. The Assessment Team found the consumer’s care plan did not identify these risks for the named consumer through validated assessment tools, nor were mitigating strategies documented in relation to managing the risks.
* The Assessment Team found the care plan for one named consumer who experienced difficulty consuming meals due to their oral health, did not use of validated assessment tools to identify the risks for the named consumer, mitigating strategies were not documented in relation to managing the risks, dietary preferences/allergies or intolerances were not identified for the named consumer to guide staff in meal preparation.

The provider’s response included a Quality Action Plan (QAP) which notes a variety of improvement actions including development of:

* Clinical observation chart
* Confusion assessment tool
* Pressure Injury risk assessment tool
* Wound risk assessment tool
* Policies and procedures to guide staff practice
* Training for staff

I have reviewed the relevant procedures and assessment tools included within the provider’s response and note the provider has arranged for consumers to be assessed by a Registered Nurse with the tools. I note the QAP and the provider’s response includes that staff have commenced training in relation to the changes however it is unknown if the training is complete and has been evaluated for its effectiveness. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to assessment of consumer’s care plans to identify risk for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the information provided by consumers and their representatives in relation to their experience with the service as well as information raised by the Assessment Team. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 2(3)(a) is not compliant.

Requirement 2(3)(b)

The Assessment Team provided information the service did not document strategies relating to consumer risks and care needs to inform the delivery of safe and effective services. The Assessment Team included information related to:

* For three named consumers, care plans were not individualised to the consumer.
* Assessment and planning processes did not include advance care planning and end of life planning.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Care plans to be re-developed.
* Considerations for end of life planning.
* Training for staff.

I have reviewed the relevant procedures provided for Advance care planning and End of life planning. I note the QAP includes that relevant forms are to be reviewed. Information in relation to care plans being re-developed and training for staff was not evidenced within the provider’s response. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to assessment of consumer’s care plans to identify advance care planning and end of life planning for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to three named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the information provided by consumers and their representatives in relation to their experience with the service as well as information raised by the Assessment Team. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 2(3)(b) is not compliant.

Requirement 2(3)(c)

Most consumers said they were involved in initial assessment and care planning. Care plans and electronic mail evidenced other organisations and providers of care and services were involved in the care of consumers. The Assessment Team provided information that management had advised assessment and planning was not based on an ongoing partnership and one named consumer advised the service did not respond in a timely manner in relation to assessment for a higher care package.

The provider did not provide a response to the information raised under this requirement in relation to management’s comments regarding assessment and planning being an ongoing partnership or in relation to the information regarding a request by a representative for an assessment of a higher package for a consumer.

I have considered the information within the requirement and have come to the view that most consumers are satisfied they are engaged in assessment and care planning and the Quality Report has not identified impact to the care and services received by the named consumers.

Based on the information I have before me I am of the view Requirement 2(3)(c) is compliant.

Requirement 2(3)(d)

The Assessment Team provided information the service did not ensure the outcomes of assessment and planning were communicated to the consumer and documented in a care plan readily available to the consumer. The Assessment Team included information related to:

* One named consumer could not recall receiving a copy of their care plan.
* Staff said they did not read the care plan to inform themselves of relevant information to their role to deliver care and services.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Care plans to be updated to gather appropriate information along with procedures to reflect information collection.
* Staff to communicate with Support Workers via electronic system when a care is updated.
* Regular meetings with key staff to communicate any changes in care needs.
* All care plans to be signed and a copy to be emailed to client and/or key representative.
* Ongoing communication notes to be captured in care system.

I note the QAP includes actions to review forms, develop procedures and work practices to be updated. I note the Assessment and Care Planning Procedure guides staff to provide a copy of the care plan to the consumer.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the information provided by consumers and their representatives in relation to their experience with the service including that they can telephone and speak with the service if they have any concerns or wish to discuss their care and services. There was insufficient evidence that information about consumer’s care planning was not available the consumer. I have considered some of the evidence under this requirement in Requirement 2(3)(e) and Requirement 3(3)(e). I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP. It is my decision Requirement 2(3)(d) is compliant

Requirement 2(3)(e)

The Assessment Team provided information that the service was not updating care and service plans when changes in care needs for each consumer was identified. The Assessment Team included information related to:

* Care plans were not reviewed following a change to a consumer’s care needs or following an incident.
* Care plans were not regularly reviewed for effectiveness.
* Clinical staff said they do not review care plans.
* Management advised information was not updated.
* Two incidents related to a named consumers identified change in care needs.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Annual review of care plans as a minimum.
* Utilise a reminder of care plan reviews.
* Level 3 and 4 package clients to have a regular Registered Nurse visit consumers to monitor changes in condition/care needs.
* The care plan to reflect the changes and communicated to Support Workers.

I note the QAP includes actions to review forms, develop procedures and tools. I have reviewed the Assessment and Care Planning Procedure which guides staff to monitor and review care plans at least each annually and following changes to a consumer’s care needs or following an incident. It is unknown if the changes have yet been completed by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to review of care plans to identify any changes for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers. The provider’s response includes that a Registered Nurse will be employed in 2024 to lead clinical care.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the information provided by consumers and their representatives in relation to their experience with the service as well as information which supports concerns raised by the Assessment Team. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 2(3)(e) is not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Requirement 3(3)(a)

The Assessment Team provided information the service did not identify and manage complex care needs for wound care, pain management and changed behaviours. The Assessment Team included information related to:

* Staff said they were guided by the consumers/representatives in relation to care and service delivery.
* One named consumer had not received care for their assessed need which was confirmed by staff and management.
* Management did not have oversight of clinical care provided.
* One named consumer who had an unstageable pressure injury, experienced pain and changed behaviours and their care plan did not have directives to guide staff practices for pain management, wound care or changed behaviours.
* Staff were not aware of policies or procedures to assist them in their practice.
* The Assessment Team found no evidence of policies, procedures and assessment tools showing that best practice guides the personal and clinical care provided by the workforce; reviews or audits of service delivery records to ensure they are in line with best practice guidelines and the needs, goals and preferences of consumers; records reflecting how the service makes decisions about best practice guidelines for personal and clinical care: and, how the service keeps improving its performance, including reviews of policies, procedures and practices based on best practice.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Employment of a Registered Nurse.
* Development of assessment tools to aid the Registered Nurse in clinical care and management.
* Development and ongoing review of procedures to guide staff to meet the needs of each consumer.
* Increase aged care training.
* Care plan to be created to reflect the needs and changes of the consumer receiving support.

I note the QAP includes actions to review forms, develop procedures and tools. I note several clinical care policies have been developed including for pain, wound and behaviour management. The provider advises new forms have been developed to capture consumer information. The provider advises policies are considered in draft. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to the review of care plans to identify risks for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the information provided by consumers and staff as well as information which supports concerns raised by the Assessment Team. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 3(3)(a) is not compliant.

Requirement 3(3)(b)

The Assessment Team provided information the service did not effectively manage high-impact or high-prevalence risks associated with the care of each consumer. The Assessment Team included information related to:

* Three named consumers identified as high risk of falls did not have effective care management strategies to prevent falls.
* Management advised consumers had experienced falls while in the community.
* There were no policies or procedures to guide staff practice regarding high impact high prevalence risks.
* Information to inform staff about managing consumers with high impact high prevalence risks were not included within care plans to guide staff practice.
* Management and registered staff were not aware risk assessments and documentation of risk mitigation strategies were required to manage identified high impact high prevalence risks.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Development of falls and risk assessment tool.
* Staff to receive training on how to use the tools.
* Care plans to be reflective of completed risk assessments.
* Relevant procedures and work practices to be developed.

I note the QAP includes actions to review forms, develop procedures and tools. I note several clinical care policies have been developed including for falls management. The provider advises new forms have been developed to capture consumer information. The provider advises policies are considered in draft. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to the review of care plans to identify risks for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 3(3)(b) is not compliant.

Requirement 3(3)(c)

Although the service has not provided support for consumers requiring end of life care however, the service demonstrated that palliative care services were available in the community and how staff would work in partnership with the palliative care services to maximise comfort and preserve the dignity of consumers. The service had processes to inform consumers about end of life support services.

Based on the information I have before me I am of the view Requirement 3(3)(c) is compliant.

Requirement 3(3)(d)

Consumers and representatives said the service recognised and responded to changes in consumers’ health. Staff understood recognising, reporting, and responding to consumer deterioration. While the service did not have a policy to guide staff on recognising deterioration, one consumer and staff provided information about deterioration being recognised and responded to in a timely manner.

The provider did not respond directly to the information raised in the Quality Audit Report regarding a policy for deterioration to guide staff practice. However, based on the information I have before me I am of the view Requirement 3(3)(c) is compliant.

Requirement 3(3)(e)

The Assessment Team provided information that the consumer’s condition, needs and preferences were not documented. The Assessment Team included information related to:

* Information sent to management to inform care plans was not always documented by management.
* Clinical meetings were not held to have oversight of care.
* Care and services plans were not individualised or updated when changes to the consumer’s care and services occurred.
* Under Requirement 2(3)(d)
  + Discussed care needs were not always documented in the care plan to inform staff.
  + Staff advised they did not read the care and services plans.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Further development of care plans to capture more information about the consumer.
* Increased documentation in electronic systems by all staff.
* Regular meetings with key staff including clinical team to communicate any changes in care needs.

I note the QAP includes actions to review forms, develop procedures and tools and conduct staff training. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to the review of care plans to identify if all information is documented and communicated for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 3(3)(e) is not compliant.

Requirement 3(3)(f)

Consumers and representatives said referral processes were timely and appropriate. Consumers had access to allied health and other health professionals when required. The service liaised with allied health professionals, other organisations and providers of other care and services.

Based on the information I have before me I am of the view Requirement 3(3)(f) is compliant.

Requirement 3(3)(g)

The Assessment Team provided information the service did not implement practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. The Assessment Team included information related to:

* Practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics were not evidenced.
* The service had no policy or procedure for practising and promoting antimicrobial stewardship (AMS).
* Management and staff did not have a shared understanding of AMS.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Development of specific procedures for antibiotic management.
* Registered staff to review medications and undertake a conversation with consumers and key stakeholders to manage possible overuse.

I note the QAP includes actions to review forms, develop procedures and tools and conduct staff training. I have reviewed the AMS Procedure within the provider’s response. The provider advises policies are considered in draft. The provider advises a Registered Nurse has been notified to monitor medications and discuss with consumers the risks of overuse of antibiotics. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to the review of care plans to identify if all information is documented and communicated for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 3(3)(g) is not 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. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant |

Findings

Requirement 4(3)(a)

Consumers said the services and supports consumers received, helped to maintain their quality of life and independence. Staff understood what was important to individual consumers and could describe how they helped the consumer to do as much as they could for themselves if this was their preference.

Based on the information I have before me I am of the view Requirement 4(3)(a) is compliant.

Requirement 4(3)(b)

Consumers said the service supported them to take part in community and social activities that aligned with their preferences. Services and supports for daily living that promoted consumers’ emotional and psychological well-being included speaking with consumers in their first language, taking time to sit and chat with consumers and supporting consumers to attend the resting place of their loved ones.

Based on the information I have before me I am of the view Requirement 4(3)(b) is compliant.

Requirement 4(3)(c)

Consumers said the organisation was flexible in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Social time was tailored to suit the preferences of each consumer. Staff were familiar with the interests of individual consumers. Ways the staff supported consumers included going on scenic drives and accompanying consumers to events of their interest.

Based on the information I have before me I am of the view Requirement 4(3)(c) is compliant.

Requirement 4(3)(d)

The Assessment Team provided information that the service did not ensure that information about consumers’ condition, needs and preferences were communicated within the organisation, or with others where responsibility of care was shared. The Assessment Team included information related to:

* Individualised needs, goals and preferences were not documented in care plans.
* For one named consumer, information was not provided to communicate to staff how to support consumers to achieve their goals.
* Staff were not provided information from the service prior to their first meeting with the consumer.
* Staff said they did not read progress notes within care plans.
* Confirmation from management care plans were not updated with changes.
* For one named consumer information was not provided to communicate to staff about dietary preferences or requirements.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Utilisation of electronic systems for staff to document and view all shift notes.
* Access for staff to care plans and other documents in electronic systems.
* Increased documentation by all staff.
* Care plans to have greater information including goals and action items to achieve desired goals.
* Regular meetings with staff.
* Staff training.

I note the QAP includes actions to review forms, develop procedures, update staff handbook, and conduct staff training. The provider advises several processes are planned to ensure information about consumers is communicated. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to the review of care plans to identify if all information is documented and communicated for existing or new consumers. I note the provider’s response did not address the information raised within the Quality Audit Report under this requirement in relation to the named consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 4(3)(d) is not compliant.

Requirement 4(3)(e)

Consumers were satisfied with the services provided by organisations the consumer had been referred to. Staff and management could describe the process for referrals to other organisations and individuals involved in the consumer’s care. Referrals to organisations included culturally appropriate providers.

Based on the information I have before me I am of the view Requirement 4(3)(e) is compliant.

Requirement 4(3)(f)

Consumers who received the meal service expressed satisfaction with the variety, quality and quantity of the meals provided through brokered services. Staff also worked in collaboration with the consumers in their own home assisting with preparing and cooking meals in line with consumers’ preferences.

Based on the information I have before me I am of the view Requirement 4(3)(f) is compliant.

Requirement 4(3)(g)

Consumers said the equipment was safe, suitable, clean, and well maintained. The service provided transportation services using the service’s vehicles. Vehicles were cleaned weekly, monitored for defects, and serviced as per the manufacture's recommendations. Where consumers owned the equipment, the service demonstrated processes were in place to ensure the equipment was clean, safe, and suitable for the consumer to use.

Based on the information I have before me I am of the view Requirement 4(3)(g) is 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

Requirement 6(3)(a)

The Quality Review report included evidence that the service has policies and procedures to guide staff in complaints management and open disclosure. Whilst the service did not consistently document complaints and the use of open disclosure, the service had a system to manage feedback and complaints.

Requirement 6(3)(b)

Consumers and representatives were satisfied with the service’s feedback and complaints processes. They felt encouraged and supported to provide feedback and complaints. Whilst most said they had not needed to make a complaint; they would be comfortable to raise concerns and were confident that the service would resolve complaints in a timely manner. The consumer handbook includes information about internal and external avenues to raise feedback and complaints, advocacy services, and translation services.

Requirement 6(3)(c)

Staff interviewed by the Assessment Team understood the service’s complaints processes and provided examples of how complaints had been resolved and open disclosure was practiced. Staff described how they support consumers and representatives to provide feedback and complaints by listening to their concerns and either assisting them to complete a feedback form or reporting concerns directly to management. Management and staff also described the process for referring consumers to advocacy groups and translations services where required.

Requirement 6(3)(d)

The service uses feedback and complaints to improve services. For example, in response to feedback and complaints, the service improved consumers’ statements to show the balance of remaining home care package funds, and purchased new vehicles that were more safely accessible for consumers.

The approved provider’s response did not address this standard. Based on the information I have before me I am of the view Standard 6 is 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. | Compliant |

Findings

Requirement 7(3)(a)

Consumers said there was enough staff to provide safe and quality care and services. The service had effective processes to ensure the number and mix of staff enabled the delivery of safe and quality care and services. The service had processes to manage instances where staff were not be available due to unplanned leave. The workforce rosters were monitored to ensure that the number and mix of staff enabled the delivery of safe and quality care and services.

Based on the information I have before me I am of the view Requirement 7(3)(a) is compliant.

Requirement 7(3)(b)

Consumers and representatives said staff were kind, caring and respectful. Staff knew each consumer’s background and their individual preferences. Staff were assigned to specifically meet consumers needs, for example for a consumer experienced anxiety, the same regular staff provided care and services to reduce distress for the consumer. The service monitored satisfaction of consumers through a survey which identified all consumers were satisfied with the friendliness of the staff.

Based on the information I have before me I am of the view Requirement 7(3)(b) is compliant.

Requirement 7(3)(c)

Position descriptions were available for staff and staff understood their roles, responsibilities, and the scope in which they worked. The service monitored the workforce for appropriate qualifications and screenings to ensure staff were suitable to provide care and services. Personnel files corroborated the service’s processes.

Based on the information I have before me I am of the view Requirement 7(3)(c) is compliant.

Requirement 7(3)(d)

The Assessment Team provided information that the service was not ensuring the workforce had the resources and training required to deliver the outcomes required by the Standards or supported to deliver safe and quality care to consumers. The Assessment Team included information related to:

* Management and staff did not have a shared understanding of their responsibilities to report incidents to the Serious Incident Response Scheme (SIRS)
* Management and staff did not have a shared understanding of AMS.
* Management and staff did not have a shared understanding of the Code of Conduct for Aged Care
* Staff were not provided with training to support the delivery of outcomes required by the Standards
* Staff were not supported by policies and procedures to guide staff practice to deliver the outcomes required by the Standards
* Other information has been considered under Requirement 8(3)(b).

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Deliver staff training
* Record staff training
* Develop SIRS procedures
* Update onboarding of staff information.

I note the QAP includes actions to update the staff handbook and induction processes and conduct staff training. The provider advises staff have been enrolled in the Commission’s online training and that other training is being delivered and organised. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. No supporting evidence was provided in relation to the review of care plans to identify if all information is documented and communicated for existing or new consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 7(3)(d) is not compliant.

Requirement 7(3)(e)

Management monitored the performance of staff through feedback from consumers and satisfaction surveys. Staff confirmed they had participated in performance appraisals. Personnel files confirmed that annual performance reviews were conducted.

Based on the information I have before me I am of the view Requirement 7(3)(e) is compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. | 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

Requirement 8(3)(a)

Consumers were engaged in the development and evaluation of care and services. Consumer feedback was actively sought by management and was used to develop and improve the service. Consumers were satisfied with the quality of care and services provided by the service.

Based on the information I have before me I am of the view Requirement 8(3)(a) is compliant.

Requirement 8(3)(b)

The Assessment Team provided information that the service did not demonstrate effective processes, policies, or procedures to promote a culture of safe, inclusive, and quality care and services. The Assessment Team included information related to:

* the organisation did not have effective training or policies and procedures to guide staff in:
  + assessment and planning to identify risks to the consumer’s health and well-being.
  + effective wound, pain, changed behaviour or falls management.
  + identifying consumer needs, goals, and preferences in relation to advance care planning and end of life planning.
  + identifying and responding to serious incidents.
  + effective management for AMS.
  + their responsibilities under the Code of Conduct for Aged Care.
* The organisation did not have documentation to demonstrate information about complaints, feedback, and incidents was shared with the Management Committee.
* Staff were not provided with training to support the delivery of outcomes required by the Standards

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Staff training for higher care needs specific to the consumer.
* Add agenda item to management committee to include service improvements (includes complaints, incidents, and feedback) from the previous meeting.
* Update forms, procedures, staff, and consumer handbook.
* Employ a Registered Nurse.

The provider’s response included several policies/procedures and assessments. I have reviewed these documents. The provider advises policies are considered in draft. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(b) is not compliant.

Requirement 8(3)(c)

While the service was able to demonstrate effective governance systems for continuous improvement, financial governance and feedback and complaints, the Assessment team provided information that the service did not have effective systems for information management, workforce governance and regulatory compliance. The Assessment Team included information related to:

* The service did not have policies or procedures to guide staff in documenting and communicating information about consumers’ condition, needs and preferences within the organisation, and with others where responsibility for care is shared
* The service was not able to demonstrate effective workforce governance that clearly informs staff of their roles, responsibilities, and accountabilities in relation to the Code of Conduct for Aged Care, SIRS, and AMS.
* The service was not able to demonstrate effective governance systems to ensure staff are aware of their roles and responsibilities in relation to the Code of Conduct for Aged Care and SIRS, as per legislation.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Staff to be trained on how to compete the continuous improvement register.
* Staff training and specific training for aged care as detailed.
* Update forms, procedures, staff, and consumer handbook.
* Employ a Registered Nurse

The provider’s response included several policies/procedures and assessments. I have reviewed these documents. The provider advises policies are considered in draft. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(c) is not compliant.

Requirement 8(3)(d)

While the service was able to demonstrate effective risk management systems in relation to supporting consumers to live the best life they can, they were not able to demonstrate effective risk management for high impact high prevalence risks, incident management and identifying and responding to abuse or neglect. The Assessment Team included information related to:

* Ineffective processes for identifying and managing high-impact or high-prevalence risks.
* policies and procedures do not align with the SIRS legislative requirements and the service was unable to demonstrate that incidents are reviewed to identify factors that contributed to the incident, risks, or risk mitigation strategies.
* Staff did not have a shared understanding of reporting requirements and policies did not inform staff of their reporting obligations as per the SIRS.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Risk management procedures and forms to be developed.
* Staff training.
* Regular meetings with key staff including clinical team to communicate any changes in care needs.
* Update forms, procedures, handbook.

The provider’s response included several policies/procedures and assessments. I have reviewed these documents, in particular the SIRS policy and procedure. The provider advises policies are considered in draft. The provider did not respond directly to the information raised within the Quality Audit Report. It is unclear if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action. I note the Quality Audit Report indicates the service have employed a Registered Nurse to assist with the review of care plans and oversee the clinical care of consumers, including identifying and responding risks associated with the care of consumers.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(d) is not compliant.

Requirement 8(3)(e)

The service did not have a clinical governance framework that identified the roles and responsibilities of staff in relation to antimicrobial stewardship, minimising the use of restraint or clinical care. The Assessment Team included information related to:

* The organisation did not have clinical governance policies or procedures in relation to the effective management of antimicrobial stewardship, the use of restraint, wound care, pain management, or behaviour management.
* Staff did not have a shared understanding of their roles and responsibilities in relation to AMS and the service was not able to demonstrate that staff had received training in AMS.

The provider’s response included a QAP which notes a variety of improvements were developed including:

* Develop specific procedures for antibiotics management.
* Registered Nurse to review medications and consider risks to manage possible overuse.
* Regular meetings with key staff including clinical team to communicate any changes in care needs.
* Risk management procedures and forms to be developed.
* Staff training.
* Update forms, procedures, handbook.
* Employ a Registered Nurse.

The provider’s response included several policies/procedures and assessments. I have reviewed these documents, in particular the AMS, Pain, Wound and Behaviour management policies and procedures. The provider advises policies are considered in draft. The provider did not respond directly to the information raised within the Quality Audit Report. It is unknown if the changes have yet been fully implemented by the service. The QAP does not identify monitoring actions including the proposed completion date for each planned action or a review date to evaluate the success and sustainability of each planned action.

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the QAP, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(e) is not compliant.

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)