**Performance**

**Report**

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| Name: | Inspired Aged Care Services Pty Ltd |
| Commission ID: | 201350 |
| Address: | Unit 2, 95/a Northumberland Street, LIVERPOOL, New South Wales, 2170 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 November 2024 |
| Performance report date: | 23 December 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9296 Inspired Aged Care Services Pty Ltd  
Service: 26990 Inspired Aged care Services Pty Ltd

**This performance report**

This performance report has been prepared by Julia Durston, 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 services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 10 December 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | 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.

* Requirement 2(3)(e) – The service must ensure that all consumers’ care and services are reviewed regularly, when circumstances change, or an incident occurs and their care documentation is updated accordingly.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The service was previously found non-compliant in Requirement 2(3)(e) following a Quality Audit from 16 January 2024 to 18 January 2024. The Assessment Team found care plan reviews were not completed on a regular basis, updated based on assessments undertaken after incidents and changes to consumers’ circumstances. In their response to the Assessment Team report, the service noted that the two main causes of the non-compliance were refusal by some consumers to be reassessed, and an increased initial assessment load while a registered nurse was on leave. The service submitted a plan for continuous improvement (PCI) on 6 February 2024 to return to compliance in Requirement 2(3)(e). The PCI stated outstanding care plan reassessment and reviews for 45 consumers would be completed by April 2024.

Following an Assessment Contact (non- site) conducted on 6 September 2024, the Assessment Team recommended the service was again non-compliant in Requirement 2(3)(e). Areas of concern identified in the initial Quality Audit continued to be identified in the documentation reviewed. The service advised a recent self-assessment conducted in July 2024 confirmed all reassessments were completed in a timely manner but it was unable to provide supporting evidence. The Assessment Team identified a delayed assessment of a consumer post hospital discharge.

The service requested that the Commission conduct an Assessment Contact on site that occurred on 27 November 2024. During the November Assessment Contact, the Assessment Team found the service had implemented several actions to address the identified areas of non-compliance since the January Quality Audit, including:

* A new position was created and a registered nurse was recruited, whose role is to specifically undertake assessments, including for annual care plan reviews and when there is a consumer incident or change in a consumer’s circumstance.
* Case managers updated care plans based on these assessments.
* The recruitment of the registered nurse and development of a more robust tracking system has resulted in the service being up to date with all care plan reviews with the exception of 2. For these 2 consumers, there were valid reasons documented as to why the care plan reviews have not been done.

Following the November Assessment Contact, the Assessment Team recommended the service has not returned to compliance in this requirement. Overall, consumers and representatives interviewed were satisfied with the assessments and care plan reviews the service has undertaken with them. However, The Assessment Team found care plans and care staff instructions do not always include all relevant consumer information or changes to services and supports based on the assessments and care plan reviews. The Assessment Team report included several examples of gaps in sampled consumers’ care plans and reviews, such as:

* Lack of post fall assessment to assess a consumers’ falls risk following a falls incident.
* Lack of validated mental health assessment tool administered when a consumer receiving antidepressant medication was noted to have increased depression and anxiety in the nursing assessment report.

In relation to the lack of information in nursing assessment reports, care plans and care staff instructions for consumers with mental health issues, management advised for cultural reasons consumers may not want other care staff to have access to this information. Management could not, however, provide evidence of this being the case at an individual consumer level.

Regarding gaps in documentation in care plans and care staff instructions, although in some cases management could provide separate documented evidence or verbally explain what was happening for consumers, information was not always recorded on the electronic management system available to all relevant staff. Nor was it always in a consumer’s care plan or care staff instructions which is what care staff rely on at the point of care where services and supports are provided.

The Assessment Team noted there were several examples where recommendations in nursing assessment reports, such as increased hours for transport to medical appointments, assistance with cooking and showering and additional physiotherapy sessions were entered in a section called ‘current situation’ of consumers’ care plans. However, the recommended changes had not yet commenced. During the Assessment Contact management acknowledged this issue and said they would change this to make a clear differentiation between what services and supports are current and what is planned, pending outcomes of applications to increase the consumers’ Home Care Package (HCP) level.

In their response to the Assessment Team report the provider disagreed with the Assessment Team’s findings in a number of areas.

The provider stated the Assessment Team report noted the service is undertaking care plan reviews annually and when there is a consumer incident or change in a consumer’s situation, which is the wording of the requirement and hence equates to their compliance with the requirement. However, I consider that how effectively a review is performed, not only that it is performed, is key to the assessment of compliance, as this directly impacts the quality of care and service delivery, risk identification and mitigation and hence the health safety and wellbeing outcomes for consumers.

The provider stated the ‘gold standard’ as to whether the service has complied with Requirement 2(3)(e) is consumer verification through feedback, noting that the Assessment Team report confirmed consumers and representatives interviewed were satisfied with the assessments and care plan reviews the service has undertaken with them. Hence the provider argued that the service is compliant with the requirement. I consider consumer feedback to be an important part of assessing this requirement, but further corroborating evidence is required to determine compliance. It cannot be assumed consumers and their representatives have the depth of clinical expertise and knowledge/understanding of the Quality Standards to determine whether care and services are effectively reviewed regularly and when incidents occur and circumstances change, impacting consumers’ needs goals and preferences. Review of care documentation and interviews with staff and management are important in determining if regular and timely review of care and services has occurred and the quality and effectiveness of those reviews in terms of positive impacts and health safety and wellbeing outcomes for consumers. These additional levels of assessment conducted by the Assessment Team demonstrated that despite consumer satisfaction expressed in relation to this requirement, there were significant risks to the health safety and wellbeing to consumers due to gaps in review and assessment and care planning documentation post incidents and when consumers’ circumstances changed.

The provider stated the service was already found compliant in Requirement 2(3)(a) and 3(3)(a) (in the Quality Audit of January 2024) where they demonstrated all the validated assessments tools used for risk assessments like FRATS for Falls, or RUDAS for dementia, and hence this was not relevant to compliance in Requirement 2(3)(e). I note the Assessment Team was not assessing Requirements 2(3)(a) and 3(3)(a) and (b) during the November Assessment Contact, they were assessing the service’s compliance with Requirement 2(3)(e). However, it stands to reason that the quality of a care and service review requires the same standard of quality assessment to determine risk and mitigation strategies for the consumer in Requirement 2(3)(e) as it does in Requirement 2(3)(a). At the time of the November Assessment Contact the Assessment Team found clear gaps in the review, including lack of validated assessment of consumer’s care and services when incidents changed and/or their condition deteriorated, including:

* There were sampled consumers who had falls that occurred after the Assessment Contact in September 2024, but their falls risk was not reassessed/reviewed using a validated falls assessment tool such as the FRAT which the service was found to have used in relation to Requirement 2(3)(a) following the January Quality Audit.
* There was no evidence of a post falls assessment was undertaken for two consumers, one already identified as a high falls risk, and for the other consumer, when the registered nurse assessment report noted deterioration in their health and mobility following a fall.
* There was no evidence a validated mental health assessment and review was conducted for 2 consumers identified in the registered nurse assessment report as having deterioration in their mental health (including depression and anxiety), to identify appropriate supports and risks to the consumers’ health safety, wellbeing and quality of life. Although the service noted during the Assessment Contact there were cultural reasons as to why consumers did not wish to be assessed, no evidence was provided during the Assessment contact, nor was it provided in the provider’s response to the report.

Regarding the Assessment Team’s finding that registered nurse assessments do not always inform care plan reviews and information and recommendations are not always included in consumer ‘s care plans and care staff instructions, the provider stated: ‘there is no requirement in Standard 2(3)(e) or… in any requirement of Standard 2 that explicitly require undertaking nursing assessment for annual or specific review of care and services when incidents impact the goals or preferences of the consumer.’ A consider the more important issue here relates to the intent of standard 2 and this requirement. If a registered nurse identifies deterioration (including post incident such as a fall) the consumer’s condition and care plan requires reassessment and review to identify and minimize risk to their health safety and wellbeing. Further, the provider did not supply an alternative strategy as to how the clinical needs and risks of consumers would be effectively reviewed and assessed if not by a clinically qualified registered nurse.

The provider stated the Assessment Team report did not provide tangible evidence of negative consumer impact in relation to the finding of non- compliance with Requirement 2(3)(e). I consider the Assessment Team report did provide clear evidence of negative consumer impact. The Assessment Team found registered nurse assessment reports noted the deteriorating mental health of two sampled consumers. This was not further assessed and reviewed to minimise risks to their health, safety and wellbeing. The report for one of the consumers recorded deteriorating mental health and other conditions such as muscular neck pain, spinal nerve compression preventing the consumer from undertaking daily living activities. There was no evidence in the consumers’ care plans or care staff instructions related to their mental health issues. The provider did not supply evidence in its response that the mental health of both consumers had improved or stabilized. Their deterioration would have a significant tangible negative impact on their quality of life and potentially risk to their safety and wellbeing.

The provider noted: ‘despite there being no requirements, we have demonstrated that our RN uses timely reviews of the care and needs of consumers, submits a nursing report, the key findings of which are always updated in care Pan and Individual consumer risk register and consumer file and staff is briefed and trained on the new risk and mitigation plans.’ This is not supported by the evidence in the Assessment Team report. For example, in relation to consumers’ mental health deterioration documented in the registered nurse’s assessment reports that was not included in care plans and care instructions. Although management responded to this during the Assessment Contact stating that for cultural reasons consumers may not want other staff to have access to this information, the Assessment Team found management could not provide evidence of this being the case at an individual consumer level, and the provider did not supply evidence in their response.

Having considered the evidence in the Assessment Team report and in the provider’s response. I find the Assessment Team’s findings to be more compelling in regard to the service’s non-compliance with this requirement. The provider did not demonstrate the service had made sufficient improvements to comply with Requirement 2(3)(e) in relation to effective and timely review and assessment when incidents and/or change of circumstances impact the needs, goals and preferences of consumers.

Based on the weight of evidence provided I find the service non-compliant with Requirement 2(3)(e).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)