**Performance**

**Report**

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| Name of service: | Interchange Wingecarribee Inc |
| Service address: | 3 Forest Lane BOWRAL NSW 2576 |
| Commission ID: | 200027 |
| Home Service Provider: | Interchange Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 10 July 2023 to 13 July 2023 |
| Performance report date: | 11 October 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 Interchange Wingecarribee Inc (**the service**) has been prepared by M Abjorensen, 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:**

* Interchange Wingecarribee, 26508, 3 Forest Lane, BOWRAL NSW 2576

**CHSP:**

* Care Relationships and Carer Support, 24837, 3 Forest Lane, BOWRAL NSW 2576
* Community and Home Support, 25074, 3 Forest Lane, BOWRAL NSW 2576

# 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 did not respond to the Assessment Team’s report for the Quality Audit.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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.

Standard 1 Requirements (3)(b) and (3)(e)

* Ensure culturally safe care and services is delivered through an understanding of consumer cultural needs and relevant workforce training is delivered.
* Ensure consumers have access to accurate and timely information regarding monthly statements to inform decision making.

Standard 2 Requirements (3)(b) and (3)(e)

* Ensure assessment and planning captures the needs, goals and preferences for each consumer, including discussions relating to advanced care planning and end of life planning.
* Ensure care plan reviews are undertaken regularly and monitoring processes are in place to ensure they occur in line with scheduled timeframes.
* Ensure policies and procedures are in place to guide staff on assessment and planning processes, including advance care and end of life planning, and care plan reviews.

Standard 3 Requirement (3)(g)

* Ensure processes are implemented to minimise infection related risks, including maintaining workforce vaccination records and staff education and training.

Standard 7 Requirements (3)(d) and (3)(e)

* Develop a processes to identify staff training needs and records of suitability of subcontracted workforce

Standard 8 Requirements (3)(c), (3)(d) and (3)(e)

* Ensure information management systems enable the workforce to access relevant consumer information to support care and service delivery.
* Establish effective risk management framework.
* Establish a clinical governance framework which sets out roles and responsibilities and enables oversight of the clinical care of consumers.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Non-compliant | Non-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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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. | Non-compliant | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirement (3)(b)

The Assessment Team were not satisfied care and services are culturally safe. The Assessment Team provided the following evidence relevant to my finding:

* Consumers provided positive feedback in relation to their experience with staff and the assessment process.
* Staff reported being confident to deliver care to consumers with cultural and linguistic diverse backgrounds.
* Cultural requirements and preferences for consumers was not consistently documented in care plans, despite delivering services to those who are culturally diverse, including consumers who identify as Aboriginal or Torres Strait Islander. Sampled care plans related to both HCP and CHSP subsidised services.
* Mandatory training does not include cultural safety training, or modules to a similar effect.
* The consumer rights and responsibilities policy states care planning must include information about a consumer’s cultural needs or preferences and community connections relating to their culture.

In coming to my finding, I have considered the information and evidence in the Assessment Team report, which shows care and services are not culturally safe.

I have considered the intent of the Requirement which expects organisations to work with the consumer, and any other people they want to involve, so that their cultural preferences and needs can be understood and ensure organisations know what to do to make each consumer feel respected, valued and safe. I find evidence provided does not demonstrate cultural needs and preferences of each consumer are understood to meet the Requirement expectations.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 1, Consumer dignity and choice.

Requirement (3)(e)

The Assessment Team were not satisfied consumers are provided accurate, current and timely information that is clear and easy to understand to support choice. The Assessment Team provided the following evidence relevant to my finding:

* While some consumers describe clear and consistent information provided, one representative reported they do not receive monthly statements and do not know how much package funds are available to consider home modifications.
* Staff said the system does not always present the correct amount in a consumer’s package, which has caused confusion for some consumers. Staff said they have been trying to visit consumers’ homes to explain the statements and balances, which has alleviated some consumers’ stress.
* Statements showed conflicting information to identify the amount of home care package funds. Management advised the system reflects live numbers which are constantly changing.
* Management was aware of inconsistencies with issuing consumer statements and said it is due to a shortcoming with the current information management system.
* The service is implementing a new information management system that will automatically generate and issue consumer statements at the end of each month.

In coming to my finding, I have considered the information and evidence in the Assessment Team report and the intent of the Requirement, which shows information provided to consumer is not accurate, timely or easy to understand.

The Requirement expects timely and easily understood information is provided to support consumers with informed consumer choices. I find this does not occur through unclear and delayed monthly statements evidenced through documents reviewed and feedback from consumers and staff.

I am satisfied that this deficit relates to both CHSP and HCP subsidised services, as it has stemmed from the organisation’s information management system.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e), Standard 1, Consumer dignity and choice.

Requirements (3)(a), (3)(c), (3)(d), (3)(f)

All consumers said that the service’s staff treat them with dignity and respect when delivering care and communicating with them. Consumers stated staff know about their identity, culture and background, and the things that are important to them. Staff showed an understanding of consumers’ identity to inform how they deliver services. Care documentation referenced consumers’ diversity, religion, life history, relationships information and care preferences, using respectful language. Policies identify staff expectations to value each consumer’s diversity with dignity and respect.

Consumers described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. Staff shared practices to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Policies provide guidance to engage consumers in decision making during planning and service delivery.

Consumer and representatives reported services received help consumers to live the life they choose. Staff provided examples of how they support consumers to take risks through consultation and tailored supports. The service has a dignity of risk policy which outlines how to support consumers to live the life they choose.

Consumers and representatives reported their privacy is respected and personal information is kept confidential. Staff described practices to protect consumer personal information through protocols for electronic and paper-based documents. The consumer handbook contains information about privacy and confidentiality processes which seeks consumer consent to share information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(f) in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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. | Compliant | 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. | Non-compliant | Non-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 | 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 | 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 | Non-compliant |

Findings

Requirement (3)(b)

The Assessment Team were not satisfied 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. The Assessment Team provided the following information relevant to my finding:

* Management and staff said advance care planning is not discussed with consumers or representatives at onboarding and reviews, and no advance care planning is undertaken.
* The service does not have a policy or procedure on advance care planning or end of life care planning. The consumer care plan template includes a section for advanced care directives and end of life plan
* Consumer care files mostly indicated they did not have an advanced care plan without further information regarding discussions or information provided to consumers
* While some consumers advised advanced care planning discussions had not occurred, consumers and representatives were satisfied consumers’ current needs, goals and preferences were met through assessment and planning.

In coming to my finding, I have considered the information in the Assessment Team’s report and the intent of the Requirement , which shows the service does not address advanced care planning or end of life planning, as part of assessment and planning processes.

This Requirement expects advance care planning, including completion of advance care directives, and end of life planning happen in line with the consumer’s preference. I find this does not occur, as demonstrated by care files reviewed and the absence of a policy to guide staff in having these discussions during assessment and planning.

I am satisfied that the identified deficits relate to both CHSP and HCP subsidised services, as they have stemmed from a lack of organisational processes to guide staff practice.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(b), Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(e)

While the Assessment Team identified a number of care plans had not been regularly reviewed, they recommended Requirement (3)(e) met, based on positive feedback from consumers. However, there is further information and evidence in the Assessment Team’s report under other Requirements which is relevant to my finding. This information and evidence is as follows:

* All consumers and representatives said they would be supported to amend consumers’ care and services if their needs or preferences changed.
* Management said care plans are reviewed every 12 months, or when there is a change in condition. For HCP level 3 and 4 consumers, clinical assessments are completed every three months.
* Outstanding care plan reviews were noted by the Assessment Team.
* No support workers were able to describe the process for review of care and services.
* Information and evidence under Requirement (3)(b) in Standard 3 shows four sampled care plans included inconsistent information in relation to risks associated with consumers’ care and their current care needs.
* Information and evidence under Requirement (3)(a) in Standard 2 shows management acknowledged and was aware that care plan reviews and/or reassessments were not all current. It also shows the organisation’s policy relating to assessment and planning did not sufficiently cover reassessments and timeframes for completion.

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

I have considered that at the time of the Quality Audit, a number of care plan reviews were outstanding, and four sampled care plans did not reflect consumers’ current risks or needs. I find this places consumers at risk of harm, as there is insufficient information to guide staff in mitigating risk and providing personalised care. I have also considered that policies and procedures do not guide staff in care and service reassessments or provide timeframes for completion.

I am satisfied that the identified deficits relate to both CHSP and HCP subsidised services, as they have stemmed from a lack of organisational processes to guide staff practice.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(e), Standard 2, Ongoing assessment and planning with consumers.

Requirements (3)(a), (3)(c) and (3)(d)

Consumers and representatives are satisfied with assessment and care planning processes. Consumers interviewed were satisfied that their assessments were adequately reflected in the services they require. All staff interviewed could describe individual risks to consumers’ health and wellbeing and how they mitigate those risks. A risk assessment is completed for each consumer during the development of care plans. Overall, care directives include alerts and relevant strategies to guide staff delivering care and services.

Consumers and representatives interviewed confirmed that they make decisions regarding consumers’ care and services. They said coordinators provide them with invaluable information that ultimately assist them with their decision-making process regarding the care and services consumers’ receive. Staff advised care planning processes capture information about other providers involved in the consumer’s care. Care documentation showed evidence of involvement of consumers and others in during care planning and assessment.

Consumers and representatives said consumers’ care and services plan is explained to them and they are provided a copy. Staff stated they access information at the point of care through mobile devices. Management explained that consumers are provided with a service agreement at the initial assessment, which is signed by the consumer and or representative. An initial assessment is conducted, and care plans are developed by coordinators, in consultation with consumers and representatives, based on consumers’ goals, needs and preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c) and (3)(d), in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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. | Non-compliant | Non-compliant |

Findings

Requirement (3)(a)

The Assessment Team reported the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice; and is tailored to their needs; and optimises their health and well-being. The Assessment Team provided the following evidence relevant to my finding:

* Consumer and representative feedback was mostly positive in relation to clinical and personal care services.
* Clinical care is delivered through registered nurses or allied health clinicians with relevant registrations, in accordance with best practice principles and staff described practices to deliver care to consumers with pain and mobility support needs.
* Consumer care documentation showed involvement of clinicians to deliver safe and effective care, with strategies to guide staff during care delivery, however, care provision sheets are inconsistently completed by care workers following scheduled services.
* Staff require a first aid certificate as a minimum requirement to deliver care and services, however the service is exploring additional mandatory training courses
* The service has policies and procedures relevant to personal care and clinical care delivery.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate a lack of best practice and tailored care.

The evidence indicates areas for improvement relating to completion of care provision sheets and an opportunity to expand mandatory training delivered to support workers. However, this evidence does not indicate that best practice and tailored care is not being delivered

I give greatest weight to the consumers’ positive feedback in relation to their care delivery. Furthermore, care documentation provides strategies for support workers to follow, with oversight of registered clinicians, which indicates safe and effective personal and clinical care is delivered with appropriate monitoring and guidance of professionals.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 3, Personal care and clinical care.

Requirement (3)(b)

The Assessment Team were not satisfied high impact or high prevalence risks associated with the care of each consumer is effectively managed. The Assessment Team provided the following information relevant to my finding:

* The service identifies falls as a key risk associated with the care of consumers and staff described strategies to manage consumers’ falls risks.
* Staff receive instructions to manage consumers’ risks through care documentation available at the point of care, however, some care documentation contained conflicting information to guide staff care delivery in relation to identified risks.
* Staff do not receive training related to falls prevention or other known high impact and high prevalent risk associated with aged care consumers and the service does not hold meetings with support workers.
* Management stated incident information, including clinical data, is not collected or trended to analyse risk related incident information.

In coming to my finding, I have considered the evidence in the Assessment Team report does not demonstrate ineffective management of high impact and high prevalent risks.

While care documentation included conflicting information relating to consumers’ risks, the deficit relates to assessment and planning processes, rather than delivery of care. I have therefore considered this evidence under Requirement (3)(e) in Standard 2.

I have considered that while staff have not received training in relation to high impact or high prevalenace risks, there was no evidence demonstrating how this has resulted in poor care delivery or negative outcomes for consumers. I have therefore considered this evidence under Requirement (3)(d) in Standard 7.

I have also considered that there is no evidence linking the organisation’s failure to maintain clinical data and record ‘near-misses’ and incidents to poor care delivery or negative outcomes for consumers. I find this deficit relates to a failure in the organisation’s governance systems and have therefore considered this evidence under Requirements (3)(d) and (3)(e) in Standard 8.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

Despite my finding, I encourage the provider to monitor its performance against this Requirement, as while the deficits relate to Standards 2, 7 and 8, they have a direct effect on an organisation’s ability to manage high impact or high prevalence risks associated with the care of consumers.

Requirement (3)(c)

The Assessment Team were not satisfied the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. The Assessment Team provided the following information relevant to my finding:

* Consumers and representatives reported end of life planning has not been discussed
* The service does not currently have a policy and procedure for clinicians to provide care to consumers nearing the end of their life. However, management described actions taken to support a consumer nearing end of life to remain at home, in accordance with their wishes, this occurred through liaisons with palliative care organisations and care delivered through the services’ nursing services

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate that the service fails to recognise, and address, the needs, goals and preferences of consumers nearing the end of life, including maximising comfort and dignity.

While the provider, in relation to the service, does not have established policies, the workforce demonstrated there are effective partnerships with palliative care organisations, and medical practitioners, to supplement end of life care in accordance with consumer wishes. Further, I have considered the evidence relating to absent policies and practices for advanced care planning and of life planning under Requirement (3)(b) in Standard 2.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 3, Personal care and clinical care.

Requirement (3)(g)

The Assessment Team were not satisfied the minimisation of infection related risks occurs. The Assessment Team provided the following information relevant to my finding:

* The service has an established COVID-19 outbreak plan.
* Staff reported access to personal protective equipment with an understanding of infection prevention practices.
* Staff had not completed training infection prevention and control.
* Staff and management were not aware of antimicrobial stewardship practices.
* The service as an infection control policy which does not reference antimicrobial stewardship.
* Records of vaccination are not recorded on a register for long-term staff; however, new staff provide immunisation evidence during on onboarding.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Requirement expects organisations to demonstrate infection prevention and control expertise, such as meeting (ongoing) training requirements around infection prevention and control, which should be available to all staff, in addition to records and report on workforce and (COVID-19) vaccinations. I find this has not occurred as the service does not keep records of staff vaccination and workforce training on infection control and prevention is not currently delivered.

I am satisfied that the identified deficits relate to both CHSP and HCP subsidised services, as they have stemmed from a lack of organisational processes to guide staff practice.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(g) in Standard 3, Personal care and clinical care.

Requirements (3)(d), (3)(e) and (3)(f)

Consumers and representatives reported the service would respond if consumers’ health changed or condition deteriorated. Staff described how they identify consumer deterioration and actions they take to inform the response of the service. Management advised a policy related to consumer deterioration has not been established, however, reviews occur in response to a consumer change through a registered nurse.

Consumers and representatives stated that they felt that support workers knew what they were doing, and they had not needed to repeat instructions or direct them. All support workers interviewed said they have access to information which includes consumers' needs and preferences.

Consumer feedback, and care documentation showed, timely and appropriate referrals occur. Staff demonstrated processes to make appropriate referrals and follow up on the timeliness of referrals through assignment of responsibilities.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(d), (3)(e) and (3)(f) in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Consumers provided examples of how the services and supports they receive help them to maintain their independence, well-being, and quality of life. Support workers demonstrated they understand what is important to consumers and how the services and supports they deliver to consumers, help them to maintain their independence and support them to remain living at home.

Consumers reported staff check on their wellbeing and they feel supported by the service. Staff described supports implemented to meet consumers’ emotional and psychological needs, such as welfare checks and ensuring that human interaction is a priority with consumers.

Consumers and representatives stated that the service enables consumers’ to participate in the community, maintain relationships and do things that are important to them. The service supports consumers to go out in the community and organises events with transport to engage consumers to connect with their community.

Consumers and representatives were satisfied the service had good communication systems in place to ensure support workers know consumers’ needs and when changes occurred with their care. Staff reported relevant information is accessible to them to deliver care and services to consumers.

Consumers and representatives said supports via referrals are available and offered by the service. Referrals covered a range of lifestyle areas, including home modifications, equipment and safety products and meal delivery.

Consumers and representatives reported meals provided to consumers are of suitable quality and quantity. Meal planning documents, and brochures provided to consumers, contained a variety of options, including information on nutrition and records of consumer dietary requirements.

Consumers and representatives were satisfied with the equipment provided to consumers through their home care packages. The service has processes in place to ensure equipment is well maintained through scheduled services and follow up of any equipment related concerns.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

Services are not provided in the organisation’s service environment; therefore, this Standard is not applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers said the service regularly contacts them for feedback, that they are aware of how to provide feedback or make complaints and would feel comfortable doing so. All staff were able to describe how consumers, their representatives and others may provide feedback and complaints, and how they are encouraged to do so.

Consumers advised they are aware of the other methods for raising and resolving complaints and have been provided information about advocacy in the consumer handbook. The consumer handbook contains information about advocacy, language services and contact details for the external complaint bodies.

Consumers reported appropriate action had been taken by the service in response to their feedback and complaints. The complaints register showed that every entry had actions taken listed and contact made with consumers where it was required. The complaints policy showed that staff must ensure the complaints process is outcome driven and consumers are contacted regularly to ensure a resolution can be achieved in a timely manner.

Consumers said the service regularly seeks their feedback and suggestions for improvement on the services they receive. Monthly statements are a key complaint trend, the continuous improvement register and meeting minutes show planned actions to manage the issue and implement corrective actions through the implementation of new information management system.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant | Non-compliant |

Findings

Requirement (3)(c)

The Assessment Team reported the service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Consumers said they are confident staff know what they are doing when delivering services or providing information.
* Management said experience in the community sector is a requirement, candidates are not required to hold specific certifications and candidates are referred from consumer networks, such as family or friends.
* The service is implementing a register to record qualifications for subcontracted staff.
* Information and evidence under Requirement (3)(a) in Standard 3 shows management confirmed current registrations for clinical staff and first aid certificates are required for support workers to deliver care and services.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate the service has failed to ensure the workforce is competent with qualifications and knowledge, to effectively perform their roles.

I have considered throughout the Assessment Team’s report information and evidence shows consumers are generally satisfied with their care and services, indicating staff are competent, with appropriate knowledge, to perform their roles.

While minimum requirement is a first aid certificate for support workers is not an exhaustive list of competencies, the provider is responsible for determining the role requirements for ensuring competent staff deliver non-clinical care to consumers.

I have considered information and evidence in the Assessment Team’s report shows areas for improvement in relation to record keeping of staff qualifications, however, evidence provided does not indicate support workers are delivering care and services outside of their scope of practice; nor does it demonstrate unregistered, unqualified or a lack of competence within the workforce. I find this evidence better relates to workforce governance processes and have therefore considered it under Requirement (3)(c) in Standard 8 Organisational governance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 7, Human resources.

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence relevant to my finding:

* Staff reported minimal training or support during induction and onboarding and mentors assigned to guide staff are not always accessible .
* The service has recently started monitoring mandatory training completion rates, however, some staff were not aware of mandatory training modules.
* Staff described the difficulties in discussing issues or specific consumer care needs due to the large number of attendees at regular meetings between coordinators.
* Management advised meetings are not conducted for support workers and medication management training has only been made available to one region of support workers.
* Management advised of plans for face to face training, however, this was not reflected in training calendars or plans.
* Information and evidence under Requirements (3)(a), (3)(b) and (3)(g) in Standard 3, shows the service has not conducted infection, prevention and control training, a position description for registered nurses has not been developed and staff do not receive training in risks known to aged care consumers such as restrictive practices, dementia care or falls prevention.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and which demonstrates the workforce is not recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

The intent of this Requirement expects organisations to identify the specific requirements of roles and reflect on the outcomes required by these Standards; that workforce induction prepares members of the workforce for their role; and members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities. I find this has not occurred, as the service does not have a structured induction process, training plan or opportunities for staff to receive support through regular meetings.

I am satisfied that the identified deficits relate to both CHSP and HCP subsidised services, as they have stemmed from a lack of organisational processes.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 7, Human resources.

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team provided the following evidence relevant to my finding:

* All staff interviewed said they could not recall participating in a performance management or appraisal process when they commenced employment or at any time thereafter.
* Management advised while a formal performance appraisal process has not been established, informal discussions between staff and management occur regularly.
* Management explained support worker performance issues informed through consumer feedback are managed through human resources processes, however, documentation regarding these processes was not evident.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate processes and practice to undertake regular assessment, monitoring and review of the performance of the workforce is undertaken.

The intent of the Requirement expects all members of the workforce to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training, and development they need. I find this has not occurred, as evidence of informal discussions was not supported through documentation and staff advised they have not participated in performance appraisals. Further, Requirement (3)(d) in this Standard shows training is not delivered, or planned, to support staff to perform their role, nor are meetings held to share information, provide guidance and supplement structured training.

I am satisfied that the identified deficits relate to both CHSP and HCP subsidised services, as they have stemmed from a lack of organisational processes.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 7, Human resources.

Requirements (3)(a) and (3)(b)

Workforce planning informs recruitment activities with regular reporting for management oversight. Rostering teams mirror previous rosters to maintain staff consistency for consumers. Consumers were satisfied with the communication and scheduling arrangements when changes to scheduled services occur.

Consumers described kind and respectful interactions with staff. Observations showed multiple staff speaking to consumers over the phone in a kind, caring and respectful manner.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a) and (3)(b) in Standard 7, Human resources.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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. | Non-compliant | Non-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 | 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. | Non-compliant | Non-compliant |

Findings

Requirement (3)(c)

The Assessment Team were not satisfied organisation wide governance systems are in place in relation to information management, financial governance, workforce governance and regulatory compliance. The Assessment Team provided the following evidence relevant to my finding:

Information management:

* Information systems do not contain search functions for incidents or complaints and each consumer’s monthly statements is manually generated, impacts to consumers are identified under Requirement (3)(e) in Standard 1.
* Information and evidence under Requirement (3)(c) in Standard 7 shows workforce qualifications and certifications are not recorded and Requirement (3)(g) in Standard 3 shows a register of workforce vaccinations is not maintained.

Financial governance:

* The organisation’s financial status is monitored through monthly board reports.
* Due to information management system deficits, the organisation does not have effective oversight of consumer home care package funds, such as budgets, available funds.
* Staff could not identify consumers with large amount of unspent funds or package deficits.

Workforce governance

* The service does not maintain oversight over the qualifications or certifications for subcontracted staff.
* The workforce performance is not assessed or monitored and training needs are not identified.

Regulatory compliance

* The organisation has not delivered workforce training in relation to regulatory requirements, including, the serious incident report scheme (SIRS).
* For new staff, the service commenced monitoring of staff compliance with police checks, vehicle registration and insurance and mandatory vaccinations, however, this has not been extended to long-term staff.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate effective governance wide systems in relation to information management systems.

In relation to information management systems, I find the information systems do not support the consumers to make decisions in relation to their budget without access to timely and accurate information and do not enable the organisation to maintain oversight of home care package funds.

In relation to financial governance, the Requirement expects organisation’s to have systems and processes to manage the finances and resources that the organisation needs to deliver safe and quality care and services, in addition to reporting on the capital and revenue costs of maintaining safety and quality in their financial planning. I find this does occur through monthly board costs. Further, I have considered the information relating to ineffective oversight of home care package funds under the core deficits relating to information management systems.

In relation to workforce governance, deficits in training, performance and oversight of the subcontracted workforce have been considered under Requirement (3)(d) in Standard 7. I do not consider it to be proportionate to find the organisation’s whole workforce governance system to be ineffective based on these deficits alone.

In relation to regulatory compliance, information and evidence does not demonstrate ineffective actions to remain informed of regulatory compliance. This requirement does not measure how an organisation complies with other legislative frameworks, but rather, whether the organisation undertakes the task to measure its own compliance with regulatory requirements. As I do not have information to consider how the organisation remains informed of regulatory compliance requirements, it is not proportionate to deem the organisation’s regulatory compliance ineffective. Further, information and evidence shows deficits in workforce training and human resources, I have considered these under Requirements (3)(d) and (3)(e) in Standard 7.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement (3)(d)

The Assessment Team were not satisfied that effective risk management systems and practices are in place to manage high impact or high prevalence risk associated with the care of consumers, identify and respond to the abuse and neglect of consumers and manage and prevent incidents through the use of an incident management system. The Assessment Team provided the following evidence relevant to my finding:

* Management and staff advised risks associated with the care of consumers are identified and managed through care planning and assessment, however, consumer care documentation was inconsistent in how risks are identified and managed
* The service does not have a risk register and does not undertake trending or analysis of incidents.
* Policies and procedures have been established in relation to risk management, elder abuse prevention.
* Staff described how they would identify and respond to abuse of consumers, however, relevant training on elder abuse or SIRS has not been offered to the workforce.
* Incidents are recorded in consumer files which do not link into the incident management system for trending or broader oversight.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate risk management systems and processes have been established to identify and assess risks to the health, safety and well-being of consumers.

The Requirement expects a risk management system identifies and evaluates incidents and ‘near misses’ (both clinical incidents and incidents in delivering care and services) and uses this information to improve its performance and how it delivers quality care and services. Further, this Requirement expects organisations to raise awareness in the organisation to lower the risk of elder abuse and effectively prevent and manage incidents, including through the use of an incident management system that enables incidents to be identified, responded to, and notified to the Commission (as required).

I find the above Requirement expectations have not occurred through effective systems to record, identify and analyse risks associated with the care of consumers and without relevant workforce training relating to SIRS and elder abuse prevention.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement (3)(e)

The Assessment Team were not satisfied a clinical governance framework has been established. The Assessment Team provided the following evidence relevant to my finding:

* Management advised while a clinical governance framework has not been formalised the employment arrangements of clinical staff informs clinical care delivery, including:
  + Two registered nurses to complete 3 monthly assessments of consumers with home care package levels 3 and 4 and deliver clinical training, such as medication management. However, evidence did not support this as an effective supplement to a clinical governance framework:
    - Care documentation showed this has occurred inconsistently for consumers.
    - Staff reported minimal training regarding clinical issues relating to clinical care and could not demonstrate an understanding of antimicrobial stewardship or restrictive practices.
    - Management does not conduct meetings with the registered nurses to discuss consumer risks or clinical risks.
* The organisation does not collect information relating to clinical data, risks or incidents.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate clinical governance occurs through a set of relationships and responsibilities between the organisation’s governing body, executive, clinicians, consumers and others to achieve good clinical results.

I have considered that while the Assessment Team report did not identify consumers with poor clinical outcomes, the organisation has not demonstrated effective systems and processes have been implemented to prevent this from happening through established policies, workforce training and governance relating to consumer risks.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 8, Organisational governance.

Requirements (3)(a) and (3)(b)

Management said that consumer feedback is collated and reported to the executive board in the monthly report. Consumers were satisfied their feedback is considered in relation to service improvements, including transparency in relation ongoing monthly statement issues.

The governing body remains accountable for the delivery of safe, inclusive, and quality care by being continuously informed through governance mechanisms and ongoing reporting pathways from the service to executive level. The monthly board report includes financial reports, recent incidents and complaints relating to consumers and staff and workforce planning activities.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a) and (3)(b) in Standard 8, Organisational governance.

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)