**Performance**

**Report**

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| Name: | Iris Manor |
| Commission ID: | 300904 |
| Address: | 264 High Street, ASHBURTON, Victoria, 3147 |
| Activity type: | Quality Audit |
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| Performance report date: | 5 February 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2846 Iris Aged Care Pty Ltd  
Service: 26257 Iris Manor

**This performance report**

This performance report for Iris Manor (**the service**) has been prepared by Nicola Eastwood, 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 29 January 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 1**

* Requirement 1(3)(e) review and evaluate content of information provided to consumers, ensure material is understood at each point of contact and ongoing confirmation of arrangements are captured

**Standard 2**

* Requirement 2(3)(a) complete behaviour support planning, implement training to support revised assessments and ensure effective transition to electronic management system as central point of assessment material
* Requirement 2(3)(c) implement a process to ensure regular contact and collaboration is supported with others involved in consumer care

**Standard 3**

* Requirement 3(3)(a) improve and complete outstanding behaviour support plans, informed consent for psychotropic medications, sustain adequate documentation of monitoring such as blood glucose levels and provide staff training to ensure sustained improvement in documentation
* Requirement 3(3)(e) ensure access to contemporaneous information at the point of care and with comprehensive information sharing regarding updates to care needs
* Requirement 3(3)(g) revise and improve antimicrobial stewardship policies and staff training

**Standard 7**

* Requirement 7(3)(d) implement and evaluate an adequate staff training system to support development and improvement in practice
* Requirement 7(3)(e) formalise staff performance review processes

**Standard 8**

* Requirement 8(3)(a) ensure implementation of the electronic management system adequate allows for individualised care planning and records reflect ongoing discussions around care requirements and improvements as identified through Plan for Continuous Improvement review
* Requirement 8(3)(b) commence establishment of advisory committees
* Requirement 8(3)(c) review and implement policies and procedures, implement adequate staff training resources, centralise information to ensure point of care access and ensure evidence is available to reflect management of unspent funds in collaboration with consumers
* Requirement 8(3)(d) ensure consistent recording of incidents and identification of risk and vulnerable consumers as well as appropriate risk management framework and policies
* Requirement 8(3)(e) implement adequate staff training and supporting policies to reflect a clinical care consideration under a clinical governance framework

# 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team recommended that Requirements 1(3)(c), 1(3)(d) and 1(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response I have come to a different view. I am satisfied that the service complies with Requirements 1(3)(c) and 1(3)(d) and does not comply with Requirement 1(3)(e) and as a result does not comply with Standard 1.

Requirement 1(3)(c):

Consumers and representatives provided mixed feedback about decision making and choices related to what their Home Care Package (HCP) delivers. While most consumers stated they are receiving services and supports that are reflective of their priorities, not all consumers were aware of all service inclusions and entitlements. Written information regarding the provision of care and services is provided on admission to the Supported Residence Service (SRS). This documentation differs from agreements in place for services provided in the community, specifying the types of services available, costs and additional quoted services.

Care hours are allocated by the service to consumers residing in the SRS after initial discussion, care plan development and with consideration to funding capacity. As a result, there is limited flexibility for consumers without further discussion of impact on financial circumstances. While notice is provided to consumers on admission to the SRS, it is not clear how ongoing conversations occur to support consumers to consider when alternate options may be more appropriate for their care needs.

The Approved Provider submitted a response with supporting documentation and clarifying information regarding admission to the SRS and agreements provided. The response indicated that extensive discussion occurs with consumers and representatives around allocation of resources and most consumers choosing to engage carers at the service for ease of access to 24/7 care. Ongoing discussion around funding allocation occurs at the time of review and feedback from consumers reflects use of nursing and personal care assists them reducing out of pocket costs associated with care requirements.

I acknowledge the Assessment Teams observations as well as the service’s response. I note that written and verbal information is provided on engagement with either the in-home aspect or SRS service provision. I am reassured that the service provides options related to how HCP funds may be allocated and encourage the service to ensure where reviews or discussion around HCP funding occur these are recorded. As a result, I find this Requirement compliant.

Requirement 1(3)(d):

Consumers and representatives living in the broader community generally expressed satisfaction with how the service supports them to live their best lives. Management and care coordinators did not identify any consumers living in the SRS as needing support with activities involving an element of risk. However, the Assessment Team noted consumers with identified levels of risk which would benefit from formalised assessments and documentation to reflect mitigation strategies.

The Approved Provider submitted a response with further clarifying information and evidence of existing records for a named consumer. The response also indicated the services recognition and acknowledgement of this as an area for improvement and as a result actions to review current documentation, implementation and development of dignity of risk guidelines.

I acknowledge the Assessment Teams observations and the additional information provided by the service to clarify previously conflicting information and commitment to improvement through this area. I am reassured that the service has implemented adequate strategies to address concerns raised by the Assessment Team, as a result I find this Requirement compliant.

Requirement 1(3)(e):

Consumers and representatives provided mixed feedback related to receiving accurate and easily understood information. Most consumers and representatives indicated they were advised of what choices were available to them through the service, however, not all HCP service inclusions were discussed or presented to consumers as an option.

The information pack for new consumers includes the Aged Care Charter of Rights and listed advocacy and complaints contact details. The Assessment Team reviewed examples of monthly consumer statements which included the services billed, and relevant date and cost. The Assessment Team noted several examples of consumers and representatives who were not aware of the allocation of their HCP and the additional expenses privately funded where assessments indicated funding to be allocated through the HCP.

The Approved Provider submitted a response disagreeing with the Assessment Teams observations. The response included copies of documentation and supporting evidence of revised information fact sheets and invoice templates. I acknowledge the work completed to date by the service and their assertion that documentation on admission to the SRS is signed and verbally discussed. However, the service retains the responsibility to ensure that ongoing discussions reflect agreed arrangements, provide opportunity to make alterations and are communicated in such a way that consumers understand and are supported to exercise choice. While there is evidence the service has commenced actions to improve communication with consumers, I consider further time is required to ensure consumers are confident the information receives reflects their agreed care requirements. As a result, this Requirement is non-compliant.

Compliance with remaining requirements:

Consumers and representatives confirmed help staff treat consumers with dignity and respect and the service attempts to provide helpers who share similar backgrounds and cultures as the consumers. A review of care documentation reflected consumer backgrounds, culture and diversity including what is important to them. The employee service agreement indicates equality and anti-discrimination behaviours are expected from staff, and a consumer representative account reflects arrangements were in place to support gender specific help staff consistent with their cultural requirements. The Assessment Team noted cultural training has yet to be implemented at the service.

Help staff described being aware and respectful of privacy when entering the consumer's room within the SRS and in the consumer's home. The service has a mobile phone policy to guide staff in maintaining a level of security on their devices and appropriate usage agreements in place. Management demonstrated consumer information is shared electronically with authorised employees and external health providers with consumer consent.

# Standard 2

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 2(3)(a) and 2(3)(c) and as a result does not comply with Standard 2.

Requirement 2(3)(a):

The service did not demonstrate comprehensive assessment and planning was effectively informing delivery of care to meet the individual needs of consumers. There was some evidence of the use of validated assessment tools such as the falls risk assessment tool (FRAT), however, not all appropriate assessments were considered such as continence and pain assessments where there is an identified need. Consumers with changed behaviours did not have a comprehensive behaviour support planning implemented and the psychotropic register documented generic interventions.

Nursing assessments and use of the Rowland Universal Dementia Assessment Scale (RUDAS) were available for completion; however, this was not consistently captured in the client comprehensive assessment or care planning documentation. The Assessment Team noted the services transition to a digital health information management system by mid-2024.

The Approved Provider submitted a response disagreeing with the Assessment Teams observations. The response included a revised version of the initial ‘Comprehensive Assessment’ document and acknowledging an opportunity for improvement in the assessment process. The service has also identified the need for additional training and the inclusion of nursing assessments and clinical referrals. I note the response included an action plan to include use of the ABBEY Pain Scale Assessment and indicating proposed completion of behaviour support plans. I also acknowledge that while specific recollections may vary when gathering information, the response supports that the transition to the digital health management system has created an opportunity for confusion between current and previous versions of assessments.

I consider further time is required to ensure improvements are implemented and evaluated, as a result I find this Requirement non-compliant.

Requirement 2(3)(c):

Care managers described how they maintain consumer representative involvement and how contact is made with consumers for welfare checks. No formal process had been developed to involve others in assessment and care planning, and the service primarily obtains information from other providers of care through the family and/or representatives of consumers. Where involvement of other organisations or health care providers was documented, the service had not initiated the communication or cooperative care planning.

Consumers are directly disadvantaged where there is an inadequate process to recognise the need for or contact is not initiated with other organisations during the assessment and planning process.

The Approved Provider submitted a response indicating a more proactive approach will be taken to initiate monthly contact with clients and health professionals. I note that this is not a formalised process and will need additional time to ensure implementation and collaboration with others during the assessment and care planning process and review. As a result, I find this Requirement non-compliant.

Compliance with remaining requirements:

Consumers and representatives are satisfied that the service has provided the information and education required to make appropriate end of life decisions and complete advanced care directives with the medical practitioner.

Care managers discussed how referrals for reassessment occur when consumer care needs change, when there is an incident, or when consumers request alterations to their services. The Assessment Team noted work instructions for help staff contained accurate and current information from allied health post-review, and discussions following incidents at the SRS take place at the weekly clinical meetings.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | 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

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 3(3)(a), 3(3)(e) and 3(3)(g) and as a result does not comply with Standard 3.

Requirement 3(3)(a):

Consumers living within either of the two SRS facilities have a generic care schedule largely reflecting the provision of personal and nursing care. Consumers with assessments identifying needs for social support, meals, continence, and allied health assistance were not receiving these services through the home care packages, rather at additional expense if facilitated through the service. Where consumers have been identified as requiring full assistance with personal care, the service was unable to provide evidence to support that this was occurring according to the care plan.

There was evidence of environment and chemical restraint within the SRS. A dementia specific unit was found locked on several occasions during the audit with no visible code for the keypad. Following feedback from the Assessment Team, the service responded by placing the code to the keypad in sight. A consumer was receiving chemical restraint without evidence of informed consent or behaviour management strategies and plans being implemented.

The Assessment Team noted feedback from a representative with concerns around regular provision of personal care. A review of documentation demonstrated unclear records and infrequent attendance of showering and weekly BGL monitoring, reportable ranges or actions.

The Approved Provider submitted a response disagreeing with the Assessment Teams observations. The response acknowledges area for improvement in record keeping and completed training in areas of minimising antipsychotic medications and implementation of the ABBEY pain scale assessment tool. The service has planned actions to complete behaviour support plans and informed consent for psychotropic medications, as well as further policy updates and training for staff. The service has corrected records to include BGL reportable ranges. I note a number of these actions are currently proposed and will need further time to be implemented and evaluated. As a result, I find this Requirement non-compliant.

Requirement 3(3)(e):

The service did not demonstrate effective documentation of consumer conditions and needs. Clinical handover is verbal and relies on a communication book located in the staff office. Management has identified that not all staff attend the handover and are addressing this issue with reminders and introducing a reward system. There is inconsistency between helper and management expectations regarding progress note entries.

The lack of comprehensive communication and contemporaneous progress note entries poses direct risk to consumers where the information available is unable to inform an accurate account of consumer’s condition, needs and preferences.

The Approved Provider submitted a response acknowledged that while progress notes may lack detail staff are familiar with consumers and they are confident the care is being provided according to care plans. Handover takes place between the registered nurse on shift and may or may not be attended by carers. Additional care planning and documentation training is planned for staff. I am not reassured that reliance on individual knowledge supports consistency of care and note that where information is shared with one person through a handover process there is an opportunity for information to be delayed or omitted to those at the point of care. I acknowledge the transition to a new client management system which will provide carer access to care plans and consider additional time is required to ensure the system support access to contemporaneous information. As a result, I find this Requirement non-compliant.

Requirement 3(3)(g):

Staff confirmed completion of hand hygiene and infection prevention control training when obtaining qualifications and described using personal protective equipment (PPE). However, ongoing and refresher training is not regularly provided by the service and staff were not familiar with the practice of antimicrobial stewardship. The service’s policy indicates that education and training will be provided to staff related to antibiotic use and resistance, however, no evidence was provided to suggest that this occurs.

Without adequate systems in place to monitor and maintain the principles of antimicrobial stewardship consumers are at greater risk of overuse and inappropriate use of antibiotic therapy. While there appear to be systems for use within the SRS, the lack of training and education available does not support staff to effectively complete the requirements of the work instructions.

The Approved Provider submitted a response acknowledging the Assessment Teams observations that infection prevention training and antimicrobial stewardship training was overdue. The service has regular oversight of medication through engagement with general practitioners and local pharmacies. The response asserts that there are effective outbreak management processes in place and indicates that policy changes for implementation in mid-2024 will provide improvement to anti-microbial stewardship.

I acknowledge the Approved Provider response with information around proposed actions and training to be provided. Given these actions are not yet due for implementation further time is required to ensure improvements are completed and sustained in action. As a result, this requirement is non-compliant.

Compliance with remaining requirements:

A review of consumer care documentation demonstrated that high-impact or high-prevalence risks associated with the care of consumers are identified and documented, with clinical and allied health assessments occurring where appropriate. Interventions to manage and mitigate the risks to consumers were developed and evident in the electronic consumer care plans, the service mobile phone application, and home care assessments. Management described the process of assessment, identification and monitoring of high-risk consumers by the service. Identified risks are communicated within the electronic health information system, relevant supports are put in place, incidents are discussed at weekly meetings, and preventative actions or consumer deterioration are identified and monitored.

There is a collaborative process with an external palliative care provider to ensure consumer needs and end of life wishes are documented and communicated. There is capacity to care for palliative consumers within the SRS and in the community, with advanced care planning including physical, emotional, social, and spiritual needs of individual consumers.

Consumers and representatives confirmed most help staff know them well and would recognise and respond to consumer deterioration or change. Helpers demonstrated knowledge of responsibilities for reporting consumer deterioration or change, relevant points of contact, calling emergency services if required, and documenting deterioration in shift notes.

Management demonstrated consumer requests or clinical indicators prompted referral to appropriate health care providers. Service agreements were in place with allied health care service providers to support consumers requiring massage, podiatry, occupational therapy, and physiotherapy. A subcontracted allied health provider said the service provides them with sufficient information and they send back reports and/or recommendations to the service.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers described receiving social support, domestic assistance, occupational therapy assessment, and equipment which supports them to remain living in their own homes. Management provided examples of helpers or lifestyle staff in the SRS delivering services and activities that support independence. Helpers explained they actively encourage consumers to access the community shops and to participate in household activities to promote a sense of purpose and well-being.

A review of care planning documentation reflected personal relationships of importance and demonstrated consumers are supported with access to transport options to attend scheduled appointments and activities. Management and staff were aware of individual consumer lifestyle preferences, which inform the basis of the care plan and focus on consumer capability and engagement.

Consumers and representatives confirmed help staff were aware of consumer daily living needs and how to provide well-coordinated individual support. Management identifies the need for consumers to receive care and services from other organisations, maintenance personnel or health practitioners as part of the ongoing review and assessment process. They explained financial aspects are discussed and considered before obtaining consent to make a referral.

Consumers and representatives from the broader community described the various choices in meal assistance options, including purchasing accounts with meal providers, help staff preparing light meals in-house and assistance with shopping and food preparation. The service supports consumers with the purchase of equipment and were confident the service would assist them in accessing repair and maintenance when required.

Management advised that consumers residing in the SRS facilities are provided meals and equipment as part of the accommodation fees which are not funded by the home care packages.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers residing in the SRS, have access to communal areas of the service and each have equipment in their rooms provided by the service. Consumers described the environment as safe, comfortable, and well maintained. Management advised maintenance is managed through reporting of any issues to a maintenance register following environmental observations, through feedback, and proactively identifying issues requiring actions.

The Assessment Team reviewed documentation which reflected cleaning schedules and service reports. Documentation regarding maintenance and cleaning of air conditioners was not available for all rooms reviewed by the Assessment Team.

# 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

The Assessment Team recommended that Requirements 6(3)(c) and 6(3)(d) were non-compliant, however I have come to a different view. I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service complies with Requirement 6(3)(c) and 6(3)(d) and as a result complies with Standard 6.

Requirement 6(3)(c):

The service did not have a current open disclosure policy to align with current quality standards and provide staff guidance. The Assessment Team reviewed the feedback and complaints register and observed not all complaints or feedback have been reported and the open disclosure process of verbal apology is not captured on the register.

The Approved Provider submitted a response with additional information, supporting evidence of immediate actions following the Quality Audit and updates to the way verbal complaints are now recorded. The response also indicates a consultant has been engaged to create a new open disclosure policy to ensure it aligns with the current quality standards. I am reassured that the actions commenced and updates to the open disclosure policy will reflect the improvements required to ensure this Requirement is compliant. As a result, I find this Requirement compliant.

Requirement 6(3)(d):

The Assessment Team noted that while consumers were generally satisfied with the feedback process the service is not consistently capturing and recording all feedback and complaints received on their register. Information is also not transferred to the service's Plan for Continuous Improvement (PCI) to inform the service of trends and make any improvements to the quality of care and services provided to consumers.

The Approved Provider submitted a response with additional information, supporting evidence of immediate actions following the Quality Audit and planned supporting actions to ensure improvements are sustained in practice. The service has implemented a number of accessible formats for the submission of feedback and complaints as well as the implementation of tickets on the digital management system to utilise feedback in the most efficient way. I am reassured that the actions commenced and updates to the internal complaints management systems will reflect the improvements required to ensure this Requirement is compliant. As a result, I find this Requirement compliant.

Compliance with remaining requirements:

Consumers and representatives reported they feel comfortable to provide feedback and complaints to the service. Most advised although the service is not proactive in asking for feedback, they are usually very responsive and react quickly.

Management advised information related to advocacy and language services is provided to consumers in the information booklet and the home care agreement when they are admitted. The Assessment Team reviewed the information booklet and home care agreement, noting detailed information and contact numbers for advocacy and language services, including how to provide feedback and complaints.

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 7(3)(d) and 7(3)(e) as a result does not comply with Standard 7.

Requirement 7(3)(d):

The service did not demonstrate there was an effective system in place to facilitate staff training. A review of the training schedule reflected staff training was last conducted in 2022 for Serious Incident Response Scheme (SIRS), elder abuse and neglect. Management explained a new training platform for staff to complete online training is planned to commence in 2024.

The Assessment Team was not provided with a training record reflecting completed staff training, although there was information related to the planned training for 2024. The Assessment Team noted that the human resources policy was outdated and did not align with the current quality standards. Although the service maintains adequate records related to staff competencies and qualifications, adequate ongoing training was not evident.

The Approved Provider submitted a response with additional information around previously completed training and future training arrangements. I note the service has purchased and is in the process of developing a learning management system for implementation in the near future. I am reassured that the implementation of the training system will assist the service and staff in completing training requirements. As this has not yet been implemented and the system evaluated, further time is required to ensure the efficacy of its implementation. As a result, I find this Requirement non-compliant.

Requirement 7(3)(e):

Management explained that review of staff performance for those working within the community is based on consumer feedback, staff working within the SRS are monitored daily under a supervisor. There was no formal performance review process in place.

Consumers and representatives reported the service has not requested feedback regarding staff performance. Staff could not recall if they had completed a formal performance appraisal and there was no evidence this has occurred.

While Management stated monitoring of staff working within the SRS occurs daily, the Assessment Team could not determine if staff working within the community are monitored or provided with any opportunity to improve or identify any training needs.

The Approved Provider submitted a response indicating their practice had been to provide frequent informal performance reviews for all staff members. The service now plans to develop a formal performance review process. As this has not yet been implemented or evaluated, further time is required to ensure the efficacy of the performance review process. As a result, I find this Requirement non-compliant.

Compliance with remaining requirements:

Consumers and representative were satisfied help staff are reliable and not rushed to complete tasks. The service contacts consumers where unexpected delays occur. Staff indicated visits were accommodated by regular staff and there were no unfilled shifts for the previous month.

Management explained consumer cultural needs are captured in care planning documentation. When matching consumers with staff, language requirements, gender specific preferences, cultural heritage and background are considered.

Staff training is provided onsite through ‘buddy shifts’ for the first shift and six-monthly refresher training in Cardiopulmonary Resuscitation and First Aid. During induction, staff are required to provide relevant qualifications and registrations, current drivers licence, proof of insurance and a police check. Subcontractors are required to provide evidence of public liability and professional indemnity insurance and sign a service agreement. The service maintains adequate records and undertakes appropriate checks of competency and qualifications for all staff.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) as a result does not comply with Standard 8.

Requirement 8(3)(a):

The Assessment Team noted the lack of tailored care plans to meet consumer's individual needs. Consumers residing within the SRS were provided with limited choices regarding their care and services. The PCI did not reflect consumer feedback or complaints and the Assessment Team was not provided evidence of any improvements as a result of complaints or feedback.

The Approved Provider submitted a response relying on previous responses provided in relation to Standards 1 and 2. The response indicates that it is the consumers choice how to allocate their HCP funding and there was evidence available to support improvements as a result of feedback and complaints processes. I note the Approved Provider’s strong assertion that most consumers tend to allocate funding to personal and clinical care needs to assist with reducing out of pocket expenses. The response also indicates transition to an electronic management system which may assist with the identified deficits in individualised care planning and assessment processes. I also note reference to improvements which will now be drawn directly from complaints and feedback included in the PCI. Given these actions are newly implemented I consider additional time is required to ensure they are sustained in practice. As a result, I find this Requirement non-compliant.

Requirement 8(3)(b):

The service was in the process of developing a governing body and clinical indicators are used to monitor whether care and services are in line with best practice. The service relies heavily on verbal discussions of risk and did not identify any consumers at risk, for those consumers identified as vulnerable management advised there was a strategy in place to provide oversight, evidence of this was not available to substantiate actions. The Assessment Team reviewed the service’s policies and procedures noting they were not updated to reflect the current quality standards and their governance framework is not clearly defined.

The Approved Provider submitted a response indicating their progress toward commencing a Consumer Advisory Committee and Quality of Care Advisory Committee. I note the service is in the process of establishing these advisory bodies and encourage further consideration to the oversight of consumer vulnerability and risk. Given these actions are in progress I consider additional time is required to ensure they are sustained in practice. As a result, I find this Requirement non-compliant.

Requirement 8(3)(c):

The service does not have effective organisation wide governance systems in place that align to their policies and procedures. Information reviewed by the Assessment Team presented as conflicting information and separation of SRS and Home Care Package information did not present clearly.

Information sharing for consumers in the SRS relies heavily on verbal handover of information, the Assessment Team observed handover to be poorly attended thus not supporting accurate and comprehensive communication of care requirements. There is a PCI which included reference to areas for review and improvement such as the implementation of an electronic learning management system, electronic complaints and feedback register and development and implementation of electronic monitoring system for risks.

While the service did not provided financial reports, they did provide evidence to demonstrate unspent funds for home care packages for consumers are being held under Services Australia. The service’s self-assessment tool reflects how the service will monitor and review the business’s financial governance; however, it does not provide information on how the service will monitor and review consumer’s unspent funds. Management advised monthly statements are ‘prefilled’ based on regular services scheduled for consumers. Statements are adjusted when schedules are changed, however, the Assessment Team could not determine whether this is accurately captured.

There was evidence of some training provided to staff during induction, however the service has not provided ongoing training to maintain competencies. Management advised the service is currently reviewing an online training platform to conduct training for staff, planned commencement from February 2024. The service lists the requirements for subcontracted staff to have minimum qualifications and capacity to perform their role within the service agreement, however, do not have systems or processes in place to monitor performance, other than feedback provided by consumers.

The service does not have effective systems in place to ensure policies and procedures are updated, or reflect legislative changes, such as information around restrictive practices is noted within standard 5 of the services policy and not current. The Assessment Team noted the absence of adequate governance to support oversight and monitoring of systems to ensure the quality and currency of care.

The Approved Provider submitted a response acknowledging some of the policies and procedures required review and plans to implement new policies inline with legislative changes. The response also acknowledges the PCI contained inconsistent information which has now been reviewed and updated. The Approved Provider disagrees that financial governance is ineffective as monthly itemised statements were provided to consumers and ongoing discussions take place regarding use of unspent funds. A training system has been purchased to address staff training requirements and feedback and complaints are adequately overseen.

I note there are a number of areas for improvement included within this Requirement. While the response asserts that financial governance is adequately managed, feedback provided by consumers did not reflect their awareness of unspent funds or access to services other than personal care. I acknowledge that changes made to the feedback and complaints processes have now addressed the deficits identified, however given the remaining actions are in progress further time is required to evaluate and ensure these are sustained. As a result, I find this Requirement non-compliant.

Requirement 8(3)(d):

While management and staff described strategies and procedures to identify and respond to risks, the service did not have a detailed risk management policy to provide clear and defined guidance to staff. There was also no evidence of a formal process to capture consumer risk or vulnerability and there was inconsistent recording of incidents to support adequate oversight of areas of risk.

The Approved Provider submitted a response indicating the proposed policy updates will address the existing gaps in process, the recently purchased training system will also assist with training requirements. I note the actions completed related to incident reporting and recording and revies of the incident register. Given the remaining actions are in progress I consider additional time is required to ensure they are sustained in practice. As a result, I find this Requirement non-compliant.

Requirement 8(3)(e):

The service predominately provides clinical care and personal care to consumers residing in the SRS. There is no clinical governance framework to clearly define clinical care considerations and provide guidance to staff relating to minimising the use of restraints, use of open disclosure or antimicrobial stewardship.

The Approved Provider submitted a response acknowledging improvements are required to the clinical governance framework and proposed actions to support the implementation of relevant advisory bodies. The service is in the process of implementing a training system to include education in restraint, open disclosure and antimicrobial stewardship. I note the service also immediately made accessible the door code to the secure unit, however given the remaining actions are in progress, I consider additional time is required to ensure they are sustained in practice. As a result, I find this Requirement non-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)