**Performance**

**Report**

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| Name: | Just Better Care - Eastern Suburbs |
| Commission ID: | 201327 |
| Address: | 17/56 Church Avenue, MASCOT, New South Wales, 2020 |
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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: 8805 Kindi Capers Pty Ltd  
Service: 26397 Just Better Care, Eastern Suburbs, St George, Sutherland, Inner West

**This performance report**

This performance report for Just Better Care - Eastern Suburbs (**the service**) has been prepared by Gill Jones, 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 9 April 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not 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.

**Requirement 2(3)(a)**

Ensure that assessment and planning processes inform the safe and effective delivery of care and services through the identification of risks to consumers’ health and well-being by use of validated assessment tools and adequately trained staff. Ensure risks identified are documented in the care plan and support workers have access to this information to manage the risk.

**Requirement 2(3)(b)**

Ensure each consumer’s current needs, goals and preferences including advanced care and end of life planning wishes are identified and addressed. Ensure goals are individually negotiated with the consumer and needs and preferences are included in the support plan. Ensure assessment and care planning care documentation aligns.

**Requirement 2(3)(d)**

Ensure support plans include all outcomes of assessment and planning and this information is accessible to the consumer and where care and services are provided.

**Requirement 2(3)(e)**

Ensure processes are in place so that care is reviewed regularly for its effectiveness when circumstances change and incidents impact the needs of the consumer.

**Requirement 3(3)(a)**

Ensure personal and clinical care provided to each consumer is best practice, tailored to their needs and optimises their well-being through safe systems, staff training, support and clinical governance.

**Requirement 3(3)(b)**

Ensure effective management of high impact and high prevalence risks associated with the care of consumers, particularly risks associated with swallowing, falls management and skin integrity. Ensure risks identified and strategies to facilitate management of the risk are appropriately documented to reduce risk to the consumer.

**Requirement 3(3)(d)**

Ensure that any deterioration of a consumers’ physical or mental health is recognised and responded to in a timely manner.

**Requirement 4(3)(b)**

Ensure that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Ensure comprehensive assessments and support plans contain information regarding emotional, spiritual and psychological needs, particularly for consumers who live with mental health concerns.

**Requirement 6(3)(d)**

Ensure that feedback and complaints information is trended, analysed and reviewed to inform service improvements.

**Requirement 7(3)(d)**

Ensure staff are provided with adequate training and support to meet the outcomes expected of the Standards particularly with regard to the clinical management of consumers with high level care needs and incident management.

**Requirement 8(3)(c)**

Ensure the organisation has effective governance systems, particularly in relation to information management, continuous improvement, workforce governance, and feedback and complaints.

**Requirement 8(3)(d)**

Ensure an effective risk management system is in place particularly with regard to managing high impact or high prevalence risks. Ensure incidents are investigated and measures put in place to prevent future incidents.

**Requirement 8(3)(e)**

Ensure the service has an effective clinical governance framework which supports clinical staff in the provision of safe quality care. Ensure clinical care provided is supported by clinical audit, analysis of key indicators and the monitoring of trends to identify any systemic issues in the provision of clinical care.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers and/or their representatives interviewed said they are always treated with dignity and respect. Staff demonstrated a good knowledge and understanding of individual consumers and their backgrounds, the people important to them, their preferences, and choices. Reviewed care planning documents summarise information about consumers’ cultural and personal backgrounds, individual preferences and identify those people important to them. The service has current policies and procedures to guide staff practices which are accessible to all staff.

All consumers and/or their representatives interviewed said staff know their background and what is important to them. Staff could identify consumers from various cultural backgrounds and how this could influence their approach to consumers’ care. Reviewed care planning documents by the Assessment Team evidenced consumers’ religious and cultural backgrounds, interests, and preferences, and staff demonstrated awareness of how to access language information relevant to consumers from non-English speaking backgrounds.

All consumers and/or their representatives interviewed said they can exercise choice, make decisions about their care and services, and are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships. Generally, care planning documents detail how consumers want their care to be delivered and who will be involved in this.

Consumers and/or their representatives interviewed include those who are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to facilitate consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and maintaining their independence.

All consumers and/or their representatives interviewed confirmed they receive current and timely information that enables them to exercise choice, such as any changes made to their HCP budget, legislative changes which impact their HCP and any alterations to support workers and shift changes. They all indicated they receive monthly statements which are clearly articulated. They said any questions they have about the monthly statements are promptly followed up by the service management team.

All consumers and/or their representatives interviewed expressed satisfaction their privacy is respected by staff and their information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy and indicated they have participated in relevant training during their induction to the service. The service has policies regarding privacy and the confidentiality of information. The service’s information management system is password protected.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find six of the six requirements in Standard 1 compliant.

# Standard 2

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

Findings

The service did not demonstrate that assessment and planning inform safe and effective delivery of care and services. Consumers were aware of the risks to their health and well-being and informed the Assessment Team that services did not address the risk to their health. Comprehensive assessments of particular care needs, such as continence, falls, medication, dietary needs etc were not completed and further investigations often not identified as required. Furthermore, risks to consumers’ health and well-being was not consistently included on the care plan and support workers did not have the information available to them to manage the risk. In their response to the Assessment Team’s report, the Approved Provider submitted further information which contradicted some of the Assessment Teams findings without providing additional evidence to support their assertions. I have considered this information in my decision. I have come to the view that this additional information provides context but does not provide sufficient evidence demonstrating the provider’s compliance with this requirement which outweighs the evidence provided by the Assessment Team. Overall, however, I note the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to both improve the quality of consumer assessments to ensure they address risks to the consumers health and wellbeing and address the issues for the individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

The service did not demonstrate consumer current needs, goals and preferences including advanced care and end of life planning are identified and addressed. Consumers stated the service did not discuss goals with them. Documented goals in care plans were generally generic in nature. Current needs were not consistently addressed or included in the support plan, and comprehensive assessments were not thoroughly completed and lacking important relevant information. Preferences were often not identified in the support plan, although some preferences were known by rostering staff and management for scheduling purposes. While staff were able to identify consumers currently receiving treatment for life limiting conditions, these consumers did not have information on end of life planning or advanced care planning, and management stated that they do not regularly follow up this information. In their response to the Assessment Team’s report, the Approved Provider submitted further information contradicting some of the Assessment Teams findings, including information provided by Management to the Assessment Team on site. No additional supporting evidence was provided to support their assertions. I have considered this information in my decision. I have come to the view that this additional information provides context but does not provide sufficient evidence demonstrating the provider’s compliance with this requirement which outweighs the evidence provided by the Assessment Team. Overall, however, I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to both address the issues for the individual consumers cited in the report and improve the quality of consumer assessment to ensure care planning identifies and addresses the consumer’s needs, goals and preferences. The continuous improvement plan made mention of improvements to intake processes to ensure a focus on the individual consumer’s needs and their goals and documenting same, however, it was noted that the improvements listed did not encompass improvements in how advanced care and end of life care discussions are to be managed with consumers in the future. The activities listed are expected to be completed by June 2024.

Consumers stated they were able to include other people and services they wished to be involved in their care and evidence of this was observed in care planning documentation. Care planning included evidence of what a consumer wish to do themselves, including remaining independent with tasks demonstrating a partnership approach. Staff were able to demonstrate that consumer wishes are considered in providing care and services.

The service did not demonstrate outcomes of assessment and planning were documented in a care and services plan that was available to the consumer and where care and services are provided. Support plans observed did not include all outcomes of assessment and planning to inform care, therefore outcomes of assessment and planning were not always available in the care plan. Discussions with clinical staff and management as to who is responsible for updating support plans was contradictory, with each stating the other was responsible. It is noted that this requirement is currently ‘Not Met’ following an Assessment Contact by the Commission in December 2022. The actions outlined by the provider to rectify compliance included confirming comprehensive assessments and care plans aligned however this has not occurred. In their response to the Assessment Team’s report, the Approved Provider submitted further information confirming two consumers have been issued with a copy of their care plan. I have considered this information in my decision. I have come to the view that this additional information provides context but does not provide sufficient evidence demonstrating the provider’s compliance with this requirement which outweighs the evidence provided by the Assessment Team. Overall, however, I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve both the quality of clinical assessment, care planning and care planning documentation and address the issues for the individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

The service did not demonstrate that care is reviewed regularly for its effectiveness when circumstances change and incidents impact the needs of the consumer. Incidents such as falls, hospitalisations and progression of illnesses did not always or consistently generate a review of care and service needs. Consumers stated that such circumstances did not trigger a review of care. Clinical staff advised the Assessment Team that management maintain a care review schedule for consumers, and management advise clinical staff who and when to review. Therefore, clinical staff await direction from non-clinical care management, before undertaking care reviews. In their response to the Assessment Team’s report, the Approved Provider submitted further information disagreeing with some of the Assessment Teams findings without providing additional evidence to support their assertions. The Assessment Team’s findings revolved around three consumers who had not been reviewed in a timely manner after a change in their condition, falls and medication incidents. The Approved Provider’s information provided context and sought to explain reasons for the delay in reviewing a consumer with a cancer diagnosis. I have considered the provider’s response but find the delays in arranging a review of the consumer unacceptably long. Regarding a consumer who had experienced medication incidents, I have considered the provider’s response and whilst I accept that the consumer was awaiting a package upgrade to purchase equipment, I am of the view that the consumer was insufficiently reviewed/monitored in the intervening months. Lastly, regarding a consumer experiencing falls, the Approved Provider disputed that the consumer had sustained a head injury and stated that falls reviews had been done after each fall but did not provide evidence to support this. Overall, however, I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve both their response to incidents and identifying care needs when clinical risk is identified and address issues for individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find four of the five requirements in Standard 2 non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service did not demonstrate that personal and clinical care is best practice, tailored to consumer needs and optimises their well-being. Assessed needs, such as incontinence, were not managed to a level that is expected and specialist advice not sought resulting in poor outcomes for the consumer. Medication management was not observed to be best practice with support staff applying medicated creams. Health care plans were available for clinical issues, such as diabetic management plans and medication management plans were not observed to be used. Management stated they monitor best practice care via coordinators reviewing feedback notes from the online documentation system, incident reports and phone calls from support workers however, the coordinators do not have a clinical background resulting in clinical issues not being addressed in a way that met the consumer’s need and optimised their health and wellbeing. In their response to the Assessment Team’s report, the Approved Provider submitted some further information. I have considered this information in my decision. I have come to the view that this additional information provides context but does not provide sufficient evidence demonstrating the provider’s compliance with this requirement which outweighs the evidence provided by the Assessment Team. Overall, however, I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve both the quality of clinical and personal provided and address the issues for the individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

The service did not demonstrate effective management of high impact and high prevalence risks associated with the care of consumers. There were significant gaps identified in documentation, with some risks identified on assessment not included in support plans, and when identified did not consistently provide strategies to facilitate management of the risk. Risks associated with swallowing, falls management and skin integrity were not adequately identified resulting in care planning documentation not being sufficiently detailed to guide staff practice posing risks to consumers. Policies and procedures regarding the management of falls were not always followed placing the consumer at risk. Actions to mitigate the falls risk for one consumer was not timely. The continence care provided to two consumers was not effective posing a high risk of skin integrity issues for both consumers. In their response to the Assessment Team’s report, the Approved Provider submitted some further information in relation to two consumers but did not provide any supporting evidence to support their claims. I have considered this information and find the provider’s response does not provide sufficient evidence demonstrating the provider’s compliance with this requirement which outweighs the evidence provided by the Assessment Team. Indeed, the provider’s response rather underlines a lack of follow-up of issues for both consumers. Overall, however, I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve both the effectiveness of their management of high impact high prevalence risks and address the issues for the individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed with comfort and dignity preserved. While the service did not have current consumers receiving end of life care clinical staff were able to explain how they support consumers at home with symptom management and referral to other providers including local palliative care services.

The service did not demonstrate that deterioration of a consumers’ physical or mental health is recognised and responded to in a timely manner. While policy and procedures are available, they were not always followed resulting in gaps in care provided. Key clinical staff were not replaced during leave episodes resulting in clinical assessments and reviews not attended to resulting in delays in addressing significant changes to consumer care needs. The Approved Provider submitted some further information in relation to two consumers but did not provide any supporting evidence to support their claims. This information provided context but was not sufficient to outweigh the information provided in the Assessment Team’s report supporting a finding of non-compliance. I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve both their management of consumers whose condition is deteriorating and address the issues for the individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

Information regarding the consumer’s condition, needs and preferences is communicated within the organisation and with others when care is shared. The service has systems in place to document care needs, however, as previously discussed this was, at times, incomplete and information, such as risks, were not always included in the support plans for staff to access during care services. Consumers, however, stated that staff were aware of their needs and what was required during a service and support workers interviewed were able to describe care needs and preferences of consumers. Support workers and consumers confirmed that support plans were available in the home file as well as on the online documentation system. Reports were available regarding consumers referred to external providers, such as allied health and nursing services.

Timely and appropriate referrals are made to individuals, organisations and other providers of care and services when the consumer’s need was identified by clinical staff and/or Management. Evidence was cited that consumers are referred to allied health providers and contractors, including physiotherapy and occupational therapy, and contractor nursing services when required.

Infection related risks including standard and transmission-based precautions are managed and the promotion of appropriate antibiotic prescribing occurs. Staff were able to describe in various ways how they prevent the spread of infection by using standard and transmission-based precautions. Staff were also able to describe how they monitor themselves and consumers for infections. Clinical staff were able to explain their understanding of antimicrobial stewardship and how they promote this in practice

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find three of the seven requirements in Standard 3 non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers interviewed said they receive services and supports that meet their needs, goals and preferences to optimise independence, health and well-being. Consumers stated in various ways that these activities increase their well-being and quality of life. Evidence demonstrated support staff engage with the consumers by participating in activities of their choice.

The service was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Comprehensive assessments and support plans viewed did not generally contain information regarding emotional, spiritual and psychological needs. Whilst the comprehensive assessment contains a section for social engagement and community access where some information was listed, the support plans did not specifically address these needs. Care documentation for consumers who live with mental health concerns did not have management of these issues outlined in their comprehensive assessments or support plans. When questioned, clinical staff and management were unsure of how they support consumers. I note that the Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve both the services and supports provided to consumers to promote their emotional, spiritual and psychological wellbeing and address the issues for the individual consumers cited in the report. The activities listed are expected to be completed by June 2024.

Consumers are supported to participate in their community, have social and personal relationships and do things that interest them. Consumers described ways they are assisted to do this with support. Support workers were able to describe how consumers are supported to socialise and do things that interest them.

The service demonstrated that conditions, needs and preferences were communicated within the organisation and where responsibility of care is shared. Consumers interviewed were satisfied with their services, including domestic assistance and gardening. Consumers stated that generally the staff knew what tasks to complete, although when new staff commence, they may need to prompt them to complete the service how they want. Staff were able to describe the needs and preferences of consumers, including what they enjoyed doing and activities they participated in when having social support.

Information about the consumer’s condition, needs and preferences is communicated within the organisation and where responsibility of care is shared. Consumers interviewed were satisfied with their services received stating that generally staff knew what tasks to complete, although when new staff commence, they may need to prompt them to complete the service how they want. Staff were able to describe the needs and preferences of consumers, including what they enjoyed doing and activities they participated in when having social support.

Consumers receive timely and appropriate referrals to other individuals, organisations and providers to take part in community-based activities related to their health and wellbeing and manage daily life.

Equipment provided is safe, suitable, clean and well maintained. Consumers stated they could purchase equipment using their HCP and that the equipment purchased was well maintained. Staff reported that equipment is monitored during consumer services, and when issues occur, they inform the office. Issues with equipment were observed in meeting minutes and hazard reports.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find one of the six requirements in Standard 4 non-compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

All consumers and/or their representatives interviewed expressed satisfaction that they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers to provide feedback and make complaints. Consumer onboarding information, provided to all consumers upon entry to the service, contains information pertaining to how to make internal or external complaints and provide feedback about the care and services delivered to them.

Consumers are provided with advocacy and language service information on entry. Most consumers and/or their representatives interviewed confirmed they are aware of how to access external advocacy services, although they indicated they feel comfortable providing feedback directly to the service management team, as they are responsive to consumer feedback. Staff described how they provide information on advocacy and complaints services to consumers, if requested, but indicated most consumers in their care have representatives who provide a strong advocacy role for them.

Consumers and/or their representatives expressed satisfaction that actions have been taken to resolve any issues. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints. Most consumers and/or their representatives consistently reported that issues they raised with staff or management were satisfactorily resolved within an appropriate timeframe. A review of the service’s complaints/feedback information evidenced the active use of the principles of open disclosure when managing issues.

The service was unable to effectively demonstrate that feedback and complaints information is trended or reviewed to inform service improvements. The management team was not able to provide adequate information about how feedback and complaints are reviewed and used to improve the quality of care and services. Feedback is put into the complaints/feedback register and the service’s PCI but there was no evidence that any analysis of complaints occurs for the purpose of continually improving care and services. The Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve how feedback and complaints is used to improve the quality of care and services. The activities listed are expected to be completed by June 2024.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find one of the four requirements in Standard 6 non-compliant.

# Standard 7

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

Findings

The number and mix of staff available enable the delivery of safe and quality care and services to consumers by using a mix of permanent and contracted support. Consumers and/or their representatives interviewed provided positive feedback about the staff who provide their care and services. They indicated that management is very responsive to any staff absences by communicating the issue in a timely manner and providing alternatives to fill the designated shift. Management stated they currently have a full complement of staff, and any non-attendance is due to unforeseen circumstances such as illness, and not due to any deficit in staffing levels.

All consumers and/or their representatives interviewed expressed satisfaction that staff are kind and caring and having an awareness of what is important to them. Care planning documentation, although not always comprehensively detailed, is individualised and includes the cultural and personal preferences, needs, and interests of each consumer at the service. Management advised, and consumers confirmed, the service employs staff from culturally and linguistically diverse backgrounds, to meet the needs of a culturally diverse clientele.

All consumers and/or their representatives interviewed expressed satisfaction that staff have adequate knowledge and skills to meet their clinical and care needs. Management stated that staff undergo a recruitment screening process to ensure they are appropriately qualified to perform their role, and nursing registrations are monitored annually. Documentation reviewed demonstrated that staff have qualifications commensurate with their roles. A review of the service’s training records confirmed that mandatory and role specific training is conducted for all staff. Newly recruited staff are scheduled ‘buddy’ shifts under the supervision of a suitably qualified and experienced staff member, to ensure they are supported to obtain full competency in their role.

The service was unable to demonstrate that the workforce is recruited, trained, and equipped to deliver the outcomes required by the Standards. Whilst all consumers and/or their representatives believe staff are provided with adequate training to ensure the safe provision of care and services, deficits were identified in the clinical management of several consumers with high level care needs. This deficit is possibly due to the Registered Nurse being inadequately supported in their role and lack of support staff awareness of care issues that need to be escalated. Deficits were also identified in how a support worker responded to an incident involving a consumer with a head strike with no follow by management to address the inadequate response by staff. Furthermore, not all staff were fully conversant with what constitutes a serious incident and were unable to provide an overview of the SIRS principles and reporting procedures. The Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve how staff are supported and trained to perform their roles to ensure safe, quality care is provided. The activities listed are expected to be completed by June 2024.

The performance of each member of staff is both formally and informally assessed, monitored and reviewed. This process includes an induction program for new staff, day-to-day work performance monitoring, and a formal documented performance appraisal is conducted annually. Staff confirmed their performance appraisals are conducted annually which ensures they maintain essential competencies in their role and that they undertake annual mandatory training.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find one of the five requirements in Standard 7 non-compliant.

# Standard 8

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

Consumers are supported to participate in the development, delivery and evaluation of care and services. As the organisation currently delivers home care services to less than 40 consumers, its corporate governance responsibilities do not require it to have a consumer advisory body or a quality-of-care advisory body. Management explained that consumers and/or their representatives contribute at a corporate level through their participation in surveys and the provision of verbal or written feedback which provides management with information indicative of the service’s performance against the Aged Care Quality Standards. As previously stated, this information is not trended and Management could not demonstrate how these activities informed quality improvements however the service has a PCI which demonstrates improvement activity.

Management demonstrated that the organisation has overarching policies and procedures which generally promote a culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery. Roles and responsibilities within the organisational/franchisor and service level structures provide for the monitoring of care and services provided through the review of key indicators, incidents and consumer feedback and complaints. Effective communication mechanisms with consumers, representatives, and staff regarding updates to policies, procedures and legislation was demonstrated.

The organisation demonstrated it has, in principle, established governance systems in relation to information management, continuous improvement, financial accountability, workforce governance, regulatory compliance, and feedback and complaints. However, issues were identified in information management regarding the accessibility of progress notes by care workers necessitating a handover by the care manager. As previously stated, the system for continuous improvement is not sufficiently robust. It was unclear how recent consumer survey result were being used to improve services. Deficits were identified in relation to complaints and feedback as the organisation could not demonstrate how recorded complaint information is utilised to improve care and services. Additionally the Approved Provider could not adequately demonstrate how clinical data being collected is contributing towards meaningful improvements to its clinical assessments, care and services. With regard to workforce governance, as previously discussed, the organisation was unable to demonstrate sufficient organisational oversight and support provide to staff in the clinical management of high impact, high prevalence risks. The Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve their governance systems. The activities listed are expected to be completed by June 2024.

The organisation has a risk management system operated at franchisor and service level, which is meant in principle to be supported by a clinical governance framework, policies and procedures and reporting mechanisms. Staff and management explained how they support consumers to live the best life they can, by maintaining contact with those people important to the consumer and supporting them to take risks and make their own decisions about their lives. Staff were able to describe what constitutes neglect and elder abuse, and training records reviewed by the Assessment Team demonstrate that relevant education forms part of staff training requirements. However, management could not effectively demonstrate how high impact or high prevalence risks are consistently identified and actioned by staff, and whether they are accurately monitored via reviews of daily progress notes and the ongoing clinical review of the care needs of consumers. Based on the evidence gathered by the Assessment Team, incidents are not consistently being investigated and measures are not being put in place to prevent future incidents. The Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve their governance systems. The activities listed are expected to be completed by June 2024.

The organisation’s franchisor provides it with an organisational clinical governance framework, which includes clinical guidelines and trajectories, legislative updates, human resources and recruitment foundations, auditing functions, staff education, and ongoing professional development structures. The service has policies and procedures including anti-microbial stewardship, infection control and open disclosure. However, the Assessment Team found the service does not have a clinical governance framework in place which supports clinical staff at the service. The service indicated it does not currently conduct system audits relating to clinical information gathered about consumers, and therefore, cannot effectively monitor trends and any systemic issues raised about the provision of clinical care. The Approved Provider has accepted the Assessment Team’s findings and provided a very detailed and comprehensive plan for continuous improvement to improve their governance systems. The activities listed are expected to be completed by June 2024.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find three of the five requirements in Standard 8 non-compliant.

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