**Performance**

**Report**

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| Name: | Karingal St Laurence |
| Commission ID: | 300445 |
| Address: | 21-29 Reynolds Road, HIGHTON, Victoria, 3216 |
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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: 9223 Karingal St Laurence Limited  
Service: 27005 genU Adelaide 1-2  
Service: 27006 genU Adelaide 3-4  
Service: 27001 genU Barwon 1-2  
Service: 27003 genU Grampians 1-2  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9556 Karingal St Laurence Limited  
Service: 27266 Karingal St Laurence Limited - Care Relationships and Carer Support  
Service: 27268 Karingal St Laurence Limited - Community and Home Support

**This performance report**

This performance report for Karingal St Laurence (**each service**) has been prepared by A. Cachia, 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 23 July 2024.
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# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and their representatives said staff treat them with dignity and respect, with five consumers sharing in different ways how they feel treated well by staff. Staff explained how they treat consumers with dignity and respect, sharing how they understand and respect consumers identity, background and preferences. Staff and management demonstrated treating consumers in a respectful manner, stating that they see the person as an individual and actively listen to consumers. Documentation showed that organisational policies and procedures recognise consumers’ cultural diversity and individuality, which guides staff in the provision of inclusive, safe and consumer led services and to promote values including respect and compassion.

Consumers and their representatives said they are satisfied that consumers cultural needs and background are understood by staff, including knowing each individual. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff and management advising how staff complete mandatory training on delivering culturally safe services. Staff provided examples of how they have embedded their learnings into practical delivery of services, including knowing individuals through story sharing during care delivery. Management said cultural needs are identified during consumer care planning and initial assessment with prompts recognising cultural considerations.

Consumers and their representatives said they are strongly supported to actively make decisions about their care and delivery of services and described how outcomes of care and services enabled consumers to involve others in their care.

One representative shared how they make all decisions about the consumers care and services due to being appointed in a legal capacity to support the consumer. One consumer said their representative live with them as their carer and how the organisation is inclusive in their approach to involve their representative in the care planning process. Staff were knowledgeable and explained how they support consumer decisions and provide options when undertaking services. Sampled consumer documentation showed staff are actively working with and involving consumers in the planning of their care and services.

Consumers and their representatives said each consumer is supported to take risks to enable them to live the best life they can. Staff explained how they inform and assess consumers are safe and supported when they choose to take risks. Management described how the organisation promotes consumer independence, and discussed the dignity of risk process, inclusive of their awareness of consumers’ rights to take risk and provide support and encouragement to help them maintain their independence by safely taking risks and participate in what is important to them. Documentation showed policies and procedures that guide staff in understanding the consumer, their capacity and activity of risk they wish to undertake.

Consumers and their representatives said they are satisfied with the information they receive, which is easy to understand. One consumer and representative said, and staff and management confirmed, consumers receive a welcome pack, a budget and monthly statement which is explained to them to ensure they understood the information provided. Sampled consumer documentation showed consumers are provided with information at the commencement of services, including a service agreement, Charter of Aged Care Rights and welcome pack.

Consumers and their representatives said consumers felt their privacy was respected, and personal information remained confidential, advising they had no concerns. Staff were knowledgeable and provided examples of how they ensure a consumer’s privacy is maintained, by ensuring consent and privacy documentation are up to date. Staff and management said they only share consumer information directly with consumers or their nominated representatives and are aware of the need to maintain confidentiality. Care planning documentation identified consent was obtained from consumers for sharing their information with other service providers, when required.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Consumers and representatives are satisfied with how services support consumer needs, which was captured through the services assessment and planning process. Staff described how the assessment and care planning process is conducted through consultation with the consumer and representative, utilising an annual comprehensive assessment to identify health and wellbeing risks. Staff and management explained the assessment and care planning process considers individual risk and informs the delivery of consumers’ care and services. Each service demonstrated current assessment and care planning, including consideration of risks to consumer’s health and well-being. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of validated assessments, risks are identified and non-response instructions are documented.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services. Consumers and representatives said care and services meet consumers’ needs and goals, and balanced responses regarding advanced care and end of life planning were discussed across all services, or alternatively were discussed with consumers medical practitioners. Staff said they undertake assessments which consider consumer’s needs, goals and preferences and plan services accordingly. Staff and management explained the providers process for advance care planning as part of the initial assessment and care planning process and refer consumers to complete plans with their general practitioner (GP) or palliative care team.

Consumers and representatives said they are actively involved in the decision-making process when developing or reviewing a care plan to ensure that it meets consumers’ needs, including one consumer who said staff make it easy for them and their partner to be involved. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including their representatives and other external providers.

Consumers and representatives described the care and services they receive, with most consumers recall being provided with a copy of the consumer care plan. Staff described how they provide services and support in alignment with the consumers care plans available on an application, where all information is available to staff. Documentation evidenced showed minor discrepancies across care planning documentation, noting not all information is accessible to staff in the electronic consumer management system, however this has been considered and addressed in Standard 8, Requirement 3(b). Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said they are satisfied with the regular reviews of care and services, confirming that staff make changes to meet consumers current needs. Staff and management said consumers’ care and services are reassessed annually, with the involvement of consumers and their representatives or when a change in circumstances occurs. Management described how the organisation utilise an audit tool to monitor assessment and care planning, including conducting reviews prior to the scheduled due date.

Based on the evidence summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Requirement 3(3)(b)

The Assessment Team reported the provider did not demonstrate that high-impact or high-prevalence risks related to consumers care are effectively identified, managed, and reviewed to reduce the risk to the consumer. The Assessment Team provided the following evidence relevant to my finding:

* The clinical team stated there are consumers within each service subject to a chemical restraint. Although requested on multiple occasions by the Assessment Team, management were unable provide a list of consumers subject to this restraint.
  + However, information and evidence in Requirement (3)(e) of Standard 8 show a consumer in Service: 27001 genU Barwon 1-2 subject to a chemical restraint in accordance with an appropriate medical professional recommendation.
* A self-identified high falls risk consumer in Service: 27003 genU Grampians 1-2 did not have a validated falls risk assessment completed despite mitigation strategies, such as a falls alarm and physiotherapy sessions in place. In addition, a mobility aid to assist with the consumer’s bed transfers was deemed a restrictive practice by the Assessment Team.
* A consumer in Service: 27006 genU Adelaide 3-4 presenting with multiple high-impact risks, such as falls and weight loss did not have validated falls risk or nutrition assessments completed. Self-identified fall mitigating strategies implemented by staff were not documented in the consumer’s care plan. In addition, a bed transfer mobility aid included as equipment used by the consumer was deemed a restrictive practice by the Assessment Team.
* A consumer representative in Service: 27003 genU Grampians 1-2 advised due to care mismanagement there have been significant delays to the implementation of home modifications recommended as a falls risk mitigation strategy.
* Care planning documentation reviewed for a high falls risk consumer in Service: 27001 genU Barwon 1-2 show recommended quarterly reviews of falls risk assessment have not been completed.
* Information, and evidence, in Requirement (3)(b) of Standard 8 show a consumer in Service: 27001 genU Barwon 1-2 diagnosed with dementia did not have risk assessments completed.
* Clinical staff and management interviewed confirmed CHSP consumers do not have case managers allocated which oversee and manage risks associated with their health.
* Clinical staff interviewed advised they were unaware of reporting processes to convey assessed high-impact and high-prevalence CHSP consumer risks and mitigating strategies developed.
* Management advised restrictive practices identified for CHSP consumers can be included in electronic care files, however, did not indicate any further assessment or review is taken.
* Management acknowledged deficiencies identified in the effective management of restrictive practices and agreed improvements were required.
* Management stated risk assessments are used to identify high-impact or high-prevalence consumer risks. Management advised risk assessments are reviewed by clinical staff to ensure risks (including restrictive practices) have been appropriately identified with mitigating strategies developed.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* The provider advised they have updated the assessment tools (including the clinical risk register form) to specifically include consideration of restrictive practices. In addition, oversight of high-impact or high-prevalence risks were demonstrated by updates to workflow processes, including automation of the flow of information regarding assessed high-impact or high-prevalence risks to a centralised clinical risk register.
* Explanation, with evidence provided, the monthly HCP care plan review process has been updated to include consideration to discuss and monitor the use of restrictive practices. The provider advised this will allow restrictive interventions to be updated in care plans and added to the clinical risk register for ongoing monthly review.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate a failure to effectively manage high-impact or high-prevalence consumer risks.

I have considered the intent of this Requirement expects the use of risk assessments to find ways to reduce high-impact or high-prevalence consumer risks. Although the Assessment Team have provided information demonstrating deficiencies in risk assessments not being completed for some sampled consumers, risk mitigation strategies demonstrated to be used in practice were shown to effectively manage high-impact or high-prevalence consumer risks.

In addition, I am satisfied with the corrective steps taken to automate information flow on assessed high-impact or high-prevalence risks of all consumers to a centralised clinical risk register. I find this updated process strengthens the intent of this Requirement to have clinical governance systems in place responsible to review the effectiveness of funded personal and clinical care provided.

In relation to the Assessment Team’s concerns that regarding restrictive practices, I find no evidence to suggest transfer mobility aids restricted the free movement of consumers or that consumers subject to a chemical restraint were not appropriately assessed. Rather, I find mobility aids in place were used for the intended purpose of supporting consumer bed transfers, rather than restricting free movement. In addition, no consumer or representative expressed concern with restriction of movement.

In regard to chemical restraint, I agree management did not have oversight over consumers subject to this restrictive practice. However, I have placed weight on the fact home service providers are not responsible for the prescription of consumer medication and find evidence shows that the one chemical restraint identified was done so with an appropriate medical professional recommendation.

I am satisfied with the corrective action in place of an updated assessment tool and monthly care plan review process that considers and monitors the use of restrictive practices.

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

Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

Consumers and their representatives said they are satisfied with the services received for personal and/or clinical care. Staff demonstrated familiarity with consumer needs, and described how consumers are assessed as individuals. Management and clinical staff described how clinical care is tailored to meet consumer needs to optimise health and well-being, including where services are brokered. Sampled consumer documentation demonstrated sufficient detail outlining instructions for the delivery of care and services, ensuring they receive the support they require to maintain their health and well-being.

Across all services, consumers and representatives said staff have respected consumers decisions regarding end of life planning and have assisted them to maximise their comfort and preserve their dignity. Staff and management provided examples of consumers nearing end of life, and explained how services are adjusted in line with the deterioration identified, and work closely with external palliative care teams and consumers GP’s. Documentation showed advance care planning information is provided to consumers in the welcome pack, and instructions on how to complete an advance care directive. Evidence in policies and procedures demonstrated how staff are guided to conduct end of life discussions with consumers.

Consumers and representatives said staff would identify and respond to consumer deterioration and change and explained how the provider has assisted numerous consumers to access increased services. Staff, including brokered staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of significant changes that occurred in consumers personal or clinical care needs. Documentation showed, and management said deterioration in consumers’ health, cognition or physical function is recognised and responded to, in line with the organisation’s policies and procedures.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Staff said, and management confirmed, they communicate information about consumer’s conditions by submitting progress notes after each shift, with notifications for specific progress notes directed to case managers or management for review.

Consumers and representatives said the service has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. One consumer provided an example of how they were referred for clinical care from a brokered registered nurse following a fall. Staff demonstrated an understanding of referral networks and described the referral processes to support the consumer’s needs. Management said the service refers promptly to subcontracted providers following identifying a consumer need, to ensure safe and effective quality care is provided. Documentation showed evidence of referrals were made in response to needs identified, including to nursing and various allied health services.

Consumers and representatives said staff always take measures to protect consumers from infection. Staff, including clinicians said they are vigilant in their adherence to hygiene practices, including use of personal protective equipment and have access to rapid antigen tests if needed. Management said staff completed competencies to administer medication where assistance is required, and clinical staff oversee medications prescribed by consumer’s GP’s. Documentation outlined each service has effective processes in place for the prevention and control of infection including management of an infectious outbreak.

Based on this evidence, I find the provider, in relation to each service, compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

# Standard 4

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

Findings

Consumers and representatives said and documentation reflected how consumers are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received. Staff said they support consumers independence, health and well-being through providing support to access the community, including individual social support services, and access to mobility aids and equipment to increase independence. Management said that the centre-based respite is developing more activities with consumers by accessing the community more often. Sampled care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals.

Consumers and their representatives confirmed their general well-being is supported and provided examples of how staff would recognise if they were feeling low. Sampled documentation outlined consumer information specific to individuals’ emotional, spiritual and psychological well-being. While not all care planning documentation demonstrated consistent information about consumer’s emotional, spiritual and psychological well-being, the organisation demonstrated services and supports are in place to meet consumer’s needs, including social support services and social group outings and activities. Staff described how they provide support to address consumer needs, enhancing consumers mood by listening and showing compassion.

Consumers and representatives described how the service enables opportunity for consumers to participate in meaningful activities, including receiving support to stay connected with their community and do things of interest to them. Staff were knowledgeable and described how they encourage consumers to participate in social outings and community engagement to keep them connected with their community and social interests. Management explained how they explore local partnerships to connect consumers in consistent social events. While sampled documentation did not consistently include information about consumer goals to maintain relationships and preferences, consumers consistently described how each service supports them to participate in their community.

Consumers and representatives said they are satisfied with how the provider communicates needs and preferences where care is shared across all services. Staff were knowledgeable when describing consumers conditions, needs and preferences, however inconsistencies were identified in the multiple pathways staff take to update consumer records. While information in the Assessment Team’s report identifies inconsistencies in communication within the organisation and others where responsibility for care is shared, this has been addressed in Standard 8, Requirement 3(b). Management said staff have access to appropriate systems to add and maintain progress notes and records and access care plans while delivering services. The service has policies and procedures to guide staff to facilitate and remain informed about processes for consumers changing needs.

Documentation, and consumers and representatives feedback showed referral processes are effective and timely and support the needs of the consumer. One consumer said they were referred to an internal allied health service which has improved his confidence and mobility, following health deterioration. Management said, and documentation showed how the organisation refers consumers to services. The service has policies and procedures to guide staff in the referral process and how information is recorded appropriately.

Consumers said they are satisfied with the meals they receive at the centre-based respite, explaining that is of suitable quality and quantity, with consumer information relating to allergies, dietary requirements, likes and dislikes reflected in their care documentation. Staff demonstrated knowledge of consumers preferences by completing an individualised meal planner during the intake assessment with the consumer and representative. and the Assessment Team observed. Documentation showed, a food safety culture questionnaire to ensure suitable meals for each consumer were met The Assessment Team sighted meals prepared with consistent consideration of individual dietary requirements, in line with information outlining consumers preferred food textures and thickness, serving sizes and intolerances at the centre-based respite service.

Consumers said they are satisfied with equipment provided, describing equipment as safe, suitable, and maintained to assist consumers in their daily lives. Three consumers provided examples of receiving new walking aids that they described as life changing as they can now walk longer distances and feel safer. Staff said they monitor consumers mobility, encourage them to use their equipment and explained the referral process for consumers who need to be assessed, by involving appropriate staff to ensure consumer needs are met.

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

# Standard 5

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

Findings

Consumers and their representatives said they are satisfied and always feel welcome, sharing how they find it easy to navigate and understand the cottage respite and centre-based respite service environments. Staff and management described ways they ensure the environment is welcoming and supports consumers, such as visual strategies used to aid navigation and supporting consumers experiencing cognitive decline by outlining staff names for the day and each cottage room painted with a different coloured feature wall. The Assessment Team observed service environments to be welcoming, interactive and functional, supporting consumers diverse and changing needs.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely, with consumers and staff sharing how they can move freely to the outside areas. One consumer said they are independent and can freely move around the service environment, sharing how they often go walk outside on the walking track in the garden. Staff described their responsibilities for minimising and escalating risks by reporting any environmental maintenance issues promptly, utilising the maintenance logging system to rectify issues as a priority.

Consumers and representatives said they were satisfied with the range, suitability and safety of furniture, fittings and equipment provided by each service, describing them as clean, safe and well-maintained. Staff and management explained processes in place to ensure furniture, fixtures and equipment remains clean and well maintained. The Assessment Team observed the service environments furniture, fittings and equipment were safe, clean and well maintained, with a variety of equipment available to suit the diverse range and needs of consumers.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they feel supported, and know how to provide feedback and make complaints. Staff and management were knowledgeable of the feedback and complaints process, and said they support consumers and representatives by providing information to assist with providing feedback or to make a complaint. Documentation showed information about the organisation’s internal and external complaints and feedback processes available, and management explained how complaints and feedback discussions are a standing agenda item addressed at the consumer advisory committee meetings.

Consumers and representatives said they received information and were aware of ways to receive advocacy support. The Assessment Team sighted information consumers receive, including alternate ways consumers can make complaints or access advocacy services. Staff and management were knowledgeable and said they support consumers and representatives by providing advocacy service and complaints information in their information pack. Management explained the organisation utilises translation and interpreter services where required and maintains a feedback and complaints policy to guide staff.

Consumers and representatives said they are satisfied that concerns raised are actioned to their satisfaction in a timely manner, explaining how each service keeps consumers informed throughout the process. Staff described how they escalate and record complaints regarding care and services. Although staff were not able to consistently demonstrate an understanding of open disclosure, evidence including the complaints register and associated documentation demonstrated each service is consistently applying an open disclosure process. Management described the organisation’s complaints process, outlining how they ensure complaints are promptly addressed by maintaining a minimum 3-day response time. Furthermore, the organisation has appointed a dedicated complaints management staff member to liaise with consumers and relevant management to ensure consumers are satisfied.

Consumers and representatives said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly. Staff described actions they have taken to address consumer feedback about their care and services. Management described each services key areas of complaints as billing and reimbursement, quality of service, inclusion and exclusions for HCP consumers and communication. Management described improvements that they have actioned as a result of feedback and complaints and provided examples of service improvements made through the introduction of an electronic billing system and provision of inclusion and exclusion information to HCP consumers.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied with the number of staff available, advising that staff arrive on time and have enough time to complete their duties. The Assessment Team sighted consumer service schedules outlining services are generally allocated to regular staff. Staff said in different ways that each service allocates sufficient time to complete their work effectively. Management discussed workforce planning and analysis of workforce needs, by using internal staff and subcontractors to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, gentle and caring and are responsive to consumers’ needs. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences. The Assessment Team observed interactions between staff and consumers as kind and respectful. Documentation showed consumer culture and preferences are generally identified in assessment documentation.

Consumers and representatives provided positive feedback that staff understood consumers’ needs and effectively performed their roles. Staff said the organisation assesses their competency through initial qualification and experience assessment, annual performance review, induction and ongoing training. Management explained how they determine staff competency and capability by ensuring staff have a minimum essential qualification requirement. For subcontracted staff, management ensure contractual agreements are maintained and appropriate documentation, including registration is complete.

Staff said the organisation provides a comprehensive induction on commencement along with ongoing training opportunities and support. Furthermore, staff described how the organisation organises buddy shifts to prepare staff for independent service delivery. Management described training needs are generally identified by reviewing incident and complaints reports, while working with a registered training provider, as well as online annual and refresher training. The Assessment Team evidenced a training matrix and training schedule outlining mandatory training and status of completion, which management maintain oversight.

While the Assessment Team have provided information demonstrating the providers adherence to Requirement 3(d), the Assessment Team identified staff are not receiving adequate training to address open disclosure requirements and restrictive practices. Although deficiencies were identified, I have placed weight on the evidence in the Assessment Team report indicating staff in practice demonstrated open disclosure practices. I acknowledge that at the time of my decision, the provider’s response did not include any information in relation to this Requirement, however I find the providers posture demonstrated throughout the Assessment Team’s report as satisfactory and addresses the Assessment Team’s observations.

Staff and management said staff are required to undertake performance appraisals annually, and identify goals, concerns and what support each service can provide to address any concerns raised. Consumers and representatives said that they feel confident to contact the organisation to discuss any concerns. Management described the process for monitoring and reviewing staff performance through annual performance reviews and explained each service use feedback from consumers and staff appraisals to inform training needs. The Assessment Team sighted performance appraisals are regularly completed with staff.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | 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. | Compliant | 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. | Compliant | Compliant |

Findings

Requirement 8(3)(b)

The Assessment Team reported the provider did not demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for that delivery. The Assessment Team provided the following evidence to support their assessment:

* Management explained, and documentation reviewed show, the board and clinical governance sub-committee reviews clinical and financial data including trend and analysis reports on consumer incidents and complaints regarding both internal and subcontracted staff.
* Review of 5 Service: 27003 genU Grampians 1-2 consumer complaints outlined concerns regarding lack of communication, lack of service organisation and delivery, delays or unactioned allied health aids and equipment requests and disrespectful conduct by the allocated case manager.
  + Management explained complaints had appropriately been followed up for the 5 complainants and a new case manager assigned. However, advised of the remaining 36 consumers in the case manager’s caseload a review of care was not conducted for a further 6 months from initial indication of performance issues.
  + Management acknowledged prioritisation of consumer well-being should have occurred sooner and acknowledged issues in the registering, reporting and escalation process of complaints.
* Review of documentation show a HCP consumer in Service: 27001 genU Barwon 1-2 accessing CHSP services from Service: 27268 Karingal St Laurence Limited - Community and Home Support was not informed of CHSP service delivery changes.
  + Management confirmed HCP consumers accessing CHSP cottage-based respite services were not informed of service delivery changes due to a lack of formal division of responsibilities between the various services.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* The provider advised the complaints register has been amended to include additional reporting fields to ensure more detailed information is included in monthly reporting to the governing body.
* Explanation, with evidence provided, the complaints escalation matrix has been amended to include prompts to inform relevant organisational roles based on the nature and actions required to address the complaint.
* The provider advised staff are provided with a reminder in the all staff newsletter of the importance to lodge and forward all complaints to a centralised team.
* Explanation and evidence was provided by the organisation to demonstrate standing agenda items including risk management review, client experiences, and strategic decisions are to be discussed with the governance forum in charge of overseeing issues that impact both HCP and CHSP consumers.
* Explanation, with evidence provided, updated process to ensure staff receive automated information on assessed consumer risk and subsequent mitigating strategies in place. In addition, service delivery and environmental risk assessments have been merged to allow completion of one unified risk identification form.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for that delivery.

I have considered the intent of the Requirement which expects the governing body of the organisation to oversee the organisation’s strategic direction and policies for delivering care to meet the Quality Standards and find evidence shows the governing body receives sufficient information and advice it needs to meet its responsibilities via receipt of relevant sub-committee reports. In addition, I am satisfied reporting processes have been strengthened by improvements to include additional reporting fields in the complaint register.

Although the Assessment Team have provided information demonstrating deficiencies in the registering, reporting and escalation process of complaints, which may have had a negative impact on the quality of care and services provided for some consumers. In the absence of specific evidence regarding consumers in question I am unable to determine the validity or extent of impact. In addition, I find deficits related to the complaint process more closely aligned to the intent of Requirement (3)(d) of Standard 6 which expects a complaints system is in place to not only manage feedback and complaints, but also ensure timely feedback is provided to the governing body. As such, I do not find it proportionate to consider this evidence in this Requirement.

In relation to the Assessment Team’s concerns that the provider is not informing consumers in all funding streams regarding relevant information, I find this is more closely aligned to the intent of Requirement (3)(c) of this Standard, which expects an effective information management system and process in place to provide members of the workforce access to information that supports staff in their roles. While the Assessment Team’s report outlines deficiencies, I find the provider response addresses process improvements, including a standing agenda item in relevant governance forums to ensure appropriate oversight and dissemination of issues impacting both HCP and CHSP consumers.

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

Requirement 8(3)(e)

The Assessment Team reported the provider did not demonstrate that they are utilising an effective clinical governance framework. The Assessment Team provided the following evidence to support their assessment:

* The clinical governance framework has clear reference to relevant supporting policies and clear identification of roles, responsibilities and accountabilities.
* The organisation has a clinical governance subcommittee which reviews clinical data to identify trends and provides this information to the board to inform their strategic decision making and identification of continuous improvement opportunities.
* Care staff interviewed were not able to describe the organisation’s policy regarding the use of restrictive practices, were generally unsure of what constitutes a restrictive practice and advised they had not received any training on the topic.
* Staff training records reviewed show training on restrictive practices have been completed by HCP care staff, but not CHSP care staff.
* Management confirmed there are no restrictive practice registers or associated monitoring processes in place.
* The Assessment Team observed a consumer in Service: 27266 Karingal St Laurence Limited - Care Relationships and Carer Support subject to an environmental restrictive practice by the removal of their walking aid from easy reach.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* Clarification provided from the staff member involved in observed environmental restrictive practice intervention for consumer in Service: 27266 Karingal St Laurence Limited - Care Relationships and Carer Support:
  + Staff advised the consumer’s mobility aid was moved (with consumer consent) to prevent a potential trip hazard for other consumers. Staff confirmed a staff member was in close proximity to the consumer at all times and readily able to retrieve mobility aid at any time. In addition, staff advised the consumer did not express concern with the withdrawal of mobility aid.
* Explanation, with evidence provided, updated processes to ensure analysed clinical risk data is a standing agenda item in governing board sub committee meetings.
* Explanation, with evidence provided, restrictive practice procedures have been revised and updated to ensure staff are provided direction for the implementation and monitoring requirements of restrictive practice interventions.
* The provider advised all CHSP staff have (or are shortly scheduled) to complete restrictive practice training. In addition, an accredited behaviour support practitioner has delivered face to face training with all staff to ensure staff understand what constitutes a restrictive practice and processes to ensure they are appropriately documented and regularly reviewed.
* Explanation, with evidence provided, of the promotion of staff alertness on restrictive practices via awareness posters and an article in the staff newsletter.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure in the clinical governance framework.

Although the Assessment Team have provided information demonstrating deficiencies in clinical governance to minimise the use of restraint, I have considered all information available to me and place weight on the provider’s response. I find the additional information and actions taken by the provider in relation to this Requirement, as described in their response, satisfactory and addresses the Assessment Team’s concerns.

In relation to the Assessment Team’s concerns that staff are not consistently trained in relation to restrictive practices, I find this is more closely aligned to the intent of Requirement (3)(d), in Standard 7, which expects a workforce that is trained, equipped and supported to deliver the outcomes required. While the Assessment Team’s report outlines deficiencies, I find the provider response addresses process improvements, including revising restrictive practice procedures, staff alertness on restrictive practices and organising training for CHSP staff to undergo.

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

Requirements 8(3)(a), 8(3)(c) and 8(3)(d)

Consumers and representatives said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through the consumer advisory committee. Staff across all services reported that in their own experience they found services to be well run. Management explained how they engage consumers through various mechanisms, including involving consumers on the services consumer advisory body as well as regularly seek input and feedback from consumers through feedback forms and informal consumer groups to improve care and services. Evidence showed the organisation has a continuous improvement plan and quality management framework, outlining consumer engagement in service improvements to address continuous improvement actions.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by the organisation’s quality assurance and risk division to inform the board and director of the responsible area. Management explained information regarding legislative and regulatory changes are communicated to staff and consumers through written correspondence.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks. Evidence showed an improved clinical risk assessment tool to identify risks and implementation of strategies to reduce risk including wellbeing phone calls, dementia support and allied health referrals. Staff and management described the organisations process of identifying, reporting and responding to elder abuse and staff confirmed they received training. Management was knowledgeable, demonstrating responsibility for undertaking evaluation and review of clinical assessment submissions and determining risk ratings if consumers are to be added to the clinical risk register. Furthermore, management explained any high-risk record in the register is reviewed by the clinical governance group, triggering a case conference among involved staff and management.

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

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)