Performance

Report

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| Name of service: | Performance report date: |
| Latrobe Community Health Service - Gippsland | 13 September 2022 |
| Commission ID: | Activity type: |
| 300222 | Quality audit |
| Approved provider: | Activity date: |
| Latrobe Community Health Service | 15 July 2022 to 19 July 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Latrobe Community Health Service - Gippsland (**the service**) has been considered by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Services included in this assessment

**Home Care:**

* Latrobe Community Health Service - EACHD, 18840, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Home Care Packages - Gippsland, 23509, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Home Care Packages - Gippsland Region, 22885, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Home Care Packages - Southern Metropolitan Region, 26537, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Home Care Packages - Grampians, 19298, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Community Health Service, 18837, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Community Health Service, 18838, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Community Health Service - EACH, 18839, 81-87 Buckley Street, MORWELL VIC 3840
* Latrobe Home Care Packages - Outer East, 23563, 17 Clark Street, LILYDALE VIC 3140
* Latrobe Home Care Packages - Southern Metropolitan Region, 26537, 17 Clark Street, LILYDALE VIC 3140
* Latrobe Home Care Packages - Hume, 19304, 53 Ryley Street, WANGARATTA VIC 3677
* Latrobe Home Care Packages - Grampians, 19298, 15 Violet Grove, WENDOUREE VIC 3355
* Latrobe Home Care Packages - Gippsland Region, 22885, 122 Albert Street, Warragul VIC 3820
* Latrobe Home Care Packages - Gippsland, 23509, 122 Albert Street, Warragul VIC 3820
* Latrobe Community Health Service, 18837, 122 Albert Street, Warragul VIC 3820
* Latrobe Community Health Service, 18838, 122 Albert Street, Warragul VIC 3820
* Latrobe Community Health Service - EACH, 18839, 122 Albert Street, Warragul VIC 3820
* Latrobe Community Health Service - EACHD, 18840, 122 Albert Street, Warragul VIC 3820
* Latrobe Home Care Packages - Gippsland Region, 22885, 5/111 Main Street, Bairnsdale VIC 3875
* Latrobe Home Care Packages - Gippsland, 23509, 5/111 Main Street, Bairnsdale VIC 3875
* Latrobe Community Health Service, 18837, 5/111 Main Street, Bairnsdale VIC 3875
* Latrobe Community Health Service, 18838, 5/111 Main Street, Bairnsdale VIC 3875
* Latrobe Community Health Service - EACH, 18839, 5/111 Main Street, Bairnsdale VIC 3875
* Latrobe Community Health Service - EACHD, 18840, 5/111 Main Street, Bairnsdale VIC 3875
* Latrobe Home Care Packages - Gippsland Region, 22885, 52 McArthur Street, Sale VIC 3850
* Latrobe Home Care Packages - Gippsland, 23509, 52 McArthur Street, Sale VIC 3850
* Latrobe Community Health Service, 18837, 52 McArthur Street, Sale VIC 3850
* Latrobe Community Health Service, 18838, 52 McArthur Street, Sale VIC 3850
* Latrobe Community Health Service - EACH, 18839, 52 McArthur Street, Sale VIC 3850
* Latrobe Community Health Service - EACHD, 18840, 52 McArthur Street, Sale VIC 3850
* Latrobe Home Care Packages - Gippsland Region, 22885, 86 Graham Street, Wonthaggi VIC 3995
* Latrobe Home Care Packages - Gippsland, 23509, 86 Graham Street, Wonthaggi VIC 3995
* Latrobe Community Health Service, 18837, 86 Graham Street, Wonthaggi VIC 3995
* Latrobe Community Health Service, 18838, 86 Graham Street, Wonthaggi VIC 3995
* Latrobe Community Health Service - EACH, 18839, 86 Graham Street, Wonthaggi VIC 3995
* Latrobe Community Health Service - EACHD, 18840, 86 Graham Street, Wonthaggi VIC 3995

**CHSP:**

* Allied Health and Therapy Services, 4-B7DHCWI, 81-87 Buckley Street, MORWELL VIC 3840
* Cottage Respite - Care Relationships and Carer Support, 4-B7DHD1B, 81-87 Buckley Street, MORWELL VIC 3840
* Domestic Assistance, 4-B7DHD65, 81-87 Buckley Street, MORWELL VIC 3840
* Flexible Respite - Care Relationships and Carer Support, 4-B88DYHZ, 81-87 Buckley Street, MORWELL VIC 3840
* Nursing, 4-B89WYNN, 81-87 Buckley Street, MORWELL VIC 3840
* Social Support Group, 4-B89WYYE, 81-87 Buckley Street, MORWELL VIC 3840
* Specialised Support Services, 4-B88UL7B, 81-87 Buckley Street, MORWELL VIC 3840
* Specialised Support Services, 4-B88UL7B, 122 Albert Street, Warragul VIC 3820
* Specialised Support Services, 4-B88UL7B, 5/111 Main Street, Bairnsdale VIC 3875
* Specialised Support Services, 4-B88UL7B, 52 McArthur Street, Sale VIC 3850
* Specialised Support Services, 4-B88UL7B, 86 Graham Street, Wonthaggi VIC 3995

# Material relied on

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

* the assessment team’s report for the Quality Audit. The 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 September 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. |
| 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. |
| 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. |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. |
| 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. |

# Other relevant matters:

A Non-Compliance Notice under the Aged Care Quality and Safety Commission ACT 2018 was issued to the approved provider on 29 July 2022.

# Standard 1

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

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced, consumers and representatives are generally satisfied they feel respected by the support workers and feel valued as individuals. Some consumers were dissatisfied with the responsiveness of office based staff. Support workers described how they deliver culturally safe care and support consumers to connect with their community. Consumers described the ways their services support them to maintain relationships and connections with their community. Care documentation identifies each consumer’s social connections, relationships of importance and the level of involvement family or friends have in their care. Interviews with support workers evidenced how risk management strategies are implemented to support consumers live their life as they choose.

I have made findings of non-compliance as noted in the table above. In making these findings I have considered the Assessment Team’s report and the response of the approved provider.

Consumers with a home care package raised issues regarding their statement with the Assessment Team. Consumers told the Assessment Team that monthly financial statements are not always correct. Services that have not been provided appear on their statement and the figure for the balance of funds available on their statement is often inaccurate. Consumers and representatives reported poor communication by office based staff and spoke of the difficulty contacting the service to make requests or receive information related to their care and services.

The approved provider’s response includes actions to support consumers to understand the information they receive from the service. A summary of actions include improving the process and format of the monthly statement so errors do not occur. Development of a ‘how to read your statement’ guidance and testing the useability of the new guidance with consumers to ensure it is for purpose. Training for staff on information provision and the revised processes is also planned. A recruitment strategy is ongoing to fill vacant office positions to support more responsive communication between staff and consumers.

I am satisfied based on all the relevant evidence (summarised above) that the approved provider is non-compliant with this Standard as information is not clear.

# Standard 2

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

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced consumers and representatives indicated assessment and planning generally addressed their current needs, goals and preferences. This included appropriate discussions on advance care plans. All consumers said they are involved in their care planning to the extent they wish. Management, staff and documentation review demonstrated joined up care occurs and information is shared appropriately where aspects of the consumer’s care needs intersect with other providers.

I have made findings of non-compliance as noted in the table above. In making these findings I have considered the Assessment Team’s report and the response of the approved provider.

The Assessment’s teams review of documentation found that the process for care assessment did not support the delivery of safe and effective care and services. Assessment did not capture how diseases or conditions such as dementia, diabetes or poor mobility inform care delivery and care plans do not inform staff of risks which should be evident to staff with relevant assessment skills. For example, validated risk assessments or further exploration of risk through progress notes or other care planning documentation did not evidence to the satisfaction of the Assessment Team risk mitigation strategies for a consumer experiencing frequent falls, weight loss, pain, incontinence and impaired cognition.

While care and service plans are generally available at the point of care, the majority of staff interviewed told the Assessment Team they mainly receive task related information, requiring the consumer to inform staff of their needs, goals and preferences. The Assessment Team reviewed care and service plans and found them to lack sufficient relevant details. An example of information provided to staff to care for a consumer with memory loss and confusion had a high level summary of ‘personal care 3 times a week and prompt medications ensuring it is taken from the correct date in the ‘webster pack’.’

The Assessment Team identified through a sample of consumer incidents impacting on the needs of consumers that incidents are not consistently responded to and actioned. Further, post incident reviews lacked information.

The approved provider’s response includes actions to review assessment and care planning procedures and implement risk based assessment tools to ensure the identification of, and response to risks to consumers’ health and well-being. I acknowledge the evidence provided by the approved provider to demonstrate that the service does use validated assessment tools. Validated assessment tools for cognition, skin integrity and other clinical based assessments were submitted.

A ‘Consumer Risk Register’ - identifying “at-risk” consumers (high prevalence and high impact risks; and others impacted by incidents, hazards, deterioration or change) is also being established by the approved provider.

Of note, the approved provider’s response outlines it is developing a Consumer Directed Care Guide document for new clients and for existing clients to transition to at their next annual review or as their needs change. This Care Guide will contain all the relevant consumer information and risk factors to provide safe and effective care to the consumer. It will be provided to all service providers and given directly to the support worker.

One of the goals of the revised assessment and planning process, as noted in the response, is to support the timely review of incidents and trigger a care and service plan review that incorporates new and/or emerging needs following on from an incident.

The approved provider’s response outlines the actions undertaken will be supported though staff training and subject to internal audit processes.

I have also reviewed assessment and care planning documentation, procedures, proformas and continuous improvement plans submitted by the approved provider in their response.

While the approved provider has submitted a comprehensive response, and provided some specific evidence which refutes the Assessment Team’s report in parts, I am satisfied, based on all the relevant evidence (summarised above) that the approved provider is not compliant with this Standard as assessment and planning is inadequate.

# Standard 3

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

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced examples of coordinated palliative care for consumers. The service’s direct care delivery is linked in with palliative care services and when planned visits occur, there is evidence of communication between the service’s care advisor, the palliative care team and other specialised practitioners. Consideration of each consumer’s emotional needs, pain management and the need for specialised equipment is evident. The Assessment Team also found the service has documented policies and procedures to support the minimisation of infection related risks through infection prevention and control practices. Staff and consumers are satisfied the infection control procedures are adhered to generally and in the context of COVID-19. The service has access to a COVID plan which outlines accountabilities and responsibilities for infection prevention.

I have made findings of non-compliance as noted in the table above. In making these findings I have considered the Assessment Team’s report and the response of the approved provider.

The Assessment Team’s report evidences care coordinators are not clear on the clinical status of the consumers under their care and had to seek this information from third parties and internal nursing services to respond to the Assessment Team’s enquiries.

Through a number of case studies, the Assessment Team highlights examples of consumers’ risks not being managed, deterioration in health and wellbeing not being acted on and referrals not being made or followed up on. While consumers are generally satisfied with their care, nurses and staff interviewed by the Assessment Team outlined various concerns including a diabetic consumer with elevated blood glucose levels and weight loss and a consumer exhibiting increasing self-neglect and cognitive decline. Consumers also gave examples of being hospitalised and not receiving a care plan review to inform any changes to care and services that may be required.

Documentation review by the Assessment Team evidenced a consumer with depression and suicide ideation did not have an adequate management plan. The consumer was hospitalised in the month prior to the quality audit. Staff did not know the reason for the hospitalisation. Services were restarted by the care coordination team when the consumer returned home, however, no review of care and services occurred.

The approved provider’s response includes a number of documents that were not available to the Assessment Team as they were not uploaded to the consumers’ files. These documents demonstrate some follow up actions did occur for some consumers. However, the documents did not sufficiently demonstrate that care delivery was being actively monitored to ensure it was safe and effective.

The approved provider’s response does not demonstrate re-assessments or reviews consistently occurred when consumers’ circumstances or health status changed. I note that clinical care is also undertaken by brokered services and in reviewing the relevant documents, it appears to me, that the care coordination team at the service have taken a secondary role in management of consumer care and have not fully understood their responsibility for actively managing risks including when the actual service delivery is undertaken by another organisation.

I note in the approved provider’s response a failure of some subcontracted services to alert Latrobe Community Health Service - Gippsland of consumer incidents as they occurred and while the additional documentation provided in the response demonstrates some follow up actions had indeed occurred, delays in consolidating information also evidences a lack of capacity to ensure the relevant information is available to inform care strategies and delivery.

The approved provider’s response also demonstrates that most planned referrals did occur however the timeliness of these referrals was quite delayed with a lapse of a number of weeks between the referral being identified as required and the referral being issued to the relevant practitioner.

I acknowledge the continuous improvement activities already underway by the approved provider’s which include updating the procedure to clarify discharge from hospital pathways and the procedure dealing with effective management of deterioration in consumer’s physical function and/or mental health wellbeing. Activities also address subcontracted services, of note, to review brokered provider management procedures and implement revised procedures, to ensure clarity of requirements for sharing of information and two-way communication about service requirements and outcomes.

The approved provider’s response outlines the actions undertaken will be supported though staff training and subject to internal audit processes.

While the approved provider has submitted a comprehensive response, and provided some specific evidence which refutes the Assessment Team’s report in parts, I am satisfied, based on all the relevant evidence (summarised above) that the approved provider is not compliant with this Standard as clinical care is not always safe.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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. | HCP compliant. CHSP compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | HCP compliant. CHSP 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. | HCP compliant. CHSP 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. | HCP compliant. CHSP compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | HCP compliant. CHSP compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | HCP compliant. CHSP compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | HCP compliant. CHSP compliant |

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced consumers’ satisfaction with how services and supports help them to maintain their independence and support their quality of life. Staff showed an understanding of the supports that were important to the consumers. Documentation evidenced how the service identifies what is important to the consumer.

Support staff described strategies and interventions to support consumers who may need emotional support and consumers said staff engage with them when they are feeling low or emotional.

The Assessment Team observed consumers participating in a social support group and consumers said in various ways activities are meaningful and enjoyable.

The transport staff described their daily run sheet provides them with the right information on pick up and drop off, and who needs assistance to get on and off the bus.

Home modifications referrals and the purchase of personal equipment have occurred as required.

Consumers are satisfied with the meals and said there is a food board where consumers can contribute to the choice of foods that are cooked at social activities. Consumers said in various ways that meals are generally tasty.

I am satisfied, based on all the relevant evidence (summarised above) that the approved provider complies with this Standard.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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. | HCP compliant. CHSP 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. | HCP compliant. CHSP compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | HCP compliant. CHSP compliant |

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary the Assessment Team’s report outlines consumers and representatives described the service environment as welcoming, easy to navigate and suitable for the social group activities and respite care. The Assessment Team’s observations were that the service was at ground level with wheelchair access and furniture and fittings were clean and suitable.

Maintenance records evidenced systems to monitor the safety, suitability and cleanliness of equipment and furniture within the facility. The kitchen and food storage facilities at the social support group and Mayfair house were observed to be clean and well maintained.

The Assessment Team observed appropriate infection control practices being undertaken by staff and consumers.

Volunteers said they are on hand to support consumers, and the Assessment Team observed consumers freely moving throughout the service independently and with the support of volunteers.

I am satisfied, based on all the relevant evidence (summarised above) that the approved provider is complies with this Standard.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | HCP compliant. CHSP 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. | HCP compliant. CHSP compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | HCP non-compliant. CHSP compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | HCP compliant. CHSP compliant |

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary, the Assessment Team’s report evidenced information provided to consumers at commencement of their services includes a feedback form and information on how to make a complaint as well as information on advocacy services and other avenues and supports to bring forward their feedback and complaints.

Most consumers and representatives interviewed said they would be comfortable in providing feedback and making a complaint and gave examples of using the complaints system.

The Assessment Team’s report provides examples of system or other improvements resulting from management’s review of consumer feedback and complaints.

I have made a finding on non-compliance as noted in the table above. In making this finding I have considered the Assessment Team’s report and the response of the approved provider.

The Assessment Team’s report outlines consistent complaints from consumers about invoices and poor communication with office based staff including care advisors.

The Approved Provider’s response acknowledges an increase in complaints regarding communications and invoices. Management has had visibility to this increase and had taken some action prior to the audit, including an upgrade to their feedback management system. The system upgrade has improved oversight of feedback and complaints. A dedicated complaints officer has also been appointed.

While the approved provider’s response outlines complaints are trending down and resolution rates are improving, I am persuaded by consumers’ feedback that they are not satisfied with how complaints are handled and actions taken as a result of submitting a complaint.

I am satisfied, based on all the relevant evidence (summarised above) that the approved provider is not compliant with this Standard as actions to resolve complaints did not consistently occur. **Standard 7**

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

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary the Assessment Team’s report evidences management did demonstrate a structured approach to workforce planning and has implemented strategies, such as not taking on additional home care packages and implementing a ‘care advisor response team’ while recruitment activities are underway.

Consumers and representatives expressed, in various ways, that staff delivering care are kind and caring and that interactions with individual staff are respectful.

The service has mandatory training that needs to be completed and a system for managing underperforming staff.

I have made findings of non-compliance as noted in the table above. In making these findings I have considered the Assessment Team’s report and the response of the approved provider.

The Assessment Team’s report outlines evidence that the service did not adequately demonstrate that staff across various positions and functions are competent to effectively perform their roles. Of note relevant staff do not have adequate knowledge of their accountabilities in assessment and planning of care and services.

The Approved Provider’s response outlines a dedicated quality and safety role for the home care program is being implemented to oversee program performance in areas including assessment, planning and delivery of care. The role will have other functions including complaints and incident management and oversight of the continuous improvement plan.

I acknowledge throughout the approved provider’s response a commitment to staff training support staff to be confident and competent in their roles.

I am satisfied, based on all the relevant evidence (summarised above) that the approved provider is not compliant with this Standard as staff did not have the knowledge to undertake effective assessment and care planning.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | HCP compliant. CHSP 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. | HCP compliant. CHSP 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. | HCP compliant. CHSP 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. | HCP non-compliant. CHSP non- compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | HCP compliant. CHSP compliant |

## Findings

I have relied on the evidence of the Assessment Team for my decision on requirements that I have found compliant as outlined in the table above. I do not intend to repeat the details of that evidence in this report.

In summary the Assessment Team’s report evidences consumers are engaged in the evaluation of services, for example, through focus groups and surveys. Notwithstanding failures in individual requirements of the Standards, overall the Assessment Team evidenced the governing body has oversight of the strategic direction of the service and receives information to inform itself in regard to the quality of care and services. The report outlines how responsibilities and accountability is embedded into governance systems across the service’s work streams. A committee structure is in place and committee reports are provided to members of the governing body.

I have made findings of non-compliance as noted in the table above. In making these findings I have considered the Assessment Team’s report and the response of the approved provider.

The Assessment Team’s report outlines failings in the effective management of high impact and/or high prevalence risks of named consumers. It also evidences deficits in the service’s management of incidents and near miss incidents where information was not duly considered for the effectiveness of the strategies in place to prevent the incident occurring, reoccuring or occurring in the future. Some incidents were not reported to the service by third party providers.

The approved provider’s response outlines a file audit tool has been developed for care coordinators and team leaders and audits have commenced. Comprehensive monthly audits will occur and data will be trended to identify gaps and areas of training required to support ongoing improvements in clinical oversight. A quarterly report will be tabled at the Clinical Governance Management Committee for greater oversight on improvement actions.

The approved provider asserts that incident reports were not missing from the service’s incident system but were not visible to the staff as the incident had been closed. The response outlines the commitment of the management team to work with their Governance team to improve reporting from the incident management system.

I acknowledge that a number of the approved provider’s continuous improvement actions are already in train and that a detailed plan, including timeframes and accountably for future action has been submitted as part of their response.

I am satisfied, based on all the relevant evidence (summarised above) that the approved provider is not compliant with this Standard, as risk management systems, in particular oversight of the delivery of care by brokered services, is not effective.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)