Liberty Community Connect

Performance Report

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| **Address:** | 31 Martin Street NERANG QLD 4211 |
| **Phone:** | 07 5578 1668 |
| **Commission ID:** | 700444 |
| **Provider name:** | Liberty Community Connect Inc. |
| **Activity type:** | Quality Audit |
| **Activity date:** | 5 July 2022 to 8 July 2022 |
| **Performance report date:** | 8 September 2022 |

# Performance report prepared by

G. McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Liberty Community Connect Inc, 26264, 31 Martin Street, NERANG QLD 4211

**CHSP:**

* CHSP - Allied Health and Therapy Services, 4-7Z56WTK, 31 Martin Street, NERANG QLD 4211
* CHSP Personal Care, 4-7Z56WY1, 31 Martin Street, NERANG QLD 4211
* CHSP - Home Maintenance, 4-7Z5EGOL, 31 Martin Street, NERANG QLD 4211
* CHSP - Flexible Respite, 4-7Z5EGRO, 31 Martin Street, NERANG QLD 4211
* CHSP - Domestic Assistance, 4-7Z5EGUH, 31 Martin Street, NERANG QLD 4211
* CHSP - Social Support - Group, 4-7Z5EGXA, 31 Martin Street, NERANG QLD 4211
* CHSP - Social Support - Individual, 4-7Z5EH03, 31 Martin Street, NERANG QLD 4211

# Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| CHSP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| CHSP | Not Compliant |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| CHSP | Not Compliant |
| Requirement 3(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Compliant |
| CHSP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP | Not Applicable |
| CHSP | Compliant |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Compliant |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Compliant |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Compliant |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Compliant |
| CHSP | Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Compliant |
| CHSP | Compliant |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| CHSP | Not Compliant |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 11 August 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Sampled consumers and representatives said consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services to support them to live a life of their choosing. Consumers said staff know them as individuals and what is important to them and described how the service encourages and supports their independence. The workforce demonstrated an understanding of each individual consumer’s preferences and life journey, and the service provides information to enable consumers to make informed choices. Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear and easy to understand. The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives said they are satisfied care and services identify and meet their current needs, goals, and preferences. Consumers said they are involved in their care planning discussions, and they are informed about the outcomes of assessment planning and access to their documentation. Consumers and representatives were able to provide examples of how other providers of care and services are involved in meeting consumers’ healthcare needs.

Care planning information reviewed for sampled consumers demonstrated integrated and coordinated assessment and planning involving consumers and their representatives, providers of other care and services, including medical officers, brokered clinical staff and other allied health professionals.

Care planning documentation is reviewed annually for effectiveness and when circumstances change or when incidents occur. Outcomes of assessment and planning is communicated to the consumer and/or their representative according to their preference.

While the need for improvements were identified by the Assessment team and acknowledged by the approved provider in relation to ensuring that recording of risks to the consumer’s health and well-being and strategies to guide staff to manage same, on balance the approved provider could demonstrate that assessment and planning informed the delivery of safe and effective care and services.

In relation to assessment and planning identifying and addressing consumer’s needs, goals and preferences, areas for improvement were also identified but on balance the approved provider could demonstrate compliance with that requirement. The approved provider showed a proactive attitude toward identifying areas for improvement and acting on same.

However, the service does not request consumer’s advance care and/or end of life planning needs at the initial assessment or during reviews to inform care planning. Consumers and representatives from both programs said that advance care and/or end of life planning had not been discussed with them by the service. The approved provider identified how it would address this matter.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

Findings

The Assessment Team found there were inconsistencies in the assessment and care planning information to guide staff practice when delivering services to consumers, including limited information to guide staff providing care to consumers at risk of falls, no information to guide staff strategies and interventions for consumers requiring encouragement for personal care to be delivered, and no information on a diet and allergy list regarding consumers with diabetes or allergies.

In its written response the approved provider stated it had identified, prior to the Quality Audit, the need for process improvements including but not limited to a more efficient and digital client care planning process. However, it provided context and information in relation to some of the consumers identified and, in particular, how it assessed their needs and risk associated with their care and how it provided information to staff on consumer’s needs and risk.

On balance I am satisfied that the approved provider could demonstrate that 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. While I consider that refinement of the approved provider’s care planning processes are required, I have taken into account the Assessment Team’s report that staff and sub-contracted staff were able to describe the key risks for consumers and the strategies they used when delivering services to consumers, and that consumers and representatives said they were satisfied they receive safe and effective care and services.

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team found that the service did not demonstrate that assessment and planning consistently identifies and addresses each consumer’s needs, goals, and preferences. Where consumer’s needs and risks to their health and well-being were identified, care plans did not contain sufficient information to guide staff practice, including in relation to falls risk and maintaining skin integrity, management of behaviours, personal care and diet and allergies.

In its written response the approved provider was able to demonstrate how it recorded and disseminated information about consumer’s needs, goals, and preferences which, while not directly recorded in a consolidated care plan, evidenced an understanding of these matters and directions on attending to care needs. I am satisfied that the Assessment Team identified areas for improvement, which the approved provider acknowledged. On balance I am satisfied that the approved provider could demonstrate that assessment and planning identifies and addresses consumer’s current needs, goals and preferences.

However, the Assessment Team also found that the service does not request consumer’s advance care and/or end of life planning needs at the initial assessment or during reviews to inform care planning. Consumers and representatives from both programs said that advance care and/or end of life planning had not been discussed with them by the service.

In its written response to this finding the approved provider stated that Advanced Care Planning and End of Life planning was identified as an area of improvement. It further stated historically its consumers have been low level care, independent individuals receiving services such as domestic services, home maintenance and group social, making it a challenge to discuss these matters. The approved provider noted that its immediate action has been to include an advanced care planning section specifically in all HCP care plans and across all services to provide advanced care planning brochures in all client information packs.

I acknowledge these improvements, but am satisfied that at the time of the Quality Audit the approved provider could not demonstrate that assessment and planning identifies and addresses advance care planning and end of life planning if the consumer wishes.

In respect of assessment and planning identifying and addressing advance care planning and end of life planning if the consumer wishes I find this requirement Non-Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*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) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Clinical care is subcontracted to other aged care providers and personal care is subcontracted if the consumer prefers a particular provider. The service provides personal care for Commonwealth home support programme consumers. The service demonstrated that consumers get safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. While care plans for consumers sampled did not consistently document detailed information and strategies to guide staff practice, consumers and representatives said that staff know what they are doing and that consumers feel safe and supported. Care staff and subcontracted clinical staff provided feedback which demonstrated that they are aware of consumers’ individual personal and clinical care needs and described specific strategies they used to deliver care.

Consumers and representatives sampled said consumers have access to a medical officer or allied health professionals when they need it. Consumers said the care they receive when they are unwell or experiencing a deterioration in their health is responded to in a timely manner, with their preferences being met.

The service demonstrated consumers nearing the end of their life would be provided care that considered their current needs, goals and preferences, maximised their comfort and preserved their dignity. 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. Care documentation reflect referrals to a range of clinical and allied health professionals.

The service demonstrated they have systems and processes in place to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infection. The service has policies and procedures in place related to infection control and demonstrated preparedness in the event of an infectious outbreak including for COVID-19.

However, the service did not demonstrate how it effectively manages high impact or high prevalence risks associated with the care of each consumer receiving services through the home care package program. The service could not fully demonstrate how it systematically monitors and adjusts practice in relation to the areas it identifies as high prevalence and high impact, including monitoring indicators related to high impact or high prevalent risks.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The Assessment Team found that the service did not demonstrate it effectively manages high impact or high prevalence risks associated with the care of each consumer receiving clinical and personal care services. The Assessment Team reported that information is not consistently reflected in care planning documentation, including the identification of all high impact or high prevalence risks and strategies or guidance for staff who regularly provide services to consumers. The Assessment Team also reported the service did not demonstrate consistent reporting of high impact and high prevalence clinical risks or monitoring to ensure effective management of those risks for each consumer. Management was reported as advising that the service does not currently monitor clinical indicators, including indicators related to high impact high prevalent risks.

In its written response to this finding the approved provider stated that it highlighted to the Assessment Team its need to improve clinical governance, but that this was in acknowledgement and response to its strategic direction and growth, it noting that historically it delivered a basic level of care and supported a small number of HCP clients at the level 3 and 4.

It also noted that falls are its most common matter of concern and that this is addressed at an individual care plan level and an organisational level in a strategic manner with the implementation of its Active at Home program, which it stated is a well-documented best practice falls and strength based program. It stated it currently had have 20 consumers in home support who were undertaking the program and it was being rolled out as a daily offering in our centre based programs.

The approved provider further stated that it undertakes a monthly Care Management Meeting at which it reviews the care being delivered to consumers, identifies risks or improvements, and address any concerns and to report these through to the CEO and board. It also noted that it maintains a vulnerable clients list and this is reviewed as part of its ongoing Emergency Management meetings that occur each week.

In relation to Standard 2 requirement 2(3(a) I found that the approved provider could demonstrate that 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.

However, in relation to this requirement I am not satisfied that the service could fully demonstrate how it monitors and adjusts practice in relation to the areas it identifies as high prevalence and high impact. I am not satisfied it showed that it monitored clinical indicators, including indicators related to high impact or high prevalent risks. I acknowledge its statement that it undertakes a monthly Care Management Meeting, however no evidence was provided which indicated systemic analysis of high impact or high prevalence risks.

The approved provider stated that following or during the Quality Audit it created a table in its monthly report outlining the number of clients it was caring for that have falls risk, catheter care, recent hospitalisation, dementia and other conditions or circumstances, however its practices around this process will require time to become embedded and for the approved provider to demonstrate sustainability.

I find this requirement Non-Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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) | HCP | Compliant |
|  | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives said the consumer is supported by the service to do the things they like to do, which promotes their mental health and well-being and enhances their quality of life. Consumers said they feel supported to stay connected with people who are important to them and participate in the local community.

The service has a leisure and lifestyle centre where activities and meals are provided along with outings across the local community to places of interest to consumers. Consumers and representatives said that consumers enjoy attending the centre and the community outings, and meals provided are of good quantity and quality.

Staff described how they support consumers to socialise or maintain personal relationships and are aware of people who are important to individual consumers. Staff explained the variety of ways how they share information and are kept informed of the changing needs of consumers. Staff confirmed they have access to sufficient safe and well-maintained equipment and consumables to meet consumer needs.

The service demonstrated that information about the consumer’s condition, needs and preferences was communicated with others where responsibility for care is shared. The approved provider acknowledged that improvements could be made to information in care planning documentation and has commenced these improvements.

Care documentation detailed consumers’ life history, personal interests, communication needs, religious beliefs, and persons of significance. Care documentation demonstrated consumers are actively supported to pursue their interests within the service and the broader community through individual and group activities.

The service had policies and procedures to ensure referral pathways for external support are established and equipment is routinely inspected to ensure operational integrity and safety.

The Quality Standard for the Home care packages service is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Findings

The Assessment Team found that while dated notes showed detailed communication about consumers’ care needs this was not reflected in the care plan to ensure all those involved in the care of the consumer are fully informed.

In its written response the approved provider was able to demonstrate adequate communication of information about the consumer’s condition, needs and preferences. In coming to this conclusion I have taken into account that staff could clearly describe individual consumer’s health conditions and the care strategies they use to deliver services, and that consumers and representatives said they were satisfied that the staff including subcontractors who deliver services to the consumer know their care and service needs and they do not have to repeat information to direct them in what to do. The approved provider is encouraged to continue with its improvements to care planning documentation.

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The leisure and lifestyle centre environment is welcoming and optimises consumers’ independence, interaction and function. The environment provides spaces for group activities, individual interests and quiet reflection. Consumers are able to make use of the spaces as they choose. The centre was observed to be easily navigated by consumers and was noted to reflect their safety and comfort needs. The environment was seen to be clean, fresh smelling and uncluttered. Venue risk assessments are conducted prior to outings to ensure each venue is suitable for consumers, and the facilities support consumer comfort and safety.

The service demonstrated that there are systems and processes in place to ensure the centre’s furniture, fittings and equipment is safe, clean, well maintained and suitable for consumers.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The organisation does not provide a service environment for its HCP consumers therefore this Standard is Not Applicable to HCP.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Findings

The Assessment Team found that the service demonstrated that there are systems and processes in place to ensure the centre’s furniture, fittings and equipment is safe, clean, well maintained and suitable for the social support group consumers. However, the Assessment Team identified improvements to the safety of the vehicles used to transport consumers, including:

* Items carried on board were not securely stored and presented a hazard and/or safety risk, particularly in the event of a sudden stop or an accident. For example, one vehicle had loose items including first aid box, vehicle safety triangle kit, storage boxes and an umbrella.
* A bodily fluid spill kit is not currently carried on vehicles to ensure appropriate infection control if required. Vomit bags were sighted on one vehicle.
* An open packet of continence pads was observed stored at the rear of the vehicle; the contents were not contained in a hygienic sterile manner.

In its written response the approved provider stated a first aid kit and safety triangle kit were in fact under the rear seat of the vans, on a nonslip flooring, and umbrellas are stored down the side of the last seat, and that in its view the items do not present a hazard. It stated the vans travel throughout the Gold Coast and the items do not move around on the floor under transport. The approved provider also stated that an infection control kit is maintained for each vehicle which includes, gloves, vomit bags, face mask, face shields, sanitising spray, hand sanitiser and disinfectant wipes.

In relation to the open packet of continence pads, the approved provider acknowledged this was the case and noted these have been removed and staff advised to store such items in a more appropriate manner. I consider this a minor matter which was rectified at the time of the Quality Audit.

I accept the approved provider’s statement that an infection control kit is maintained and in each vehicle, and it should continue to ensure these remain in place and are replenished each day when the vehicles are sanitised at the end of the shift. The approved provider stated this is now included as part of the daily reporting as a prompt and reminder to ensure the kits are up to date.

In relation to the storage of items, on balance I cannot say that storage of the identified items under the rear seat of the vans or down the side of the last seat is an unsafe practice, however the approved provider is encouraged to confirm that such storage is best practice.

I find this requirement Non-Compliant.

# STANDARD 6 Feedback and complaints

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The organisation demonstrated they actively encourage consumers and their representatives to provide feedback or to complain about the care and services they receive.

Consumers and their representatives interviewed confirmed they feel empowered and supported to provide feedback or make a complaint and feel comfortable to raise issues should they wish to do so. Consumers and representatives confirmed the service responds promptly to feedback. Staff were aware of the range of options available to support consumers if they require assistance to provide feedback or make a complaint. Management acknowledge each consumer’s feedback or complaint and consult with them to resolve issues to their satisfaction. Feedback and complaints feed into improvement of care and services.

The Quality Standard for the Home care packages service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The organisation demonstrated that the workforce is planned and deployed to support care and service delivery. Consumers, or their representatives, confirmed staff are gentle, treat them kindly and with care, respect their individuality and accommodate their preferences.

Staff hold qualifications relevant to their role and management regularly review staff roles and responsibilities. Staff are recruited, trained and equipped for their role, prior to commencing care provision to consumers. Staff receive ongoing training and support for professional development. The organisation monitors performance and capabilities of the workforce overall and action is taken where expectations are not being met.

The Quality Standard for the Home care packages service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The organisation seeks consumer and representative input to inform review of service quality and development of the range of service offerings, and promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation demonstrated effective systems in relation to information management, financial governance, workforce governance, feedback and complaints, continuous improvement and regulatory compliance.

It also demonstrated effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

However, while the organisation has a risk management framework, including a risk register and policy and procedures, it could not fully demonstrate that it always identifies and manages high-impact and high prevalent risks associated with the care of consumers. There was insufficient evidence that the management committee has adequate oversight of the high impact and high prevalence risk associated with the care of the current aged care consumer cohort.

A Clinical Governance framework is in place, which the approved provider indicated it was reviewing to match with its growth.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the four applicable requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

The Assessment Team found that the organisation demonstrated effective systems in relation to information management, continuous improvement, workforce governance, financial governance and feedback and complaints and I agree with these findings.

The Assessment Team found that the organisation did not demonstrate effective governance systems in relation to regulatory compliance however I consider that it could demonstrate this.

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team found that the organisation has an incident management system which is effective in practice with oversight of the management and prevention of consumer incidents. The Assessment Team also found that the service has policies and procedures in place for identifying and responding to abuse and neglect and relevant information and training is provided to staff and that the service works to support consumers to live the best life they can. I agree with these findings.

The Assessment Team found that while the organisation has a risk management framework, including a risk register and policy and procedures, this does not include the identification and management of high-impact and high prevalent risks associated with the care of consumers. There was no evidence that the management committee have adequate oversight of the high impact and high prevalence risk associated with the care of the current aged care consumer cohort.

I consider that the approved provider could demonstrate that 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, as detailed in relation to detailed in relation to Standard 2 requirement 2(3(a).

In relation to this requirement, I acknowledge the approved provider’s statement that it undertakes a monthly Care Management Meeting, however no evidence was provided which indicated systemic analysis of all high impact or high prevalence risks.

I also acknowledge and accept the approved provider’s statement It also noted that falls are its most common matter of concern and that this is addressed at an individual care plan level and an organisational level in a strategic manner with the implementation of its Active at Home program.

However, I am not satisfied that the service could fully demonstrate how it monitors and adjusts practice in relation to the areas it identifies as high prevalence and high impact. I am also not satisfied it showed that it monitored clinical indicators, including indicators related to high impact or high prevalent risks.

The approved provider stated that following or during the Quality Audit it created a table in its monthly report outlining the number of clients it was caring for that have falls risk, catheter care, recent hospitalisation, dementia and other conditions or circumstances, however its practices around this process will require time to become embedded and for the approved provider to demonstrate sustainability.

I acknowledge the steps the approved provider is taking to address these matters, however I find that at the time of the Quality Audit it was Non-compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team found that the organisation evidenced a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure and I agree with these findings.

However, the Assessment Team found that the organisation did not demonstrate the clinical governance and safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care.

In its written response the approved provider acknowledged it had reached the point where it was necessary to improve its clinical governance and policy and process, but stated this was a journey it had embarked on and did not reflect an inadequate level of governance.

I accept this submission, and in doing so have taken into account my compliant findings in relation to Standard 3, including consumer satisfaction with the clinical care provided. However, I encourage the approved provider to continue its improvement process.

I find this requirement Compliant.

# Areas for improvement

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP |  |
|  | CHSP |  |

*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.*

In respect of assessment and planning identifying and addressing advance care planning and end of life planning if the consumer wishes.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP |  |
|  | CHSP |  |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP |  |
|  | CHSP |  |

*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.*

In relation to managing high impact or high prevalence risks associated with the care of consumers.