**Performance**

**Report**

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| Name of service: | Like Our Own |
| Service address: | 22 Prince Street HAMPTON VIC 3188 |
| Commission ID: | 301041 |
| Home Service Provider: | Texplore Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 4 May 2023 to 8 May 2023 |
| Performance report date: | 26 June 2023 |

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 Like Our Own (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* In-home care, 27347, 22 Prince Street, HAMPTON VIC 3188
* In-home care, 27349, 22 Prince Street, HAMPTON VIC 3188
* In-home care, 27350, 22 Prince Street, HAMPTON VIC 3188
* In-home care, 27351, 22 Prince Street, HAMPTON VIC 3188
* In-home care, 27353, 22 Prince Street, HAMPTON VIC 3188
* In-home care, 27354, 22 Prince Street, HAMPTON VIC 3188
* In-home care, 27355, 22 Prince Street, HAMPTON VIC 3188
* Home Care Support, 27357, 22 Prince Street, HAMPTON VIC 3188
* Home Care Support, 27358, 22 Prince Street, HAMPTON VIC 3188
* Personal Home Care Support, 27348, 22 Prince Street, HAMPTON VIC 3188
* Home Care, 27356, 22 Prince Street, HAMPTON VIC 3188

# Material relied on

The following information has been considered in preparing the 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; and
* the approved provider’s (the ‘provider’) response to the Assessment Team’s report received on 5 June 2023.

# Assessment summary for Home Care Packages (HCP)

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

Standard 1 Requirement (3)(e)

* Ensure information is provided to consumers in way that is easy for them to understand
* Explore solutions to support consumers who express difficulties in receiving or understanding information
* Ensure home care agreements are current and reflect the level of home care package for all consumers

Standard 6 Requirement (3)(c)

* Ensure timely feedback is provided to consumers, representatives and others in relation to receipt of complaints and action taken in response
* Ensure correspondence, and communications, with consumer reflect the principles of open disclosure, establishes a culture where consumers feel safe in raising concerns and receive reassurance of actions to address and prevent recurrence.

Standard 7 Requirement (3)(c)

* Ensure appropriate checks for all staff, inclusive of those directly engaged by consumers, occur to assure the provider that staff delivering consumer services are to do so.
* Where the provider reimburses consumers for services undertaken by contractors engaged by the consumer, ensure appropriate records are maintained in relation to the appropriateness and suitability of the contractors delivering services.

Standard 8 Requirement (3)(c)

* Ensure services maintains oversight of the quality of services, and suitability of service staff, where consumers have engaged their own service staff
* Maintain records of probity checks and systems for all service staff
* Ensure members of the workforce, inclusive of contractors engaged by consumers, have clear responsibility and accountability for managing the safety and quality of care and services, and sufficient authority to do this.
* Ensure roles and responsibilities between contractors and the provider are established.
* Ensure systems and processes are effective, from the care and service level through to the governing body level, for managing and governing all aspects of care and services.

# Standard 1

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

Findings

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate that information provided to each consumer is current accurate and timely. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives reported monthly statements are not always easy to understand. Comments included that they are unable to read them, they are not always received regularly, statements via text are hard to understand, and they are unable to verify if all the service charges are correct.
* Consumer agreements sampled did not include information to enable consumers to exercise choice, including the Charter of Aged Care Rights and methods for raising and resolving complaints.
  + In response to feedback from the Assessment Team, management updated the service’s consumer information pack to include information on external complaints mechanisms.
* One consumer file sampled showed their agreement was not updated or signed when moving to a new package level. The new funding value and start date was not documented. Management said the consumer was provided with a new budget as an appendix to the old agreement.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes the following explanatory detail to refute evidence in the Assessment Team’s report:

* In relation to the named consumer who said they were unable to read their statements, meetings had previously been held with the consumer, both over the phone and face to face, to explain monthly statements, email tracking to confirm receipt of statements, in addition to posting paper based copies, per the consumer’s request. The response states ‘We have done everything possible to both deliver statements to the consumer and to explain them to’ the consumer.
* The named representative who said statements via text are hard to understand has never raised issues regarding their statement and they are not delivered through text messages.
* Monthly statement templates are sourced through the Commission and My Aged Care.
* Processes have been implemented to ensure consumers are provided with an updated agreement to review and sign.

The provider’s response did not include any evidence in support of the above statements.

The provider’s response also included an explanation of actions taken to address deficits identified by the Assessment Team, which include, implemented processes to ensure consumers are provided the Charter of Aged Care Rights, and updated the client information pack and home care agreement to include information on external complaints mechanisms.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates information provided to each consumer is not current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

I have considered that a number of consumers and representatives were dissatisfied with how information is provided to them as they found it hard to understand, were unable to read statements and/or verify the accuracy of charges. While the provider’s response included an explanation of actions taken prior to the Quality Audit to address this feedback, no supporting evidence was provided.

I have also considered that sampled consumer agreements did not include information relating to the Charter of Aged Care Rights, or contemporary information relating to their package level and funding. I acknowledge actions taken by the service to ensure consumers are provided with the Charter of Aged Care Rights and an updated home care agreement in relation to a change in package level. However, evidence that this process has been implemented and embedded was not provided. I acknowledge the service included methods for raising and resolving complaints in the consumer agreements, which was observed by the Assessment Team.

I have considered the service did not expand on the strategies employed by the service to provide information to consumers in a way that meets their needs to inform consumer choices. I encourage the provider to implement actions to understand the disconnect of a consumer not understanding their statement, including, follow up with the representative to understand the issues communicated to the Assessment Team.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f)

While the Assessment Team found instances where care planning documentation used terminology which could be considered disrespectful and sighted feedback registers with references to concerns regarding the tone of email, consumers and representatives interviewed at the time of the Quality Audit said consumers are treated with dignity and respect. Statements include from consumers and representatives included:

* they have always been treated with respect and kindness when staff visit;
* they love when staff visit, as staff were always respectful and caring; and
* staff treated their family member well by taking time to ask them questions, listening to them and providing appropriate services.

Consumers described ~~f~~eeling safe, welcomed, supported, and valued, and said their cultural preferences and background informs how they receive services. Staff spoke respectfully about consumers and showed an appreciation for each consumer’s individual identity and background. A case manager described how assessment and planning captures cultural backgrounds and preferences to inform care and service delivery, including identifying culturally significant dates and food preferences, evidenced through care documentation reviewed.

All consumers and representatives interviewed said consumers are supported to exercise choice and independence. Care documentation recorded consumer choices and decisions about care and services, including others the consumer would like involved in their care and support. The Assessment Team referred to examples where care workers develop visual cues to support consumer choice and independence.

* One care worker described how they support consumers to make choices and maintain independence, such as writing notes and creating visual clues. They help organise things like wardrobe and make labels to help consumers understand things especially those who are visually impaired. The care worker said they encourage consumers to write things in a diary for themselves.

Staff described how they support consumers live the best life by linking them with services that meet their needs and implementing mitigation strategies when their choices include an element of risk. Consumers and representatives described the additional supports consumers receive, which helps them to continue engaging within the community through accompanied outings and transport to venues.

Consumers and representatives were satisfied that consumers’ personal information, privacy and confidentiality is handled in a respectful manner. Staff only share consumer information with the consumers themselves or their nominated representatives and described the practical ways they respect consumers’ privacy. Management advised a central database stores consumer information confidentially and only specific staff members have access. File reviews showed consumer information is maintained confidentiality in an electronic password protected database.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), and (3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

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

Findings

All consumers and representatives were satisfied staff listened to consumers’ needs, and discussed ways to support their health and wellbeing. Staff described assessment and care planning processes and the ways risk is considered and assessed. While validated risk assessment tools are not used, risks, including falls risks, are assessed and rated with consideration of any history of falls or other incidents, medical issues, risk assessment of environmental safety and use of mobility or other aids. Referrals to allied health professionals for risk assessments may occur. Strategies to mitigate identified risks are documented throughout the combined assessment and care plan.

All sampled consumers and representatives indicated consumer care had been planned around what is important to them, and staff had explained advance care planning to the consumer and provided related advice and resources. Staff described consumers’ needs and preferences for care and explained how they provide advance care planning resources to consumers. Care documentation showed consumers’ needs and preferences were captured and advance care planning had been raised with consumers and representatives.

Consumers and representatives were satisfied the service makes it easy for them to be involved in assessment and planning. Staff described how they work in partnership with consumers, representatives and other organisations according to their roles. Care documentation demonstrated assessment and planning involves the consumer and others where requested, and as appropriate including representatives and health practitioners. Consumer files contained health practitioner information, including allied health reports and health summaries and/or medication summaries supplied either by the consumer, their representative or their health practitioner.

The service provides each consumer with a copy of their combined assessment/care plan, which is readily available to staff at the point of care. Consumers and most representatives described the care and services delivered and said they received a copy of the consumer’s assessment/care plan and a task list. Assessment and planning staff said consumers are always provided with a copy of their assessment and care plan as an appendix to the consumer agreement. All sampled care staff described how they access the consumer assessment/care plan through a mobile application.

Consumers and representatives indicated consumers’ care and services are reviewed. Staff described how care and services are re-assessed at regular intervals and when there is a change in a consumer’s condition, including post hospitalisation or incident as appropriate. Care documentation showed regular care and service reviews and, for consumers with changed circumstances, showed updated care plans and case notes. While care documentation is updated when re-assessment occurs, is not always updated as circumstances change and prior to formal review occurring. There was no evidence of negative outcomes for consumers and staff advised relevant documentation will be updated. Documented policy and procedures are in place to guide the regular, and as needed, review of care and services.

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

# Standard 3

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

Findings

Consumers and representatives indicated overall satisfaction with the personal and/or clinical care provided and said it was safe and effective. The lead nurse and case managers described how they ensure best practice care is provided by qualified staff and demonstrated they regularly communicate with consumers and/or representatives to ensure consumers are receiving safe and effective care. Care documentation, including case, notes and communication records, showed care is tailored to consumers’ needs to optimise their health and well-being. ‘Provision of care’ and ‘monitoring and management of care’ policies and processes are available to guide care and service provision.

Nursing and case management staff said the most prevalent high impact high prevalence risk relates to falls, there have been few falls in connection with care. Staff described how they review all incidents to prevent recurrence and described the strategies implemented to manage individual risks, with access to sufficient information to confidently manage risk. Care documentation showed risks associated with the care and services for sampled consumers are identified. Interventions to manage the risk are documented and communicated to care staff. Falls management policy, procedure and flowcharts guide staff in the management of service‑specific high impact high prevalence risks.

Nursing and case managers detailed links with palliative care services and processes to support the consumer when they are nearing end of life. Care documentation generally demonstrated the needs, goals and preferences of consumers nearing the end of life are identified and delivered. Care workers said they feel confident and supported to provide care for consumers nearing the end of life. The service has an advance care directives and end of life policy and procedures and advance care directive resources for consumer and staff advice and guidance.

The service has documented processes to guide staff to identify and record deterioration or changes to the consumer’s risk profile. Case managers and the registered nurse described how staff are trained to report change and for any clinically significant issue, the registered nurse is available seven days a week when needed. Care documentation sampled demonstrated that changes in a consumer’s health or abilities are reported, documented, and actioned.

Consumers and representatives interviewed expressed satisfaction that consumers’ condition, needs, and preferences are well communicated. All care workers described how they access the consumer’s assessment/care plan, task list and case notes via an ‘app’ on their mobile telephones. These staff indicated they receive sufficient information about each consumer. Care documentation showed the service actively communicates with others, internally and externally including with health practitioners, social workers, hospital nurses and community nurses to ensure the provision of safe and effective personal and clinical care.

Consumers and representatives interviewed said they are satisfied that when needed, the service enables appropriate individuals and others to be involved in care and service delivery. Care documentation for sampled consumers evidenced referrals were made in response to an identified need, including to medical practitioners, podiatry, occupational therapy, physiotherapy, and respite services. Documentation generally included corresponding reports, and recommendations were actioned. Staff were knowledgeable of referral networks and processes.

Consumers and representatives were satisfied with the measures staff take to protect the consumer from infection. Staff are provided with infection control training and personal protective equipment, and infection control protocols are implemented in alignment with public health directives. Staff were knowledgeable of antibiotic stewardship and its application relevant to the service, and confirmed they wear personal protective equipment as appropriate, participate in infection control training, have required vaccinations and do not work when unwell. The service has an infectious diseases policy and procedure that mentions pandemic measures but does not specifically address COVID-19. A case management policy refers to the need for antibiotic stewardship. While the service does not prescribe medications, staff implement precautions to minimise the need for antibiotics.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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

Findings

Consumers and representatives said the service provides services to assist consumers to access activities for daily living and independence, whilst optimising their quality of life. Consumers reported they get social support, such as companionship, and support staff assist the consumers to optimise their choice and independence. Staff demonstrated an understanding of what is important to each of the consumers they are providing support for and how they incorporate this into the services they deliver for their consumers. The consumer files reviewed show relevant information such as consumer preferences and goals are documented in the care plan.

Consumers and representatives reported that staff and support workers who provide consumers’ services would recognise when they are feeling low, and that the services consumers receive improves their well-being through increased independence. Staff described how they sensitively support the emotional and psychological well-being of consumers, and the ways they support them to continue doing the things they enjoy, Management said the service’s mission is to improve the health and well-being of people, including removing barriers to accessing the community, and addressing psychological needs.

Staff advised that an assessment process determines the consumers’ goals, including any social activities that are important to them, and they use this information to help achieve these goals and maintain relationships. Consumer files demonstrated that planning is developed based on assessment of the consumer’s goals and activities of interest to them, including hobbies and interests. The Assessment Team noted information documented in care plans could be more detailed to guide staff on specific preferences.

Information about changes in consumers need is communicated to consumers, representatives, and others responsible for care, including respite services. Management stated that consumer information is shared with consumers, representatives and staff via a mobile application, which advises of any changes to scheduled services. One representative felt staff were well-aware of their family member’s emotional and physical needs.

Consumers described an effective and timely referral process. Care documentation evidenced timely and appropriate referrals are made in response to the support needs of consumers.

Home care packages do not provide meals for consumers; however, the home care package pays for the preparation and delivery of prepared meals. Meals are selected by consumers according to consumer preferences.

Consumers advised that equipment has been provided to them and there are no issues around maintenance. Staff are aware of how to report issues, should a consumers equipment need repair or replacement.

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

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Consumer services are not delivered in a service environment, as such, the Standard is Not Applicable.

# Standard 6

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

Findings

Requirement (3)(c)

The Assessment Team found the service was unable to demonstrate appropriate action, including the use of open disclosure processes, has been taken in response to complaints and feedback. The Assessment Team provided the following evidence relevant to my finding:

* Feedback registers for two sampled consumers did not demonstrate open disclosure practices, including, details of concerns raised, the investigative actions to determine the cause and prevent recurrence.
* Three consumers reported being dissatisfied with how their complaints were managed.
  + One said their complaint was not addressed until they utilised external complaints mechanisms.
  + Another said a repair person was unsuccessful in fixing their broken property and there was a delay in the issue being addressed. After three unreturned phone calls, they emailed the service and the issue has since been addressed. The consumer said in response to the complaint, they were told ‘the world doesn’t revolve around you’ and provided evidence of emails from the service, which they felt were disrespectful. Excerpts of the email stated, ‘we cannot change the world to create someone at your door "NOW" to fix them’.
* The service does not have an open disclosure policy or procedure, and staff and management were unaware of open disclosure processes. Staff have not received training in open disclosure.

The provider did not agree with the Assessment Team’s findings. The provider’s response states complaints are appropriately documented, investigated and actioned, and open disclosure processes are known and applied. In relation to one of the three named consumers, the provider maintains the issue was addressed and described actions taken including an apology, offering to send the same person out for repairs, to which the consumer declined, arranging repairs within a month, and refunding costs. The provider asserts case managers return phone calls and messages within 24 hours.

The provider’s response also states that the organisation’s policies and procedures have been updated to expressly refer to open disclosure.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates appropriate action is not taken in response to complaints and feedback.

I have considered the intent of the Requirement, which expects that best practice complaint handling and resolution systems are in place to manage and resolve complaints and consumers are not afraid of being treated badly after making a complaint. Evidence in the Assessment Team’s report indicates the service does not meet this expectation, specifically in relation to communication with consumers, to provide reassurance of timely action, prevention actions and establish a culture where consumers are encouraged to report negative events. Documentation reviewed does not record actions to taken to investigate concerns, prevent their recurrence or demonstrate correspondence to reassure consumers, which has resulted in consumer dissatisfaction in how complaints are managed.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

Requirement (3)(b)

The Assessment Team was not satisfied the service demonstrated consumers are made aware of advocates and other methods for raising and resolving complaints. The Assessment Team provided the following evidence relevant to my finding:

* One consumer was knowledgeable of external complaints mechanisms.
* Management said representatives and family is used to interpret for consumers who do not speak English.
* Information regarding access to advocacy services is not included in the information pack or addressed in the consumer agreement. Management said they encourage consumers to have an advocate or representative at meetings to support them, and information relating to advocacy services was observed to be included on sampled consumers’ monthly statements.
* Information regarding external complaints mechanisms is not included in the information pack or consumer agreement.
  + Evidence in the Assessment Team’s report under Requirement (3)(e) in Standard 1 Consumer dignity and choice demonstrates that management has since updated the service’s consumer information pack to include information on external complaints mechanisms.

It is unclear whether the provider accepts or refutes the Assessment Team’s findings in relation to this Requirement, however, the provider’s response acknowledges the use of translation services has not been clearly documented. The provider’s response also explains that advocacy information is now included in their client information pack.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response which demonstrates that overall, consumers are made aware of and have access to advocates and other methods for raising and resolving complaints.

I have considered the balance of evidence and acknowledge information regarding external complaints and advocacy services was not included in the information pack or addressed in the consumer agreement. However, advocacy service information was included on sampled consumers’ monthly statements and immediate action was taken by the service to include information regarding external complaints mechanisms in the consumer information pack. Furthermore, one sampled consumer was knowledgeable of external complaints mechanisms.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 6 Feedback and complaints.

Requirements (3)(a) and (3)(d)

Information regarding feedback and complaints processes is provided to consumers in the consumer agreement. Most consumers and representatives were knowledgeable of feedback and complaints processes. Staff reported they ask consumers for feedback during monitoring of care and services. The service has a feedback and complaints policy that expresses the service commitment to obtaining consumer feedback and complaints for service improvement.

The Assessment Team reported the service demonstrated that they have made changes to care and services as a result of feedback. Management advised that the service had received a number of complaints regarding their monthly statements. The service identified that their electronic consumer database was not equipped to provide clear itemised monthly statements. As a result, the service has purchased and implemented a new consumer database that is more user friendly and meets the requirements to ensure that monthly statements provided to consumers are accurate, clear and itemised so that consumers can understand the statements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a) and (3)(d) in Standard 6 Feedback and complaints.

# Standard 7

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

Findings

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate the workforce is recruited, trained and equipped to deliver the outcomes required by these standards. The Assessment Team provided the following evidence relevant to my finding:

* Documentation and interviews with management showed the service does not monitor or maintain records to understand the suitability, skills, knowledge, qualifications and competencies of contractors engaged by consumers to deliver services funded through their home care package and reimbursed by the provider.
* Staff who have lived overseas or been a citizen of a country other than Australia since turning 16 do not sign a statutory declaration in reference to criminal activities if any when overseas.
* Management and staff said staff are provided induction, which includes buddy shifts. Training is organised and monitored by the registered nurse.
* Recruitment processes are in place, including position descriptions, probationary periods, onboarding protocols, and privacy and confidentiality agreements.

The provider did not agree with the Assessment Team’s assertions and maintains that contractors engaged by consumers to deliver services through their home care package are not staff and do not fall within their responsibility. The provider’s response also explains that processes have been implemented to obtain statutory declarations from staff and contractors regarding involvement in oversees criminal activities.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the workforce is recruited, trained and equipped to deliver the outcomes required by these standards.

I have considered the service’s failure to ensure appropriate qualifications and screening of contractors engaged by consumers is more aligned with workforce competency and ensuring the workforce has the qualifications and knowledge to effectively perform their role. I have therefore considered this evidence under Requirement (3)(c) in this Standard.

I have also considered that processes are in place to recruit, train, equip and support staff in providing safe and quality care, including establishment of position descriptions, induction, probationary periods, onboarding protocols and provision of training. While deficits were identified in relation to obtaining statutory declarations for staff, the provider’s response states processes have now been implemented to address this issue. Furthermore, it is not proportionate to find the service’s workforce recruitment and support services to be ineffective based on this one deficit alone.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 7 Human resources.

Requirement (3)(c)

The Assessment Team was satisfied the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their role. However, information and evidence in the Assessment Team’s report under Requirement (3)(d) in this Standard is more aligned to the intent of this Requirement. The information and evidence relevant to my finding is as follows:

* Documentation and interviews with management showed the service does not monitor the skills, knowledge, probity checks and competencies of contractors engaged by consumers to deliver services funded through their home care package and reimbursed by the provider.
* The service does not obtain and maintain records that show evidence of suitability for care staff engaged directly by consumers, including the obtaining of reference checks, police checks, vehicle insurances, staff licences, vaccination records and training competencies. However, the service maintains records for staff employed directly by the service.

The provider did not agree with the Assessment Team’s assertions and maintains that contractors engaged by consumers to deliver services through their home care package are not staff and do not fall within their responsibility. The provider’s response also explains that processes have been implemented to obtain statutory declarations from staff and contractors regarding involvement in oversees criminal activities.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which shows the service was unable to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The *Quality of Care Principles 2014* (the ‘Care Principles’) requires a provider, through the home care service, to provide a package of care and services to a care recipient that includes care management. The Principles defines care management to include ongoing assessment and planning to ensure the care recipient receives the care they need, identifying and addressing risks to the care recipient’s safety, health and well-being, and ensuring care and services are culturally safe. Furthermore, as the subsidy to deliver care is paid to the provider, the terms of engagement is between the provider and contractor, not the consumer and contractor. As a result, the contractor, who provides services to consumers, falls within the definition of a staff member of a provider, in accordance with the *Accountability Principles 2014* (the ‘Accountability Principles’). The provider is therefore responsible for ensuring care and services are delivered a safe and effective manner, in line with the Quality Standards.

I find the evidence does not support that the provider meets their responsibilities to ensure care and services are delivered in a safe and effective manner. The provider, in relation to the service, has not implemented effective workforce governance processes, as the care and service and delivery is through a contracted workforce. The provider is required to ensure there is effective oversight of all contractors, whether engaged directly by the provider or the consumer, in connection to the subsidised care and services. This includes ensuring they are competent or have appropriate skills and qualifications to perform their roles. The information provided by the Assessment Team and provider confirms an absence of monitoring of service provision by the provider. As there are no established roles and responsibilities between the provider and contracted workforce, the provider cannot demonstrate regulatory obligations have been met.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 7 Human resources.

Requirements (3)(a), (3)(b) and (3)(e)

Consumers and representatives advised they are satisfied with the consistency and reliability of workers allocated to provide care and services. Consumers and representatives also stated that staff always turn up on time for a shift, and if a shift cannot be delivered, it is quickly rescheduled for the consumer to enable continuity of the service provision. Management advised that if consumers want to change a scheduled shift and they can accommodate it, then they will.

The majority of consumers and their representatives indicated staff and the support workers are kind, caring and respectful of consumers. Staff provided examples of how they show kindness and respect to consumers, including respecting professional boundaries and always asking the consumer which tasks they wish them to complete on the day.

Consumers and representatives said they were generally satisfied with staff performance and the service is responsive to any issues with the staff providing care. Staff generally have annual performance reviews with management. Management advised if serious concerns about staff are raised by consumers or through other feedback, this is investigated and performance management processes including disciplinary action is taken. This was supported through examples of action taken in relation to consumer feedback regarding staff conduct.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(e) in Standard 7 Human resources.

# Standard 8

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

Findings

Requirement (3)(b)

The Assessment Team found the service was unable to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for that delivery. The Assessment Team provided the following evidence relevant to my finding:

* The management team is comprised of the chief executive officer (CEO) and the registered nurse. The CEO manages the strategic direction of the organisation and the registered nurse is responsible for the operational direction of the service. Meetings occur on a bimonthly or quarterly basis to discuss organisational issues.
* The registered nurse advised incidents are analysed, collated, trended and discussed at the strategic directions meetings. While the minutes provided did not reflect information about discussion of incidents, meeting minutes showed these topics inform the agenda.
* While monitoring of probity checks occurs for service of cleaning, gardening and allied health subcontractors, management advised that the service does not monitor probity checks or the suitability of staff sought by consumers and representatives, where the provider reimburses consumers for the services.
* Management does not maintain appropriate knowledge and understanding of the supports and services delivered to consumers by care workers directly engaged by consumers and representatives. The service does not accept accountability to oversee the workforce delivery care to consumers.
* Management advised that they do not have any regulatory compliance obligations and monitoring of service delivery in relation to workers employed directly by the consumer.

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

I have considered deficits in oversight for contractors engaged by consumers as part of workforce governance systems, and remaining evidence did not demonstrate broader deficiencies, or impact, in relation to the culture of safe, inclusive and quality care delivery. Therefore, I have considered evidence relevant to workforce oversight under Requirement (3)(c) workforce governance.

I have considered evidence of how the governing body promotes a culture of inclusive, safe and effective care was demonstrated through systems and processes to assess, and deliver, care and services, in addition to performance monitoring processes for staff engaged directly by the service.

I have considered care and services delivered to consumers was, overall, found to be safe and inclusive and supported through processes, systems and communication protocols. While the Assessment Team identified deficits in meeting minutes, I do not consider this a proportionate finding to deem an ineffective governing body in relation to this Requirement. However, I encourage the service to improve record keeping in relation to governing body meetings, and associated actions.

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

Requirement (3)(c)

While the Assessment Team found the service had effective organisation wide governance systems in relation to information management, continuous improvement and financial governance, they were not satisfied effective governance systems were in place in relation to workforce governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Workforce governance:
  + The service does not monitor or have knowledge of contractors directly engaged by consumers and/or representatives to provide care and services to consumers. Management stated that these contractors are not the service’s responsibility, the service does not know anything about them and just pays the reimbursement to the consumers.
  + Management stated that the service has no knowledge of the roles and responsibilities of contractors directly engaged by consumers and representatives and stated that it was not the organisation’s responsibility to monitor them. The service could not identify the contractors who were engaged by two sampled consumers.
* Regulatory compliance:
  + Management advised regulatory compliance is maintained through information provided by various sources, including government agencies and subscription to a compliance portal.
* Feedback and complaints:
  + Policies and processes are in place to guide staff on managing feedback and complaints, however, governance processes are not effective as some consumers were dissatisfied with how their complaints were managed.

The provider did not agree with the Assessment Team’s findings and maintains that organisational governance systems are effective. The provider’s response includes the following explanatory information to support their assertion:

* Immediate and ongoing action has been taken on receipt of the named consumers’ complaints. These complaints have now been resolved and the consumers are satisfied with the outcome.
* Contractors engaged by consumers to deliver services through their home care package are not staff and do not fall within their responsibility.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate ineffective organisation wide governance systems in relation to regulatory compliance and feedback and complaints. This information does, however, demonstrate ineffective organisation wide workforce governance systems.

As stated under Requirement (3)(c) in Standard 7 Human resources, the Quality Principles requires a provider, through the home care service, to provide a package of care and services to a care recipient that includes care management. The Quality Principles defines care management to include ongoing assessment and planning to ensure the care recipient receives the care they need, identifying and addressing risks to the care recipient’s safety, health and well-being, and ensuring care and services are culturally safe. Furthermore, as the subsidy to deliver care is paid to the provider, the terms of engagement is between the provider and contractor, not the consumer and contractor. As a result, the contractor, who provides services to consumers, falls within the definition of a staff member of a provider, in accordance with the Accountability Principles. The provider is therefore responsible for ensuring care and services are delivered a safe and effective manner, in line with the Quality Standards.

I find the evidence does not support that the provider meets their responsibilities to ensure care and services are delivered in a safe and effective manner. The provider, in relation to the service, has not implemented effective workforce governance processes, as the care and service and delivery is through a contracted workforce. The provider is required to ensure there is effective oversight of all contractors, whether engaged directly by the provider or the consumer, in connection to the subsidised care and services. The information provided by the Assessment Team, and provider, confirms an absence of monitoring of service provision by the provider. As there are no established roles and responsibilities between the provider and contracted workforce, the provider cannot demonstrate regulatory obligations have been met.

In relation to regulatory compliance, I have considered that the service has processes to understand their regulatory responsibilities. While information and evidence in the Assessment Team’s report shows the service did not understand their obligations relating to oversight of care and service delivery provided by contractors engaged by consumers, it is not proportionate to find the organisation’s whole regulatory governance systems ineffective due to one failure.

Information and evidence in the Assessment Team’s report indicates areas for improvement in the organisation’s governance systems relating to feedback and complaints. However, I do not consider it demonstrates how the governance systems failed or that the deficiencies are systemic. On the contrary, processes and procedures are in place to guide staff in complaints management.

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

Requirements (3)(a), (3)(d) and (3)(e)

Consumers reported that they had undertaken providing feedback through a survey. Management advised that the service does not have a consumer advisory committee. Feedback is sought through phone calls to consumers after they receive services and surveys. Evaluation of services is undertaken through monitoring and trending of complaints and survey feedback.

In relation to managing high impact or high prevalence risks associated with the care of consumers, the registered nurse undertakes a consumer assessment of risks and ensures appropriate referrals are undertaken when risk is identified. Management advised a strategic risk register is in place, which documents incidents and identified risks. While the service does not have a risk framework and matrix, incidents and consumers risks are captured.

In relation to identifying and responding to abuse and neglect of consumers, all staff have undertaken abuse and neglect training and mandatory reporting of elder abuse. Management provided an example of appropriate action taken when a consumer wandered away from home.

In relation to supporting consumers to live the best life they can, management provided an example of additional supports provided to one consumer to minimise risks associated with activities of choice.

In relation to managing and preventing incidents, including the use of an incident management system, an incident management system operates to record, and address, incidents to prevent recurrence and inform care and service delivery. While the Assessment Team identified one incident was not appropriately reported, the provider’s response reflects an understanding of the requirements to adhere to incident reporting requirements in the future. Furthermore, I do not find it is proportionate to find the organisation’s incident management system to be ineffective due to one failure.

Strategies and practices are in place that aim to monitor the use of antibiotics, minimise the use of restrictive practices and maintain oversight of clinical services of consumers through referrals to medical practitioners or hospitals. While the service does not have a formalised clinical governance framework, the registered nurse monitors and implements precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. The registered nurse stated that at present no consumers are on long term antibiotics. Following the Quality Audit, the provider advised, without evidence, that organisational policies refer to an open disclosure framework.

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

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