**Performance**

**Report**

**1800 951 822**

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| Name of service: | Local Guardians Home Care |
| Service address: | 7/22 Albert Road SOUTH MELBOURNE VIC 3205 |
| Commission ID: | 301040 |
| Home Service Provider: | Local Guardians Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 January 2023 to 20 January 2023 |
| Performance report date: | 24 February 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 Local Guardians Home Care (**the service**) has been prepared by M Cooper, 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:**

* Local Guardians - Canterbury, 26442, 7/22 Albert Road, SOUTH MELBOURNE VIC 3205

# Material relied on

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

* the assessment team’s report for the Assessment Contact – Site was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 13 February 2023
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers version 1.3 January 2023
* Local Guardians Home Care Performance Report – Assessment Contact – 3 February 2021
* Local Guardians Home Care Performance Report – Quality Audit 30 June to 2 July 2021
* Aged Care Quality and Safety Commission-Directions Noticed issued on 15 April 2021
* Regulatory Bulletin RB 2022-16 Changes to Administration and Management Charges in Home Care Packages Program

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **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.

* Requirement 1(3)(e)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)
* Requirement 3(3)(e)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 7(3)(a)
* Requirement 7(3)(c)
* Requirement 7(3)(e)
* Requirement 8(3)(b)
* Requirement 8(3)(c)

# Other relevant matters:

This assessment contact was conducted due to the results of a Quality Audit that was conducted on 30 June 2021. Of relevance to this Performance Report is the definition of staff member, aged care worker and workforce as they pertain to the administration of the Home Care industry.

Page 4 of the Guidance and Resources for Providers to support Aged Care Standards (the Guidance) states ‘Subcontracted services will not be separately accessed against the Quality Standards. The organisation that received the funding directly from the Australian Government is expected to ensure that its workforce (including subcontractors) meets its responsibilities. This is because ultimately the funded organisation will be held responsible for the delivery of safe and quality care and services in accordance with the Quality Standards.

The Glossary of the Guidance clarifies who is considered to be part of an Approved Provider’s Workforce.

People working in an organisation who are responsible for its maintenance or administration, or the care and services, support of, or involvement with, consumers. A member of the workforce is **anyone** the organisation employs, hires, retains or **contracts (directly or through an employment or recruitment agency)** to provide maintenance or administration, or care and services under the control of the organisation. It also includes volunteers who provide care and services for the organisation. For clarity, people in an organisation’s workforce include:

* employees and contractors (this includes all staff employed, hired, retained or contracted to provide services under the control of the organisation)
* allied health professionals the organisation contracts
* kitchen, cleaning, laundry, garden and office staff the organisation employs either directly or under contract. People who are not part of an organisation’s workforce include:
* visiting medical practitioners, pharmacists and other allied health professionals and services a consumer has asked for, but the organisation doesn’t contract
* trades people who don’t work under the control of the organisation (such as independent contractors), for example, plumbers, electricians or delivery people who work on a needs basis.

The Aged Care Act 1997 articulates the definition of staff as:

***staff member*** of an approved provider means an individual who is employed, hired, retained or **contracted** by the approved provider (whether directly or through an employment or recruiting agency) to provide care or other services.

The Aged Care Quality and Safety Act 2018 defines an aged care worker of an approved provider as:

***aged care worker*** of an approved provider means:

(a) an individual employed or otherwise engaged (including on a voluntary basis) by the provider; or

(b) an individual:

(i) who is employed or otherwise engaged (including on a voluntary basis) by a **contractor** or subcontractor of the provider; and

(ii) who provides care or other services to the care recipients provided with aged care through an aged care service of the provider.

Note: An individual engaged by an approved provider includes an independent contractor.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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 |

Findings

The Assessment Team reports that the consumers are not receiving a monthly statement that are clear and easy to understand and has the delivered care and services itemised.

The Assessment Team’s report indicates that although the Approved Provider has implemented a number of changes to consumers monthly statements since the last audit, there are still gaps in the information being provided. Consumers and their representatives who were interviewed said that the monthly statements have improved but they found that it was difficult to understand.

Monthly statements do not provide information about the Home Care Package levels. Information is not clearly identified such as government funding, subsidies being received, and consumers contribution (basic daily fee). Monthly statements identify income tested fee, subsidy balance held by government and available funds.

Management advised that consumers could access their monthly statement through the finance portal and the service providers full invoice for the month and compare the invoice to their monthly statement. However, a review of the service providers invoices identified that these were not always itemised. A review of monthly statements provided evidenced that some statements are addressed to the representative not the consumer and statements are not fully itemised. Information from the invoice is not fully documented.

If the consumer or representative want to know more about the service charges on the invoice they need to review service provider invoices against the monthly statement, they receive. To do this they need to log into the Approved Providers financial services provider’s (Capital Guardians) portal to view the documents. Emails sent with monthly statements include instructions on how to access and read the statement and how to access the Capital Guardians portal to review statements and invoices. In providing this service it is clear that the Approved Provider assumes that its consumers have their own computers and have the dexterity to log into the program and then to have sufficient visual acuity to read the documents.

When asked about their monthly statement’s itemisation the Provider stated that the financial services provider is a subcontracted organisation that does their accounting and monthly statements they do not have any input into the monthly statements. Management further stated that consumers and service providers submitting invoices are required to pay an additional 2% merchant fee to the financial services provider to have their payments processed. Only reimbursements to a consumer do not get charged this fee.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 54-1(c) creates a legal requirement for an Approved Provider to provide care and services of a quality that is consistent with any rights and responsibilities of care recipients that are specified in the User Rights Principles for the purposes of paragraph 56‑1(m), 56‑2(k) or 56‑3(l).

The Guidance articulates the Purpose and Scope of Standard 1. On page 9 under the heading of Information it states; Giving consumers timely information in a form and language that they understand is vital to their ability to make an informed choice and make sure they can get the most out of their care and services.

Further to this the Guidance states the intent of requirement 1(3)(e) as ‘Timely and easily understood information is vital for consumers to be able to make informed choices’. It’s expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services they offer, commitments and obligations. Each consumer’s needs and ability will affect the kind of information they need and the way it needs to be communicated.

Sensory impairments, such as vision or hearing loss, are common in older people. This means it’s vital to provide help or communication aids to make sure sensory impairments do not affect a consumer’s ability to exercise choice and be a partner in the care and services choices they make. Providing information in an appropriate format, through different channels and in languages consumers understand, will help consumers get the most out of their care and services.

Further to this the Approved Provider’s obligation to provide Consumers with financial statements is covered in paragraph 21B of the User Rights Principles 2014. The fact that the financial invoices issues by Local Guardians do not comply with its obligations under the User Rights Principles 2014 was clearly stated in the Performance Report issued on 15 September 2021.

When questioned by the Assessment Team in relation to the provision of financial statements to its clients the Approved Provider stated that ‘the financial services provider is a subcontracted organisation that does their accounting and monthly statements they do not have any input into the monthly statements’. However, in its written response the Approved Provider stated that it ‘has been working alongside our providers to improve the format of the invoices they are uploading’.

As stated previously subcontracted services will not be separately accessed against the Quality Standards. In reviewing the definitions of aged care worker under the Aged Care Quality and Safety Commission Act 2018 and definition of staff member under the Aged Care Act. It is clear that Local Guardians is legally responsible for all the action and in actions of any person or organisation who it has subcontracted to provide services to its consumers. Local Guardians assertion that its ‘financial services provider is a subcontracted organisation that does their accounting and monthly statements they do not have any input into the monthly statements’ in my view is not correct.

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 1(3)(e).

The Quality Standard for the Home Care Package service is assessed as non-compliant as requirement 1(3)(e) which was previously assessed as non-compliant remains non-compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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. | Non-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. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring assessments and planning including consideration of risks to consumers health and wellbeing informs the safe delivery of services. The Provider was able to demonstrate that 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. Further to this it was working in partnership with the consumer and others that the consumer wishes to involve the assessment, planning and review of the consumer’s care and services.

However, the Assessment Team reports that the Provider is not ensuring the outcomes of the assessments 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 the care and services are provided. The Provider was not able to ensure consumer care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs goals or preferences of the consumer.

Requirement 2(3)(c)

The quality of assessments and care plans for the provider are dependent on the skills, knowledge and awareness of the consumer or representative. The provider has implemented processes for reviewing assessments and care plans that are developed by consumers/representatives. Care advisors and a registered nurse for the provider have oversight for all consumer assessments and care plans. Assessments and care plans for consumers of subcontracted partners are generally developed in the consumers home with input from the consumer and/or their representatives.

Management advised they contact all home care package consumers monthly, however a review of consumer files did not reflect this consistently occurs. Subcontracted partners have access to the providers electronic database. However, they also have their own electronic database and are not consistently documenting assessment, care planning, progress notes, complaints or incidents documentation in the providers electronic database.

When asked why care advisors for the provider do not conduct home visits to conduct assessments and care plans, management stated they don’t have the resources.

Management discussed and evidenced an improvement with communication between the provider and subcontracted partners. A ‘monthly performance report’ is completed by subcontracted partners. The report is discussed at monthly meetings that includes information about the number of admissions, discharges, package upgrades, incidents, staff training and other areas for the provider to comment.

Assessments by other organisations including allied health professionals, nursing services and subcontracted partners are not consistently followed up or documented in the consumer’s electronic file.

Subcontracted partners’ support workers interviewed advised they receive consumer information via email and telephone call and have access to the consumers care plan and communication book in the consumers’ home.

Support workers for the consumer (the providers self-managed service) receive a verbal handover of the consumers care needs from the consumer or representative. They do not receive a copy of the care plan or documented care directives. They rely on consumers and/or representatives to guide them and are not always aware of what information support workers receive or what tasks they are completing. Support workers do not provide updates or feedback on consumers care, deterioration or changes in care needs to the provider.

In response to the Assessment Team’s report Local Guardians has indicated that ‘work has been done on communicating with Clients that Local Guardians is the Approved Provider with partner logo’s to be removed from HCP agreements. Local Guardians has or is looking to consolidate all note keeping and report storage in the one Consumer Relationship Management (CRM) system. This system will be used to ensure that providers received accurate and current information on the client at the point of delivering services. Partner organisations and Care Advisors are doing home visits with Local Guardians implementing a system for either local Care Advisors, Nurses or video platform to conduct face to face assessments. To support this, more training will be provided to Care Advisors on what constitutes a change of circumstances.

It is noted that Local Guardians was non-compliant with this requirement was clearly stated in the Performance Report issued on 15 September 2021 and it remains non-complaint some 1 year 3 months later. From its response to the Assessment Team report it would appear that the Approved Provider has or will be implementing operational and procedural changes to address this non-compliance with this requirement. The Provider is encouraged to pursue these procedures to ensure a timely outcome.

The purpose and scope of Standard 2 in part, states: This Standard describes what organisations need to do to plan care and services with consumers. The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up and care and services are identified and put in place to minimise the impact of any loss of ability, and to support consumers to live their day-to-day lives with dignity.

Further to this, the Guidance states that the intent of requirement 2(3)(c) as ‘it’s expected that an organisation will carry out ongoing assessments and planning with the consumer their representatives and other who the consumer wants to be involved in assessment and planning of their care and services’.

Amendments to the definition of care management in the Quality Care Principles that came into effect on 1 January 2023 have strengthened this requirement. It has been made exceptionally clear that case management is a mandatory service and must be provided to all consumers.

The definition of care management in theQuality of Care Principles has been amended to make clear that care management is a mandatory service that must be provided to each consumer of a HCP. This applies to all consumers, including consumers who choose to self-manage their HCP.

The definition now expressly incorporates the requirements for the approved provider’s own ongoing assessment and planning of care needs, goals, and preferences, as well as partnering with consumers about their care and services. While the definition has been updated, these requirements are not new; they already exist in Standard 2 of the Aged Care Quality Standards (Quality Standards).

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 2(3)(c).

Requirement 2(3)(d)

The Assessment Team reports that the Approved Provider is requesting that consumers and representatives confirm they complete assessment and care planning either independently or with a subcontracted partner. However, the outcomes of assessment and care planning are not generally available to support workers of self-managed consumers and representatives who are not employed through an agency. These support workers rely on consumers’ representatives to advise them of consumers’ care needs. The Provider described asking families to update care plans if required then commented that care plans are held with the consumer and representative and “it is up to them” (consumers/representatives) to guide support workers who attend the home. The Assessment Team observed the quality of these assessments and care plans were dependent on the skills, knowledge and awareness of the consumer or representative. One consumer was discharged from hospital in October 2022. The hospital discharge included an occupational therapy assessment that recommended a shower chair for personal care, pad management as the consumer was unable to initiate toileting at times.

The Consumer’s support worker discussed with the Consumer their high care needs and strategies they have learnt from the family and over many visits. The support worker, in agreeance with the family, has introduced swimming pool sessions where the support worker and the Consumer would walk up and down the pool. When asked if the Consumer had an exercise program to follow the support worker stated he wouldn’t understand exercises but walking is the best option. There is no physiotherapist assessment of this exercise program, just the support workers idea and decision to provide swimming pool sessions.

Whilst consumers, representatives and support workers were able to describe care provided to consumers, the provider does not consistently know what information support workers receive from consumers/representatives and what tasks they are completing for consumers.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 7.1 (What is a Care Plan) of the Home Care Packages Program Operational Manual (HCP Manual) states that ‘A care plan is a document that identifies a care recipient’s assessed care and service needs, goals and preferences and details how the care and services are to be delivered as agreed with the care recipient to meet their care needs, goals and preferences.’

Chapter 7.2 of the HCP Manual provides clear guidance to Local Guardians as to its obligation to preparing care plans for consumers. It states ‘Because the HCP Program uses a CDC model and is governed by the Quality Standards (as discussed at Section 2.2) providers will need to work with a care recipient to develop their care plan with reference to the ACAT assessment’. This is an opportunity to support the care recipient to understand the policy intent of the HCP Program and work out a care plan that assists them to manage their ageing related care needs and goals. To do this, providers will need to consider their obligations under the Quality Standards relating to care planning and understand what the potential inclusions and exclusions are for each individual home care package. Guidance on how to do this is set out at Appendix A. Nowhere in the Guidance, the HCP Manual or any Act of Parliament that governs the administration of Home Care Package Services is there a requirement for a Consumer to review and update their own care plan.

The purpose and guidance of Standard 2 as stated in the Guidance ‘Standard 2 builds on the foundations of Standard 1 and includes requirements for organisations to work in partnership with consumers’. This Standard describes what organisations need to do to plan care and services with consumers. This means organisations need to listen to what the consumer wants and look at what they can do (their abilities). The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up.

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 2(3)(d).

Requirement 2(3)(e)

The Assessment Team reports that the Approved Provider is not consistently undertaking a review of consumers care and service needs when there is a change in circumstance or when incidents occur. Consumers and representatives who self-manage and subcontracted partners are required to submit any changes to consumers’ care such as hospital admissions/discharges and incidents via providers electronic database. This inconsistently occurs, and consumer’s care file notes did not reflect regular contact for example:

Consumer 1’s file review identified a hospital admission in September 2022. An incident report was completed and is recorded in the incident register. In November 2022 the consumer advised the subcontracted partners that they had an ulcer on the back of their leg. A progress note dated November 2022 read ‘contacted client this morning for follow up for leg ulcer. Consumer reported that the ulcer is getting better and community nurse come and do the dressing every second day. Consumer mentioned that they were feeling good and happy with support worker. The Consumer also stated that they are greatly appreciative for all the services which has been provided by the subcontracted partners’. There are no further progress notes documented since 25 November 2022 and no review of the Consumer’s care needs.

Consumer 2’s file review identified his assessment and care plan were reviewed on 16 January 2023. The Consumer was discharged from hospital in October 2022. While in hospital the Consumer was assessed by an occupational therapist and dietitian although no report was received. There is no record of the Consumer being reviewed by the provider as a result of his hospital discharge. However, Consumer 3’s care plan was reviewed and updated in December 2022 and January 2023 with a review date documented in the file.

The Guidance states that the intent of this requirement is, in part, ‘Through this requirement, organisations are expected to regularly review the care and services they provide to consumers’. All care and service plans are expected to include an agreed review date. How often the review is done depends on the needs of each consumer and on the nature and type of service

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 2(3)(e).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the five specific requirements that were previously assessed as non-compliant remain non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Non-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. | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is ensuring that consumers are getting safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs; and optimises their health and well-being. The Provider is providing effective management of high impact or high prevalence risks associated with the care of each consumer whilst monitoring the 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.

Further to this the Approved Provider is ensuring timely and appropriate referrals to individuals, other organisations and providers of other care and services. However, the Approved Provider is not able to demonstrate information about the consumer’s condition, needs and preferences is documented and communicated with the organisation and with other where care is shared.

Requirement 3(3)(e)

The Assessment Team reports that the Approved Provider did not adequately demonstrate how care recipients’ conditions, needs and preferences are documented and communicated with other services and where responsibility for care is shared. The providers assessment and care planning information are not generally available to support workers of self-managed care recipients. For example, the care documentation for one consumer is not provided to their support worker. The support worker receives a verbal handover from the consumer’s representative. Care directives are not documented in the Consumer’s care plan. A support worker for the consumer stated they are in daily contact with the consumer’s family and they provide a daily handover. A daily checklist of the tasks undertaken and completed is provided to the family at the end of their shift. If needed the support worker said they would report any changes to the care advisor as well.

However, Consumers who are assessed by a subcontracted partner generally have clear care directives documented in the consumers care plan. Support workers from subcontracted partners stated that they receive a verbal handover and have access to the consumer care plan and care directives. This information is received from the Case Manager and via an app on their mobile phones.

The Guidance states that the intent of this requirement, in part, states ‘This requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s condition, needs, goals and preferences. The information the workforce has access to should help them provide and coordinate care that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story’.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards.

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 3(3)(e).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one specific requirement that was previously assessed as non-compliant remains non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring that each consumer gets safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. It is noted in the Assessment Team report that the Approved Provider is ensuring that where equipment is provided, it is safe, suitable, clean and well maintained. This statement appears to contradict comments by the Approved Provider in response to its obligations under requirement 4(3)(g) that ‘Management advised equipment supply and maintenance is the responsibility of the consumer or their representative.’ Therefore, it is unclear if the Provider does in fact maintain consumer’s equipment.

The Assessment Team reports that the Approved Provider was not able to ensure that information about the consumer’s condition, needs and preferences is communicate with the organisation and with others where responsibility for care is shared. Further to this the Provider was not able to demonstrate that it ensured the timely and appropriate referral of consumers to other organisations or providers of care and support services.

Requirement 4(3)(d)

The Assessment Team reports that the Approved Provide did not demonstrate that information about the consumer’s condition, needs and preferences relating to their supports for daily living are being effectively communicated within the service and to those involved in care and supports. Assessments and care planning documentation varies between subcontracted partners. Whilst some consumers information was detailed, others were incomplete and when social concerns were identified they were not consistently reflected in service supports. Care plans and related care documentation included little information regarding consumers’ life histories, interests or what is important to them regarding supports for daily living.

Local Guardians management commented that all of the consumers’ interests and activities are filled out by the consumer or their representative indicating it is their responsibility to identify what social needs they have and how to accommodate them. Management indicated consumers/representatives provide care advisors with information regarding changes to consumers’ interests and support needs.

Local Guardians do not have oversight over their consumers’ condition, needs and preferences. Information which may be sourced during assessment processes and communication with consumers is not shared with others involved in their care. Refer to Standard 2(3)(d) and 3(3)(e) for further information.

The Guidance states that the intent of this requirement is, in part, ‘This requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective service and supports for daily living and understanding the consumer’s condition, needs, goals and preferences. The information the workforce has access to should help them provide and coordinate services and supports that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story’.

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 4(3)(d).

Requirement 4(3)(e)

The Assessment Team reports that the Approved Provider is still unable to consistently evidence referrals to other organisations and providers of care and services to support consumers live the best life through referrals to improve social and community relationships.

For example: There is no evidence that the service refers consumers to mental health services, counsellors, social workers, religious groups or other services of interest to the consumer.

The service relies on family members/representatives to arrange social supports and generalised that most consumers are wanting to stay home indicating a lack of consideration of consumers’ individual and diverse social needs.

Assessments, care plans and documentation lacked evidence of referrals and connections that support consumers’ lifestyle and wellbeing needs.

Management advised responsibility for referrals sits with the consumer and representative and subcontracted partner.

The Guidance states that the intent of this requirement is, in part, ‘An organisation may not be able to provide all the services and supports for daily living that a consumer needs to have meaning, purpose and connectedness in their life. However, it’s expected that organisations support and help the consumer to follow activities they are interested in, take part in social activities and maintain and develop social and personal relationships’.

Having regard to the matters I have mentioned in this section, the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 4(3)(e).

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with the requirements 4(3)(d) and 4(3)(e).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as two specific requirements that were previously assessed as non-compliant remain non-compliant.

# 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

As the Approved Provider does not have a service environment this Standard is Not Applicable.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is reviewing its complaints through improved workflows and timely action whilst using an open disclosure process. It is also implementing a mandatory reporting feedback process. However, the Assessment Team reports that the Approved Provider is not ensuring that all complaints and feedback ins documented in its complaint register. The Approved Provider in failing to inform consumers and their representatives that it is in fact the Approved Provider and that all complaint must be logged with them.

The Assessment Team reports that the Approved Provider has implemented a complaints register with improved workflows to ensure all documented complaints are actioned in a timely manner. However, they were unable to show how all consumers/representatives especially those from subcontracted partner organisations provide feedback/complaints to the service. Consumers/representatives at interview were unaware that Local Guardians was their service provider and complaints or feedback should be directed to them. They believed they were getting care from the subcontracted partner service and so they stated they provided feedback or complaints to them.

Management advised that all complaints received by subcontracted partner organisations were to be recorded in the complaints register. Some complaints from subcontracted partner services were noted on the complaints register. However, there is no way to confirm that all complaints made to the subcontracted partner services may or may not be documented in the Local Guardians complaints register.

Management advised that all subcontracted partner organisations are provided with an online form to complete so that complaints and incidents are captured. At the monthly subcontracted partner meetings complaints, mandatory reporting, SIRS and incidents are discussed.

Management advised that in the August 2022 email sent out to consumers with their monthly statement advised consumers that the service is looking to improve services and feedback would be supported.

Management advised that open disclosure training has been provided to all staff and the subcontracted partner organisations. An open disclosure policy has been implemented. The Assessment Team notes that while the Provider has improved some processes consumers are still not aware that their service provider is Local Guardians. The issues identified in this requirement relate to Approved Provider responsibilities and are addressed in Standard 8(3)(c).

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with requirement 6(3)(c).

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, one of the specific requirements that was previously assessed as non-compliant is now assessed as compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring that its workforce are competent and have qualifications and knowledge to effectively perform their roles and through subcontracted partners the Provider is ensuring they have staff and support workers to provide safe quality care and services.

However, the Assessment Team reports that the Approved Provider is not aware of services delivered by support workers supplied by subcontracted organisation to consumers. The Approved Provider is not receiving feedback or monitoring of consumers or support workers when the consumers is on a self-managed package. The Approved Provider is not consistently undertaking face to face home visit assessments, care planning and review to ensure support workers are equipped and trained to provide the required services. The Approved Provider is not undertaking performance or supervision of the workforce who have been engaged under a self-managed consumers agreement.

The Guidance states that the scope of Standard 7 is, in part, ‘This Standard requires an organisation to have and use a skilled and qualified workforce, sufficient to deliver and manage safe, respectful, and quality care and services, which meet the Quality Standards’. This Standard includes four key concepts, the sufficiency of the workforce, the attributes, attitude and performance of the workforce, Organisational support for the workforce and Assessment, monitoring and review.

Requirement 7(3)(a)

The Assessment Team reports that the Approved Provider could not demonstrate that the workforce is planned to deliver safe and quality care and services. Management did not understand that Local Guardians is the Approved Provider as defined by the Aged Care Quality and Safety Commission Act and it is their responsibilities to ensure that the workforce meets the needs of the consumers to enable the delivery of safe care and services under this requirement.

Consumers/representatives receiving direct care through Local Guardians undertake to source their own support workers to provide care. A representative stated they sometimes have trouble getting replacement support workers and if they ask care advisors to assist them then they may be charged an additional fee of $70.00 per hour for the assistance. There is a possibility that consumers may be left without services if support workers are not available. The subcontracted partner’s staff interviewed stated they employ their own support workers and case managers and can ensure ongoing services to consumers.

Management at Local Guardians stated they have employed 15 care advisors across the States and Territories. These staff only ensure that all assessment, care planning and review documentation required to be completed by the consumer/representative is submitted. They do not assess the consumer face to face and therefore cannot be certain that the care plan meets the consumer’s needs and services. Management when asked why care advisors for the provider do not conduct home visits to conduct assessments and care plans, management stated they don’t have the resources.

The Guidance states that the intent of this requirement is, in part ‘This requirement expects organisations to have a system to work out workforce numbers and the range of skills they need to meet consumers’ needs and deliver safe and quality care and services at all times. This system needs to be in line with current legislation and guidance where it applies. The system for managing the workforce may be different for each type of care and service. It’s expected that an organisation uses a structured approach for rosters and schedules, hiring and keeping members of the workforce, managing different types of leave and the use of contracted staff. Organisations are expected to consider the different levels of skills and abilities needed to meet consumers’ needs.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(a).

Requirement 7(3)(c)

The Assessment Team reports that the Approved Provider has implemented processes to ensure the workforce are competent and had the relevant skills, experience and knowledge to meet the needs of all consumers, particularly those with complex care needs however, these are not consistently applied to all support workers or subcontracted partner services. While Local Guardians do not recruit, train or equip external support workers to deliver the outcomes required by the Standards, they have developed a guide called the ‘Home care roles and responsibilities matrix’ that outlines the requirements of support workers.

The matrix outlines mandatory requirements for each of the different care levels such as Domestic, Personal High Care, Personal care and Nursing. Consumers, representatives and contracted service providers need to ensure that these requirements are met prior to employing the support workers. However, this is not consistently applied. The Approved Provider stated that they do not monitor regulatory compliance or qualifications of support workers who are sourced through the ‘Mable’ platform. Management stated that they are aware that ‘Mable’ have a very thorough vetting of all their staff and so Local Guardians are confident that these support workers are appropriately qualified and trained.

Management advised that the consumers/representatives are provided with training information to assist them employ support workers. Management advised that ensuring that support workers are competent is the responsibility of consumers, representatives and contracted partners or service providers.

Management advised that all support workers providing care need to register on their support worker database and provide all their qualification and regulatory compliance information prior the commencing services as they will not pay the support workers for services that commence prior to their registration and approval by Local Guardians.

This requirement is intended to make sure the workforce has the skills, qualifications and knowledge they need for their role to provide care and services. The requirement covers an organisation’s systems to regularly review the roles, responsibilities and accountabilities of their workforce. If personal or clinical care is provided, it’s expected that the organisation has systems to monitor whether staff are working within the scope of their practice, responsibilities and skills.

Despite Local Guardians’s clear obligations under the Quality Standards to make sure its workforce is competent and have the qualifications and knowledge to effectively perform their roles, it is noted with concern that on the first page of its Home Care Agreement with Consumers that Local Guardians states *‘Local Guardians cannot guarantee carers or the standard of care workers’.*

Further to this, the first page of the Home Care Agreement states Local Guardians, in partnership with the client, will develop a Care Plan that relies on contracted local carers. Local Guardians does not employ care staff. It is relevant to point out that the Consumer has a contact to provide care and services with Local Guardians, who is an Approved Provider and not with any other party. It may be a fact that Local Guardians does not directly employ care staff but as discussed earlier this is irrelevant as all contracted local carers fall into the definition of staff members, workforce or aged care workers of Local Guardians and therefore Local Guardians have a legal obligation to ensure that their competency and skill is commensurate to the care and services being provided.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(c).

Requirement 7(3)(e)

The Assessment Team reports that the Approved Provider was unable to demonstrated they monitor and review the performance of all staff including subcontracted partners staff and support workers employed directly by consumers and representatives.

Management advised that they do not undertake supervision or monitoring of support workers that are directly employed by consumers/representatives. Support workers interviewed stated that they do not have any reporting, monitoring or supervision through the approved provider Local Guardians.

Management advised that they have a ‘monthly performance report’ which is completed by subcontracted partners. The report is discussed at monthly meetings that includes information including staff training and supervision.

Subcontracted staff at interview stated they have a process where senior staff provide a mentoring program for new support workers and will provide buddy shifts and staff appraisals with support workers are conducted annually.

The Guidance states, in part, that the intention of this requirement is ‘All members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training, and development they need. This requirement looks at how organisations need to regularly assess the performance and the capabilities of the workforce as a whole. Performance reviews can also support continuous improvement and development of the members of the workforce.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(e).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three specific requirements that were previously assessed as non-compliant remain non-compliant.

# Standard 8

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

The Assessment Team reports that the Approved Provider is monitoring and managing high impact prevalence risks through effective risk management systems and ensuring that clinical governance processes are in place to monitor antimicrobial stewardship. The Provider has implemented restrictive practise guidelines to support and minimise the use of restraints.

However, the Assessment Team reports that the Approved Provider is not ensuring that its governing body promotes a culture of safe inclusive quality of care and services whilst demonstrating it has an effective management, regulatory compliance. Financial governance and workforce governance processes and systems.

Requirement 8(3)(b)

The Assessment Team reports that the Approved Provider could not demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery. The Provider still does not understand its legislative responsibilities and the service model actively seeks to make other subcontracted partners, including consumers/representatives accountable for safe care and services.

Consumers and their representatives receiving care and services are unaware that Local Guardians Home Care is the Approved Provider and responsible for all care and services. The service does not have a governing body and responsibility for the organisation is with the Chief Executive Officer (owner) of the organisation.

Management advised that they do not provide reports to the CEO however have ongoing discussion with the CEO. The service has monthly meetings with the subcontracted partners however these meetings mainly discuss consumers and their identified issues. Governance issues such and monitoring of service delivery, contracts ensuring compliance with legislation and all incidents, complaints and other organisational processes are consistent across all the subcontracted partners was not evident.

The Approved Provider could not evidence how they are satisfied that the Quality Standards are being met by each of the subcontracted partner organisations as there is no comprehensive process to ensure all feedback and complaints mechanisms, clinical indicators and quality reports are captured by the approved provider and reported to management.

The Guidance states, in part, that the intent of this requirement is ‘the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality, care and services in the organisation. The governing body of the organisation is also responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. A culture of safe inclusive and quality care and services is one that is embedded in all aspects of organisational life and owned by everyone. It is the organisation’s governing body that enables this through its leadership, decisions made and directions set for the organisation.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3)(b).

Requirement 8(3)(c)

The Assessment Team reports that the Approved Provider was unable to demonstrate that is has effective organisation wide systems and processes to ensure governance requirements.

**Information management**

While the service has implemented policies and procedures for assessment and care planning. This is tailored to consumers/representatives undertaking their own assessment and care planning. There is no partnership with the approved provider Local Guardians to assess a consumer face to face at initial and ongoing when things go wrong. The service depends on information provided by consumers/representatives to identify consumers risks. Management when asked why care advisors for the provider do not conduct home visits to conduct assessments and care plans stated, ‘they don’t have the resources.’ They have however, employed 15 care advisors who monitor documentation submitted by consumers /representatives.

Consumers receiving care through Local Guardians are not monitored with a home visit from the care advisor, however, the service depends on the information completed in the ‘My Story’, personal assessment and care plan document completed by the consumer/representative. Management advised that these documents are discussed via email or by telephone with the consumer and/or representative.

The 7 subcontracted partners, however, undertake initial and ongoing home visits and monitoring of consumers. Subcontracted partners have access to the providers electronic database to document consumer and organisational information. However, they also have their own electronic database and are not consistently documenting assessment and care planning documentation in the providers electronic database. Consumers/representatives and subcontracted partners have been provided with a link for them to undertake training to identifying care recipient change and deterioration or guidance for incident reporting. Monitoring to ensure the training was undertaken was not evident. The service is still unaware of what care information is provided to subcontracted and private support workers (funded by the package) and whether care provision aligns with care recipients’ assessed needs.

**Financial governance**

The service was unable to demonstrate that financial governance meets the Quality Standards. Consumers receiving monthly statements are still not able to understand the statements.

A review of the consumer monthly statements for December 2022 identified that consumers monthly statements are not itemised. Refer Standard 1 Requirement 3 (e) for further information.

Management stated that they use an external financial management organisation ‘Capitol Guardians’ to process the consumer, support worker, subcontracted partners and other organisations invoices such as for equipment purchases. An additional merchant fee of 2% is charged to the consumers account for uploading and processing of the invoices. This was also noted as a clause in the consumer’s home care agreement.

Management advised that the consumer/representative can access the organisation’s contracted financial providers’ portal to submit invoices and view external providers invoices charged against their package.

Management advised and consumers confirmed that any services delivered while documentation is being completed before the care plan and agreement are signed will not be paid by the package. Consumers/representatives further advised that if they do not complete their ongoing monthly care plan review documentation and submit it to Local Guardians payment for services undertaken will not be approved or paid. Consumers/representatives felt this was an imposition on them and unfair to the support workers. They stated that they were afraid they would lose their support workers because they were not getting paid and would find it difficult to secure new support workers.

**Regulatory compliance**

The consumers receiving a home care package directly through Local Guardians use a self-managed model, based on agreements where care recipients and representatives undertake their own assessments however, the Quality of Care Principles and the Aged Care Quality Standards requires approved providers to undertake an assessment and planning in partnership with the care recipient this is still not taking place. The home care agreement signed by consumers do not meet all the requirements of the Aged Care Act 1997. They do not refer to The Charter of Aged Care Rights.

The home care agreement requires consumers to pay additional merchant fees for processing of invoices. The agreements states ‘All services provided by external service providers will be billed directly to the Home Care package at your negotiated cost. Contracted providers pay a 2% merchant fee to Capital Guardians for the invoice payment service provided.’ This fee is in addition to care management and package management fees. Consumers are required to acquire and maintain public liability insurance at their home. The Provider requests copies of police checks and insurances for support workers providing direct care to consumer. The service has developed a system that all support workers provide training and first aid information. However, management advised they do not undertake to capture information or do checks of compliance of support workers procured through the ‘Mable’ platform as management stated they are confident that ‘Mable’ do their own checks. Therefore, there is no system to monitor the ongoing regulatory compliance of these support workers. Nursing staff reregistration’s are not monitored. Management do not ensure that they comply with police check guidelines in relation to statutory declarations is undertaken. The service does not ensure all staff, management and support workers across Local Guardians and the 7 subcontracted partner organisations who have lived overseas since turning 16 or been a citizen of a country other than Australia complete statutory declarations to ensure that they have not committed sexual assault or criminal offences overseas. Staff information relating to vaccinations and compliance checks are documented in the staff members electronic file.

**Workforce management**

Management was unable to demonstrate that they have workforce governance processes to ensure clear responsibilities and accountabilities. The service does not monitor services delivered by support workers and the support workers do not provide feedback on changes in the consumer, deterioration or incident reporting. Management advised this is the responsibility of the consumer/representative. Management when asked why care advisors for the provider do not conduct home visits to conduct assessments and care plans management stated ‘they don’t have the resources.

Management do not ensure all staff employed have undertaken training and regulatory compliance checks. For example: staff employed through the ‘Mable’ platform.

**Feedback and complaints**

Management advised that subcontracted partners are required to document all feedback and complaints received in the complaints and incident registers. While this may be happening there is still a gap as consumers/representatives are unaware of who the approved provider is and who they should be making complaints to therefore the provider is unable to analyse all feedback and complaints to provider improvements in care and services.

It is noted that Local Guardians has decided to subcontract the processing of consumers accounts to a third-party. This has resulted in the contracted providers being charged a 2% merchant fee. Of significance is the fact that on 1 January 2023, Aged Care legislation was amended requiring Approved Providers to stop charging a separate amount for third-party arrangements (including subcontractors). Local Guardians will need to review its current billing practise to determine if it is now in breach of the legislation.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements 8(3)(b) and 8(3)(c).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as two specific requirements that were previously assessed as non-compliant remain non-compliant.

1. The preparation of the performance report is in accordance with s68A – assessment contactof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)