Luke's Place

Performance Report

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| **Address:** | 8 Warwick Road IPSWICH QLD 4305 |
| **Phone:** | 07 3817 0600 |
| **Commission ID:** | 700399 |
| **Provider name:** | Alara Qld Limited |
| **Activity type:** | Quality Audit |
| **Activity date:** | 3 June 2022 to 7 June 2022 |
| **Performance report date:** | 21 July 2022 |

# Performance report prepared by

A. Grant delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* ALARA QLD Ltd, 26509, 8 Warwick Road, IPSWICH QLD 4305

**CHSP:**

* Domestic Assistance, 4-7YBMQT6, 8 Warwick Road, IPSWICH QLD 4305
* Social Support - Group, 4-7Z1ZP04, 8 Warwick Road, IPSWICH QLD 4305
* Social Support - Individual, 4-7Z1ZOXB, 8 Warwick Road, IPSWICH QLD 4305

# Overall assessment of Service/s

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 12 July 2022

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives interviewed by the Assessment Team stated consumers are always treated respectfully and with dignity. Consumers and representatives stated during interviews staff understand the consumer’s journey, personal circumstances, cultural background and are caring and polite in all their interactions. During interviews with the Assessment Team staff described how they show respect to the consumers by addressing them by their preferred name, taking time to talk to them and acknowledging their preferences. Documentation evidenced by the Assessment Team showed the service has a consumer-centred approach to the delivery of services and engage with the consumer and representatives to make arrangements that suit their individual preferences including services from brokered providers.

Consumers and representatives interviewed by the Assessment Team provided feedback that staff understand their needs and preferences and that services are delivered in a way makes them feel safe and respected. Evidence analysed by the Assessment Team showed while the service does not provide training in the delivery of culturally safe services, staff demonstrated they knew what the delivery of culturally safe services means in practice. During interviews with the Assessment Team staff provided examples of consumers’ past occupations, who they live with, who is important to them, if there had been changes in their circumstances, what they like to chat about and if they have any specific requirements. Evidence analysed by the Assessment Team showed consumer care documentation identified consumer preferences, cultural needs and for most consumers, their religious, spiritual, and personal care and service preferences.

Consumers and representatives interviewed by the Assessment Team stated consumers are supported to make their own decisions about services they receive and gave examples of how the service supports them to be as independent as possible. Management, facilitators and staff described how they provide information to assist consumers making day to day decisions and are able to make changes according to their preferences. The Assessment Team analysed evidence which showed documentation including notes in consumer files and emails, identified consumers and representative’s involvement in decisions about the services provided.

The Assessment Team analysed evidence which showed the service supports consumers to do things independently and respect their decisions and choices they make. Consumers and representatives provided feedback during interviews with the Assessment Team that showed the workforce understand what is important to them and respect the choices they make. Management stated to the Assessment Team that if a risk was identified for a consumer in undertaking activities or with the delivery of services this would be discussed with the consumer and or representatives including strategies to minimise the risk to the consumer and support them to live as they preferred. Management provided an example to the Assessment Team of a consumer who had chosen to take a risk in her living environment and had discussed the risks with the consumer and service delivery strategies to minimise the risk.

Consumers and representatives interviewed by the Assessment Team stated they receive written information in a way that they can understand that enables them to make informed choices on the services they receive. Evidence analysed by the Assessment Team showed a consumer handbook including information on providing feedback, making complaints including to external bodies, advocacy agencies, translation and relay services. Consumer and representatives interviewed by the Assessment Team provided feedback that they receive information and support from the services that enable them to exercise choice to support their current needs and preferences. Feedback from consumers receiving an HCP demonstrated the service provides consumers with regular monthly statements and supports them to understand how their funds are being spent and make choices about their care and services.

The Assessment Team analysed evidence which showed consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives stated to the Assessment Team staff respect the consumer’s privacy when delivering care and services and they are confident the consumer’s personal information is kept confidential. Evidence analysed by the Assessment Team showed the service has effective systems in place to protect consumers personal information, including where information is being shared between multiple parties involved in the delivery of care and services.

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

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

**Assessment of Standard 1 Requirements**

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

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

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

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

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team found, based on the evidence analysed, the service did not demonstrate that assessment and care planning documentation consistently informed the delivery of safe and effective care and services or that all risks to the consumer are considered and strategies to minimise risks are not documented for all consumers. Evidence analysed by the Assessment Team showed assessment and planning did not identify and/or address all consumer’s needs, goals and preferences, including advance care planning and end of life planning.

The Assessment Team found, based on the evidence analysed care planning documents did not consistently evidence outcomes of assessment and planning or include sufficient information about risks, interventions or management strategies to mitigate risks to the consumer. Evidence analysed by the Assessment Team showed where others are involved in care delivery, assessment and planning processes are not conducted in partnership and this impacts the service understanding the consumers’ needs and preferences. Care and services are not always reviewed for effectiveness or care plans always updated when a consumer’s condition changes, their situation changes or when incidents or accidents happen.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as five of the five specific requirements have been assessed as Not Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as five of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Based on evidence analysed by the Assessment Team the service did not demonstrate 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. The Assessment Team noted for some consumers, while key risks had been identified, these had not been adequately assessed and strategies to manage those risks had not been documented. The Assessment Team noted while there was evidence of some risk assessments completed, including of the consumer’s home; there was variability in assessment and planning documentation and overall, the documentation lacked detail about assessed needs and risks related to the care of consumers. Staff involved in the assessment and care planning process advised the Assessment Team that the service does not use validated risk assessment tools and acknowledged that supplementary or triggered assessments were not completed in instances where risk was indicated.

Evidence analysed by the Assessment Team showed where other health professionals and providers were involved in the care of consumers, there was inconsistent evidence that outcomes of assessment and planning was shared to support staff understanding of risks to each consumer’s health and well-being. Evidence analysed showed care plans did not consistently include sufficient information to guide staff in understanding and managing risks for consumers. Interviews with staff and management identified they were unaware of all risks associated with consumer’s care and in some cases where risks were known, care staff relied on their own knowledge of the consumer to manage the risks.

The Assessment Team reviewed assessment summaries from My Aged Care (MAC), service level assessments and care planning documentation for 22 consumers across both programs. While assessment and planning processes were in place, they were ineffective. Evidence analysed by the Assessment Team showed there was incomplete assessment documentation in all 22 consumer files reviewed and for some consumers there was conflicting information about the consumer’s condition, needs and risks. Based on this evidence the identification of risks for consumers was inconsistent and key risks were not always identified or addressed in care plans reviewed.

**Home Care Package Service**

The Assessment Team analysed evidence and identified key risks for consumers receiving HCP, including risks associated with falls, pain, diabetes, weight loss, oxygen therapy, pressure injury, wounds and cognitive impairment. Evidence analysed by the Assessment Team showed planning in relation to those risks was not effective, impacting on staff understanding of risks to each consumer’s health and well-being and how to manage those risks. A single example from multiple examples identified is included below:

The Assessment Team analysed evidence which showed Consumer A (HCP L2) receives domestic assistance, personal care and social support and has experienced 2 falls in the last 6 months. The MAC assessment for Consumer A dated 20 January 2022 identified Consumer A experiences chronic pain, falls, depression, anxiety, shortness of breath during activities of daily living, dizzy spells and some mild cognitive impairment due to memory recall problems.

Evidence analysed showed the service level assessment completed 30 March 2022 was incomplete and did not consider the risks identified by the aged care assessment team (ACAT). For example:

* The functional profile was not completed. There was no assessment of Consumer A’s cognition or memory recall and the associated risks were not considered.
* The health conditions profile was not completed and as a result there was no pain or falls risk assessment. There was no consideration of Consumer A’s history of falls or dizzy spells and the impact on her falls risk.
* The psychosocial profile was not completed, and the risks associated with her depression and anxiety, and the impact on her quality of life were not considered.
* The health behaviours profile was not completed and there was no consideration to the risks associated with Consumer A’s shortness of breath and the impact on her physical activity.
* Consumer A’s HCP care plan and support plan identified Consumer A’s risk of falls in the shower, however strategies to guide staff in minimising her risk of falls were not detailed. There were no strategies documented in relation to the risks identified by ACAT to guide staff when delivering care and services.

**Commonwealth Home Support Programme Services**

The Assessment Team analysed evidence and identified key risks for consumers receiving CHSP services, including risks associated with falls, behaviours, cognitive impairment and emotional and psychological disorders. Evidence analysed by the Assessment Team showed assessment and planning in relation to those risks was not effective in identifying and/or addressing the risk, impacting on staff understanding of risks to each consumer’s health and well-being and how to manage those risks. A single example from multiple examples identified is included below:

Consumer B (CHSP) receives domestic assistance, social support individually and as part of a group. Consumer B has schizophrenia, epilepsy, chronic anxiety disorder, depression, pain and a history of falls. Consumer B’s ACAT assessment dated 7 February 2022 identified Consumer B has developed major social anxiety, has limited trust in people, has experienced domestic trauma and violence and requires services to support her mental health issues and address her social isolation issues.

Evidence analysed by the Assessment Team showed while the service implemented services to address her risk of social isolation, there was insufficient evidence the service had considered all risks to Consumer B’s health and well-being and how those risks may impact on her social support services with care staff and other consumers.

Evidence analysed by the Assessment Team showed care planning documents did not provide information or strategies to support staff in understanding and supporting her chronic emotional and psychological challenges and there was no information or strategies documented in relation to the risks associated with her epilepsy, falls and pain to support staff during care and service delivery.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team analysed evidence which showed the service did not demonstrate assessment and planning effectively identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Evidence analysed showed while care plans documented goals, needs and preferences, they were generic in nature with standardised service headings, instructions for care staff and goals. Needs documented were not always reflective of current needs and risks. Evidence analysed by the Assessment Team showed care plans did not consistently include detailed strategies to guide staff in how to provide care that was tailored to the individual needs of the consumers, while managing their risks. The Assessment Team found no evidence that advance care planning and end of life planning had been raised with consumers receiving HCP and CHSP services, including where consumers received palliative care services. During interviews with the Assessment Team management acknowledged assessment and planning does not include advance care planning and end of life planning. The service does not have policies and procedures or training in relation to advance care planning and end of life planning for staff undertaking assessment and planning.

**Home care packages service**

The Assessment Team analysed evidence and found assessment and planning processes were not effective in identifying and/or addressing the current needs for all consumers receiving HCP. A single example from multiple examples identified is included below:

* Consumer A was identified by the service as a high falls risk and has a history of falls. The service level assessment completed 30 March 2022 was incomplete and did not identify Consumer A’s current needs and as a result her care plan did not reflect her current or address needs.

**Commonwealth home support programme services**

The Assessment Team analysed evidence and found assessment and planning processes were not effective in identifying and/or addressing the current needs for all consumers receiving CHSP services. A single example from multiple examples identified is included below:

* Consumer C’s support plan dated 13 January 2022 was not updated following the assessment dated 29 March 2022 and did not include strategies to guide staff in supporting Consumer C’s psychological and emotional needs. There was no information or strategies to guide staff in managing her risk of falls when supporting her with social support services.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

Findings

The Assessment Team analysed evidence which showed while the service demonstrated assessment and planning is based on ongoing partnership with the consumer and/or their representative; the service did not demonstrate assessment and planning includes other organisations, individuals and providers involved in the care of the consumer. Evidence analysed showed for consumers who receive brokered services, there was no supporting evidence the providers were involved in assessment and planning. While there was evidence the service involves allied health professionals in the assessment of suitable equipment or items purchased for some consumers receiving HCP, care planning documentation reviewed did not evidence that allied health professionals, clinical nursing staff, medical officers (MO) and other providers of care and services were involved in the ongoing assessment, planning and review of services for all consumers.

**Home care packages service**

Consumer D (HCP L2) receives regular podiatry and massage therapy for pain management through her HCP however there was no evidence the podiatrist or the massage therapist are involved in assessment and planning.

Consumer E receives personal and clinical care, including wound care through brokerage arrangements. There was no evidence the registered nurses (RN) or the provider of personal care staff were involved in assessment and planning of Consumer E’s personal and clinical care needs. There is no evidence the service involves Consumer E’s MO in relation to his wound management.

**Commonwealth home support programme services**

The Assessment Team analysed evidence which showed where the care is shared with other service providers providing CHSP services to consumers, there was no evidence the service communicates with them or shares information about the consumer to inform assessment and planning. A single example from multiple examples identified is included below:

* Consumer B receives meals through MOW and care documentation identified care staff provide support to Consumer B in picking up her meals. Although the care is shared, there was no evidence the service communicates with MOWs.

The Assessment Team provided feedback to management who acknowledged the deficiencies and said they would address the improvements required in including others involved in the care of the consumer when undertaking assessment and planning.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team analysed evidence which showed the service did not demonstrate that outcomes of assessment and planning are consistently documented in a care plan that is readily available to the consumer, and where care and services are provided. While most consumers and representatives interviewed by the Assessment Team stated consumers have a copy of their care plan and the service explains information about their care and services; care plans reviewed were not always accurate or reflected the outcomes of the most up to date assessments and reviews of the consumer’s needs, goals or preferences. Relevant risks to the consumer’s safety, health and well-being were not consistently documented in the care plans and strategies to support staff in managing those risks were not adequately documented.

**Home care packages service**

Care plans reviewed by the Assessment Team were not always accurate or reflected the outcomes of the most up to date assessments and reviews of the consumer’s needs, goals or preferences. Evidence analysed by the Assessment Team showed outcomes of assessments by clinical staff and allied health professionals are not consistently documented in care plans. A single example from multiple examples identified is included below:

* The care plan date 1 March 2022 and support plan dated 18 January 2022 did not document outcomes of his service level assessment dated 31 March 2022. The representative for Consumer D could not recall if the service discussed the outcome of the assessment on the 31 March 2022.

Staff at the service stated to the Assessment Team they discuss the outcomes of assessment and planning by other health professionals with consumers and representatives, however acknowledged that care plans are not always updated. This was consistent with care plans reviewed by the Assessment Team for consumers sampled.

Evidence analysed by the Assessment Team showed care plans did not provide detailed outline of services to be delivered, including agreed days, times and hours of service. Hours of service should reflect hours agreed in the consumer’s HCP budget. Staff acknowledged this is an area for improvement and management advised they would review the care plan template to meet the requirement of the HCP operational manual.

**Commonwealth home support programme services**

Evidence analysed by the Assessment Team showed for consumers receiving CHSP services, care plans reviewed did not always document risks identified in assessments or strategies to reduce or minimise those risks. A single example from multiple examples identified is included below:

* Consumer B’s care plan did not provide information or strategies to support staff in understanding and supporting her chronic emotional and psychological challenges and there was no information or strategies documented in relation to the risks associated with her epilepsy, falls and pain to support staff during care and service delivery.

The Assessment Team provided feedback to management who advised they are currently reviewing their systems and processes related to assessment and care planning and advised they would action identified gaps as part of their continuous improvement process. They acknowledged this is an area for improvement.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team analysed evidence which showed the service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Evidence analysed showed care plans are not always updated when a consumer’s condition changes, their situation changes or when incidents or accidents occur. Evidence analysed by the Assessment Team showed the service did not adequately demonstrate they communicate with brokered service providers and others involved in the care of a consumer to ensure that services provided are effective or meeting the consumers’ needs.

**Home care packages service**

Evidence analysed by the Assessment Team showed care planning documents for consumers sampled receiving HCP did not demonstrate regular review or being adjusted in response to changes in the consumer’s condition, including when incidents occur. Examples are included below:

* Progress notes for Consumer A identified changes in her health condition and care needs, including incidents however there was no evidence the service undertook follow up assessments or review of her care and services.
* Consumer A experienced 2 falls since commencing with the service and while staff interviewed were aware of the falls and said they were concerned about her falls risk; incident forms were not completed and there was no follow-up falls risk assessments or review of care and services conducted following the falls.
* On 9 February 2022 Consumer A was assigned a higher HCP. Care documentation did not evidence reassessment of her care needs until 30 March 2022. A review of the assessment form identified it was incomplete (this is discussed further in Requirement 2(3)(b)). While there is a support plan dated 5 May 2022, Consumer A’s current HCP care plan is dated 30 September 2021 and was not updated following her HCP upgrade.
* On 16 May 2022 care staff documented that Consumer A experienced an episode of agitation and confusion and her MO had called an ambulance. There was no evidence in progress notes to evidence the service followed up or had reviewed her care and services.

**Commonwealth home support programme services**

Evidence analysed by the Assessment Team showed care planning documents for consumers sampled did not demonstrate being adjusted in response to changes in the consumer’s condition, including when incidents occur to ensure safe and effective care. A single example from multiple examples identified is included below:

* The incident register documented an incident dated 23 March 2022 involving Consumer F where she displayed aggressive behaviours towards staff. There was no evidence of assessment of Consumer F’s aggressive behaviour episode or the risks associated with her carer stress and history of depression following the incident. There was no evidence her care and services were reviewed, and her support plan was not updated.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Based on evidence analysed by the Assessment Team the service did not demonstrate each consumer receives safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Evidence analysed showed the management of high impact and high prevalence risks for consumers is not effective. Staff were not always aware of the risks for each consumer and as a result could not demonstrate how they are safely managed. Information is not reflected in care planning documentation, including the identification of all high impact or high prevalence risks, strategies or guidance for staff who regularly provide services to consumers. Evidence analysed showed the service did not demonstrate consistent reporting of high impact and high prevalence risks or monitoring to ensure effective management of those risks for each consumer. Evidence analysed by the Assessment Team showed processes to ensure that information about the consumer’s condition, needs and preferences is communicated with others where responsibility for care is shared are not effective.

The Assessment Team noted the service demonstrated that the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Evidence analysed showed care planning documents demonstrated deterioration or changes in the consumer’s condition or health status is responded to in a timely manner. Evidence analysed by the Assessment Team showed the service has systems and processes to maintain appropriate infection control and minimise the risk of COVID-19.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as three of the seven specific requirements have been assessed as Not Compliant

The Quality Standard for the Commonwealth home support programme services are assessed as Not Applicable as all specific requirements have been assessed as Not Applicable.

**Assessment of Standard 3 Requirements**

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

*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.*

The Assessment Team analysed evidence which showed the service does not have effective systems to identify and apply up-to-date guidance on best practice. The Assessment Team identified after interviews with Staff that they did not know where to get information or advice on best practice in relation to personal and clinical care or how to access best practice guidelines, decision-making tools or protocols. Evidence analysed by the Assessment Team showed staff have not had training in clinical aspects of care nor organisational support in the management of consumers’ clinical care needs. The Assessment Team noted staff and management did not have shared understanding of personal and clinical care that is best practice and could not demonstrate the personal and clinical needs of consumers are effectively monitored.

Evidence analysed by the Assessment Team showed the service does not employ staff to deliver clinical care and brokerage arrangements are in place to meet consumer’s clinical care needs. The Assessment Team interviewed Staff who were not able to demonstrate they have oversight of the safety and quality of the clinical care provided or that it reflects best practice. Evidence analysed showed the service does not receive regular medical/or external nursing reports in relation to wound and pressure area care.

While most consumers and representatives interviewed by the Assessment Team stated they receive the personal and clinical care they need through their HCP, progress notes (and other documents) for the consumers sampled did not reflect individualised care that is safe.

Examples and evidence of the service not meeting this requirement include:

Consumer G has complex health care needs with multiple risks, requires continuous oxygen therapy and takes opioid pain medication to manage his chronic pain and respiratory distress. The Assessment Team noted staff did not demonstrate they were aware of the risks associated with oxygen therapy or how they would manage his risks when delivering care and services, in line with best practice. For example:

* The risks associated with the use of oxygen therapy, opioid medication, pain, falls and respiratory risk have not been assessed and were not documented in the care plan. There were no detailed instructions documented so care staff know how to safely manage his risks and meet his individual needs when assisting with personal care or providing other care and services.
* Management advised Consumer manages his oxygen therapy himself however, care staff advised, and Consumer G confirmed he requires assistance from care staff at times, including application of oxygen therapy when he becomes breathless in the shower during personal care.
* Consumer G said he is unsure if the care staff have been trained in oxygen management and the associated risks of oxygen therapy, however he has shown them how to use his concentrator. Consumer G said he is unsure if the staff would know what to do if he experienced respiratory distress or arrest. Staff advised, and management confirmed that staff have not been trained in the use of oxygen therapy or associated risks.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

Evidence analysed by the Assessment Team showed the service did not demonstrate effective identification and management of high-impact or high-prevalence risks associated with the care of consumers. During interviews with the Assessment Team management and staff were unable to describe the high impact and high prevalence risks at the service and they could not demonstrate how the service monitors and adjusts practice in relation to high impact and high prevalence risks for consumers.

Evidence analysed by the Assessment Team showed assessment and planning processes are not effective in identifying all high impact and high prevalence risks, and strategies and interventions to manage, mitigate or eliminate those risks are not documented on the care plan to guide safe quality care and services. For example, falls risk prevention and management, risk of hypoglycaemic attacks related to diabetes, pain, pressure injury risk, risk of malnutrition and risks relating to management of oxygen therapy.

Based on evidence analysed by the Assessment Team the service did not demonstrate staff were provided training to support them in identifying, understanding and managing high impact and high prevalence risks for consumers sampled. Based on interviews with staff it was clear staff rely on their own knowledge and/or feedback from consumers and representatives to minimise consumers’ risks.

The Assessment Team analysed evidence which showed the organisation’s incident management system was not effective; where records of ‘near misses’ are not documented and incident forms are not completed for unwitnessed incidents such as falls. Evidence analysed showed the service does not have effective systems in place to monitor and analyse high impact high prevalence risks and management advised the service does not currently monitor clinical indicators, including indicators related to high impact high prevalence risks.

Examples and evidence of the service not meeting this requirement include:

Evidence analysed by the Assessment Team showed for consumers with diabetes including Consumer D, Consumer H, Consumer I and Consumer J; the service did not demonstrate how they manage the risks associated with diabetes, including the risk of hypoglycaemic or hyperglycaemic episodes. The Assessment Team located no evidence that assessment and planning considered the risks associated with diabetes. During interviews with the Assessment Team care staff confirmed they have not received training in the management of diabetes and acknowledged they would not know what to do in the event a consumer experienced a hypoglycaemic or hyperglycaemic episode. During interviews with the Assessment Team management acknowledged they had not considered the risks associated with diabetes for consumers at the service or how they would support care staff in managing those risks

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*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.*

The Assessment Team analysed evidence which showed the service did not demonstrate that there are processes to ensure that information about the consumer’s condition, needs and preferences is communicated with others where responsibility for care is shared. Evidence analysed showed information about risks associated with the consumer’s condition and strategies to manage those risks were not reflected in care plans to support and guide staff when delivering personal and clinical care. The Assessment Team found based on the evidence analysed the service did not demonstrate how communication occurs between the service and other individuals or organisations to ensure care and services are delivered effectively and are meeting the consumers’ needs.

During interviews with the Assessment Team consumers and representatives stated they were unaware if the service communicates with or provides updates to other providers about the consumer’s personal and clinical care needs. Where responsibility for care is shared, consumers and representatives stated they speak directly with the person delivering their care and services, including when the consumer’s needs change.

Examples and evidence of the service not meeting this Requirement include:

* Consumer D stated to the Assessment Team she speaks directly with the podiatrist and massage therapist about her condition and care needs. There was no evidence in Consumer D’s care documentation of ongoing communication between the service and the allied health professionals.
* Consumer E said he is unsure if the service shares information or communicates with the registered nurses about his wound care or with the care staff providing his personal care. Consumer E said he speaks directly with the brokered staff and when required lets his case manager know if there are any changes.

The Assessment Team noted while there was some evidence of referrals to and reports received from health professionals such as OT assessments for equipment; there was no evidence of regular communication about the consumer’s condition, needs and preferences, between the service and the other providers delivering regular clinical care and services through brokered arrangements. For example, there was no evidence in care documentation of sharing of information or communication between the service and the physiotherapist who provides regular physiotherapy to Consumer K.

During interviews with the Assessment Team management confirmed they do not provide assessment and care planning information to brokered service providers and confirmed there are no established processes or procedures in place to share information or communicate with brokered service providers on a regular basis.

Following feedback from the Assessment Team management acknowledged information sharing about the consumers personal and clinical care as a gap and advised they would be reviewing their processes to ensure the identified deficiencies are addressed as part of their continuous improvement processes. Management advised the Assessment Team they would be reviewing the brokerage agreements in place to ensure the outcomes of this requirements are met when the care of a consumer is shared through brokerage arrangements.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Based on evidence analysed by the Assessment Team the service did not demonstrate that information about the consumer’s condition, needs and preferences was communicated with others where responsibility for care is shared.

Consumers and representatives stated to the Assessment Team the consumer is supported by the service to do the things they like to do, and that promotes their mental health, well-being and enhances their quality of life. Consumers stated during interviews with the Assessment Team they feel supported to stay connected with people who are important to them and participate in the internal or external community.

The Assessment Team analysed evidence which showed the service demonstrated consumers are actively supported to pursue their interests within the service, through brokered services and the broader community through individual and group activities. Evidence analysed showed the service had policies and procedures to ensure referral pathways for external support are established and equipment is routinely inspected to ensure its operational integrity and safety.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as one of the six applicable requirements have been assessed as Not Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as one of the six applicable requirements have been assessed as Not Compliant.

Requirement 4(3)(f) was not applicable and therefore were not assessed.

**Assessment of Standard 4 Requirements**

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

The Assessment Team analysed evidence which showed the service did not demonstrate that there are processes to ensure that information about the consumer’s condition, needs and preferences is communicated with others where responsibility for care is shared. Evidence analysed showed information about risks associated with the consumer’s condition and strategies to manage those risks were not reflected in care plans to support and guide staff when delivering service and supports for daily living. The Assessment Team noted based on evidence analysed that care plans did not consistently detail when consumer’s attend other provider’s respite centres to receive social support, or transport services from other providers to attend respite centres. Evidence analysed showed the service did not demonstrate how communication occurs between the service and other individuals or organisations to ensure HCP and CHSP services are delivered effectively and are meeting the consumers’ needs. During interviews with the Assessment Team Management acknowledged that they do not communicate with brokered service providers to ensure that services provided are meeting the consumers’ needs.

Examples and evidence of the service not meeting this Requirement include:

**Home care packages service**

* Consumer L attends a respite centre run by another provider. The service has not communicated any information about Consumer L to the provider of the respite centre to identify any risks of Consumer L attending the centre.
* Consumer J attends a respite centre weekly and a cultural community centre with other service providers and there is no documented evidence that Consumer J specific dietary requirements or changing cognitive conditions have been communicated to other providers involved in her care.
* Consumer I attends another provider’s respite centre however there is no evidence of communication to the provider in regard to her living with dementia or dietary requirements.

**Commonwealth home support programme services**

* Consumer M attends a small community group every Wednesday, however the documentation did not identify Consumer M’s specific requirement in regard to her ongoing anxiety which has been documented in her care plan. There was no evidence of information shared.
* The service supported Consumer B in accessing approval for a HCP through MAC due to increased care needs including increasing social anxiety. Consumer B receives meals on wheels (MOW) through another provider and although the care is shared through CHSP services, there is no evidence the service has communicated with MOWs about Consumer B’s changing care needs.

The Assessment Team provided feedback to management who acknowledged the deficiencies identified by the Assessment Team.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

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

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

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

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Evidence analysed by the Assessment Team showed the service environment is well designed and welcoming for all consumers who visit, optimising each consumer’s sense of belonging, independence, interaction and function. During interviews with the Assessment Team staff described how different consumers use the service environment in different ways to support their independence and ability. The Assessment Team observed the environment to be welcoming with parking availability, signage to direct consumers and visitors and well-maintained pathways and ramps leading to the day centre.

Based on the observations of the Assessment Team the service demonstrated that the day centre environment is safe, clean, well maintained and comfortable. Evidence analysed showed effective systems and processes are in place to ensure the environment is safe, clean and well maintained, with identified issues promptly addressed to minimise risks to consumers, staff and visitors. The Assessment Team observed fire safety equipment, fire evacuation diagrams and illuminated exit signage. The environment was free of clutter and trip hazards to ensure clear and safe movement for consumers and visitors. The Assessment Team noted consumers were observed to be freely mobilising, accessing different areas of the day centre, including outdoor.

Based on the Assessment Teams observations the service demonstrated that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers to use. During interviews with the Assessment Team staff and management described how they ensure furniture and equipment is suitable for consumers. The service has effective systems for the maintenance of the service’s buses and equipment, including the lifting equipment on the buses. Interviews with staff and a review of documentation demonstrated the service has effective cleaning processes, including the cleaning of shared equipment between each use and the buses.

The Quality Standard for the Home care packages service is assessed as Not Applicable as all the specific requirements have been assessed as Not Applicable.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 Feedback and complaints

# HCP Compliant CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Evidence analysed by the Assessment Team showed the service demonstrated consumers, representatives, and other parties, are actively encouraged to provide feedback or to complain about the care and services they receive. Consumers and representatives interviewed by the Assessment Team confirmed they are supported to provide feedback in a range of ways and feel comfortable to raise concerns should they wish to do so. Evidence analysed showed the service has policies, procedures and information for consumers in relation to feedback and complaints. Evidence analysed by the Assessment Team showed an established feedback and complaints handling process supports staff and management in gathering and responding to feedback and complaints.

The Assessment Team found based on the evidence analysed the service demonstrated consumers are empowered to make an effective complaint, whatever their culture, language or ability. Evidence analysed showed consumers, and their representatives, are provided with information on advocacy, language services, communication support services and the Commission’s aged care complaints service.

Consumers and representatives confirmed during interviews with the Assessment Team action is taken in response to their feedback and an explanation is given when things go wrong. Evidence analysed by the Assessment Team showed the complaints policy and procedures guide the service’s response. Staff and management consult with consumers where the service has not met their expectations, offer an apology and work to resolve issues promptly. Evidence analysed showed there are clear responsibilities across roles and the principles of natural justice are applied.

The Assessment Team analysed evidence which showed the service demonstrated feedback and complaints are reviewed and analysed to inform strategies for continuous improvement of the service’s overall performance. During interviews with the Assessment Team staff, management and the Board were able to describe how feedback from consumers is gathered, recorded, actioned, analysed and reviewed to improve service quality in an ongoing way.

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

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 Human resources

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team analysed evidence which showed the service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards.

Evidence analysed by the Assessment Team showed the service demonstrated that the workforce is planned and deployed to support care and service delivery. There is a structured approach to scheduling consumer services and rostering of staff. Evidence analysed showed the service considers the skills and abilities needed to provide continuity of service to consumers on a daily basis, including adapting to meet changing circumstances.

Consumers, and their representatives, confirmed they receive their services as agreed and as expected. They advised staff are kind and caring, respect their individuality and accommodate their preferences. Staff hold a range of qualifications, registrations and competencies relevant to their role. The service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as one of the five specific requirements have been assessed as Not Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as one of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

The Assessment Team analysed evidence which showed the service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. The Assessment Team conducted interviews with consumers, staff in addition to reviewing records this evidence showed training to meet the specific needs of individual consumers is not always identified and provided to ensure staff have the requisite skills and knowledge to provide safe quality care. Evidence analysed showed the service has human resources and related policies to guide management in initial selection, and the onboarding process, annual mandatory schedule of training identified based on job roles, and regular staff meetings to provide information and support.

Evidence analysed showed the service did not demonstrate effective processes to ensure staff receive the ongoing support, training and professional development they need to carry out their roles and responsibilities in delivering and managing care and services for aged care consumers.

As a result of feedback from staff and review of consumer records the Assessment Team identified deficiencies in staff training and inconsistency of practice. Evidence analysed showed assessments were not consistently completed, and in some cases, relevant sections were not completed. Evidence analysed showed consumer assessment did not adequately inform care planning, assessments did not capture all relevant information nor consider all aspects relevant to the consumer’s circumstances, and/or their functional capacity including the level of assistance they require. Risks were not identified, strategies were not developed nor is such information reflected in consumer care plans.

The Assessment Team noted based on evidence analysed that the care staff have not received adequate training in managing all conditions that are common for aged care consumers, including risks associated with those conditions. For example, care staff have not received adequate training to meet the needs of the consumers sampled, including training in frailty, falls prevention and management, respiratory conditions, diabetes, pain, pressure injuries, skin integrity, delirium and continence management, cognitive decline and/or dementia. Care staff interviewed by the Assessment Team confirmed they had not had training in conditions common in aged care and were not aware of the range of conditions. Management acknowledged the deficiencies brought forward by the Assessment Team.

During interviews with the Assessment Team management referred to the staff training portal, advising this contains approximately 8000 modules and these are assigned to staff for completion. When asked how they monitor completion of assigned modules in an ongoing way, management advised they rely on feedback from the facilitators and the HCP case manager.

During interviews with the Assessment Team management spoke about their collaboration with registered training organisations, who provide staff training on the service’s premises on a regular basis. Management also advised they have partnered with a local workforce council on a project to support new entrants to the industry workforce.

The Assessment Team noted based on the evidence analysed there are currently no courses designated as a requirement for staff providing care and services to aged care consumers. For example, while there is a module on deterioration, management advised this has not been assigned to care staff. One care staff member interviewed by the Assessment Team stated they did receive some training on commencement however “not much since”. Another care staff member stated to the Assessment Team they have asked for more training, and although they receive “lots of information” they are not supported to apply this in practice. Staff advised the Assessment Team during interviews that there has been discussion of developing a suite of training modules relevant to aged care, however this has not been implemented. The Assessment Team notes the organisation’s risk register shows lack of training has been identified as a risk, with the control being competency training for staff in providing more complex reports.

While the Assessment Team established the service has systems and processes in place, the service did not demonstrate based on the evidence analysed that the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found based on the evidence analysed that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Based on evidence analysed the organisation promotes a culture of safe, inclusive quality care and is accountable for delivery.

The Assessment Team found based on the evidence analysed that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumer and representative feedback obtained by the Assessment Team confirmed the service seeks their input into the care and services they receive. During interviews with the Assessment Team staff and management described how consumers are actively engaged in the feedback and improvement processes.

The Assessment team found based on the evidence analysed the organisation did not demonstrate effective governance systems in relation to regulatory compliance, specifically in relation to the Quality Standards. Evidence analysed showed the organisation did demonstrate effective systems in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.

The Assessment Team found based on the evidence analysed the organisation did not demonstrate effective risk management systems in relation to high impact high prevalence risks associated with the care of consumers and incident management.

The Assessment Team found based on the evidence analysed the organisation did not demonstrate the clinical governance and safety and quality systems required to maintain oversight of the safety and quality of clinical care.

Detailed evidence is provided below in the relevant requirements

The Quality Standard for the Home care packages service is assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings and evidence

The organisation did not demonstrate effective governance systems in relation to regulatory compliance, specifically in relation to the Quality Standards. The organisation did demonstrate effective systems in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.

**Regulatory compliance**

The organisation did not demonstrate effective systems and processes to support the service to meet all regulatory and program requirements, in respect of the Home Care Packages program and the Commonwealth Home support Programme.

Compliance with the Quality Standards is not demonstrated, as reflected in the Quality Standards found not compliant. Please refer to requirements under Standards 2, 3, 4, 7 and 8.

Management advised during interviews with the Assessment Team there are no adverse findings by another regulatory agency or oversight body in the last 12 months. They described how the organisation maintains up to date information on legislative, funding and relevant guidelines through various methods, for example correspondence and media releases, funding bodies and associated websites, Australian Government websites, and the organisation’s membership with aged care peak bodies. For example, in July 2021, the procedure for ensuring national police checks are held by relevant staff was updated to reflect the recognition of the NDIS yellow card clearance, following advice from the peak body and the Department of Health. The Assessment Team sighted registers which showed all staff, management and the Board hold current national police certificates.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Based on evidence analysed by the Assessment Team The service did not demonstrate effective risk management systems which help them identify and respond to risks to the health, safety and wellbeing of aged care consumers. Evidence showed high impact and high prevalence risks associated with the care of aged care consumers are not consistently identified, addressed or monitored. Based on evidence analysed by the Assessment Team the service did not demonstrate that the incident management system is effective in practice and oversight of the management and prevention of consumer incidents is not maintained. Evidence showed the service has policies and procedures in place for identifying and responding to abuse and neglect and relevant information and training is provided to staff. The Assessment Team noted the service works to support consumers to live the best life they can.

During interviews with the Assessment Team management described the risk management framework, including consumer risk assessment, however the processes were not effective in practice. Please refer to Standard 2, 3 and Requirement 8(3)(e) below. Examples are included below.

* Evidence analysed showed staff have not been provided with training on the management of high impact and high prevalence risks associated with the care of aged care consumers. During interviews with the Assessment Team staff described how they monitor consumers for signs of functional decline or deterioration in health, training has not been provided to ensure early recognition of the signs of deterioration and emerging risk.
* Evidence analysed showed training has not been provided on the range of conditions common to frail aged care consumers and the potential impact and prevalence. Despite this, staff interviewed knew to report signs of functional decline or deterioration in consumer health status, and examples were provided of follow-up action having been taken.
* Evidence analysed showed assessment and planning does not ensure risks are identified. While there is an assessment tool completed, this does not result in supplementary or triggered assessments being completed in instances where risk is indicated. Strategies and interventions to manage, mitigate or eliminate are not documented on the care plan to guide safe quality care and services. For example, falls risk prevention and management, risk of hypoglycaemic attacks related to diabetes, and risks relating to management of oxygen therapy during personal care.
* During interviews with the Assessment Team management advised the main risk for consumers is the potential for falls, however there is no falls risk assessment conducted and there has been no training provided for staff regarding falls prevention and management. While a home safety risk assessment is completed this does not feed into managing the potential risk of falls.
* Evidence analysed showed staff have not received training in identifying and managing the risk of a consumer experiencing a medical episode, relevant to their specific health conditions and co-morbidities. During interviews with the Assessment Team management advised a consumer risk assessment should be conducted where there are specific issues related to risk. However, it was not demonstrated that, where risk is indicated, each consumer has a specific risk assessment setting out the risk and strategies to guide staff in practice.

Evidence and examples relating to risk management overall are included below.

Evidence analysed showed the service works to support consumers to live the best life they can, respecting the dignity of risk in the choice’s consumers may make. While care plans for consumers sampled did not consistently document information and strategies to guide staff practice in relation to identified risks, care documentation reviewed included information about what was important to the consumer, consistent with feedback from consumers and representatives. Management stated to the Assessment Team during interviews that if a risk was identified for a consumer in undertaking activities or with the delivery of services this would be discussed with the consumer and or representatives including strategies to minimise the risk to the consumer and support them to live as they preferred.

Evidence and examples relating to risk management and prevention of incidents are included below:

Evidence analysed showed incident management policy and procedures cover responding to a serious injury or medical emergency of a consumer, consumer not responding to a scheduled visit, missing consumer, death of a consumer, abandonment of a consumer, and suspected or actual abuse, assault or neglect and include critical/compulsory incident reporting obligations.

However, the Assessment Team found while training has been provided for staff on incident management, it was not demonstrated that this was effective. For example:

* Staff interviewed by the Assessment Team were not conversant with what constitutes an incident, said they were not sure and would need to refer to the policy and procedures.
* Evidence analysed showed while the procedures set out the definition of an incident and the requirement to report, this was not demonstrated in practice. Incidents were not consistently captured through an incident report or documented on the incident register to ensure oversight, trending and analysis of incident management and prevention of recurrence.
* Review of the incident register, for the period 22 December 2021 to 3 May 2022, shows one incident recorded relating to an aged care consumer, being aggressive and threatening behaviour by the consumer toward staff. However, no other incidents were documented on the register.
* Management acknowledged that while training had been provided, it was apparent there was a deficiency in staff understanding of incident management.

Care staff interviewed by the Assessment Team showed they knew that where something was not right with the consumer, they report their concerns to the facilitators and/or HCP case manager. However, evidence showed follow up action was not consistently taken to prevent recurrence and manage risk in an ongoing way.

* Evidence sighted included examples where consumers had experienced a fall, in some cases more than once, and this was recorded in progress notes. However, there was no follow-up assessment or review of care and services conducted and no strategies were developed to prevent recurrence. Please refer to Standard 2 and 3.
* Evidence analysed showed there is no policy or procedures to guide staff in falls prevention and management and falls incidents do not feed into the incident management system.
* The Assessment Team found no evidence that staff were trained in how to respond to a consumer’s health emergency, such as a hypoglycaemic attack related to diabetes. Staff interviewed by the Assessment Team advised they would not know what to do if a consumer experienced a hypoglycaemic attack and how such an incident would be treated. Please refer to Standard 2 and 3.

Evidence an examples relating to incident management overall are included below:

* Management advised the Assessment Team incidents are reported by staff and managed by the client service officer and the chief executive officer. Serious incidents are reported to and discussed by the Board.
* Evidence analysed showed an audit was conducted into medication incidents, with 3 incidents reported by care staff in 12 months, and analysis was that the consumer or their representative had not managed medications safely.
* Evidence analysed by the Assessment Team showed in January 2022, a section on disaster and emergency management was added to the consumer risk assessment document and support plans, however this remains in progress for aged care consumers.

Based on the evidence analysed the service was not able to clearly demonstrate an effective risk identification and incident management system, which considers all manner of risks related to consumers’ health and wellbeing and guides staff in the prevention and management of incidents. There was no evidence that management and the Board have adequate oversight of the high impact and high prevalence risk associated with the care of consumer and the management and prevention of incidents in respect of aged care consumers.

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

*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.*

Based on the evidence analysed the organisation did not demonstrate the clinical governance and safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care. Evidence analysed showed the organisation does not ensure oversight of the clinical care provided to consumers and whether this is effective. Evidence showed the organisation does not collect and use data to inform risk management and could not demonstrate monitoring of clinical performance leading to improvements in clinical care.

Based on the evidence analysed management did not demonstrate they understood the importance or purpose of clinical indicators or data and had not considered capturing and analysing clinical data.

There was no evidence identified by the Assessment Team that the organisation had oversight of the scope and breadth of the clinical care requirements of the current cohort of consumers. While the organisation engages nursing and allied health service providers to provider clinical care to consumers on their behalf, they do not have oversight of the safety and quality of the clinical care provided.

Evidence analysed by the Assessment Team showed the organisation does not monitor the effectiveness of the clinical care provided by subcontractors. Management acknowledged to the Assessment Team they do not have ongoing monitoring and oversight where clinical care is provided to individual consumers or to the consumer cohort overall.

Evidence showed while there is an overarching ‘clinical governance (aged care)’ policy, this does not address how the organisation will ensure they meet their responsibilities in ensuring safe quality clinical care in practice. The policy includes:

* Evidence analysed by the Assessment Team showed the Board delegates responsibility to executive management implement clinical governance arrangements and provision of safe and quality clinical care; and
* The HCP case manager and the facilitators are responsible for ensuring ensure clinical care is provided in line with evidence-based best practice and relevant legislation. However, the Assessment Team notes this is not within their scope of practice and therefore they are not in a position to make this judgement.
* The organisation will use evidenced-based data on client outcomes to measure service quality.

The Assessment Team noted staff do not have access to clinical care resources, have not had training in clinical aspects of care nor organisational support in the management of consumers’ clinical care needs.

The service could not demonstrate, based on the evidence analysed by the Assessment Team, effective clinical governance in respect of individual consumers. Evidence showed there was no monitoring of the quality of clinical care provided, the related risks and impact on individual consumer’s overall health, and whether the optimum clinical outcome is being achieved.

* Evidence showed while the case manager and facilitators work with the consumer’s contracted clinicians, the consumer’s care plans do not include the clinical care aspects.
* The Assessment Team noted staff demonstrated some communication with clinical care professionals but not for each consumer, and they do not have oversight of the clinical care provided. For example, one consumer has chronic wounds and pressure injuries, however there were no wound charts on the consumer record; when asked for these, the case manager contacted the nursing contractor to source the information.
* There was no evidence of training or other records regarding clinical governance for staff, including monitoring of subcontracted clinical care, collection of data and knowing what this means and what action to take. The organisation did not show leadership roles are supported with ongoing training.

Evidence analysed showed there is no policy or procedures to guide staff in managing palliative or end of life care, including asking the consumer their end of life wishes and processes for connecting with specialist palliative care teams.

Examples were sighted by the Assessment Team where two consumers required palliative care where the local palliative care team was involved, however the dovetailing of care was not reflected in ongoing revision of the consumer’s care plan to guide staff in supporting end of life care for the consumers and their family. Evidence analysed showed while care planning was not comprehensive of all factors, the consumer’s dignity was maintained, they were kept comfortable until they passed away.

* Management acknowledged to the Assessment Team consideration of advance care planning was not included in staff training and information resources and a policy had not been developed.
* Evidence showed while there is no policy and procedures, it was evident the two consumers sampled were linked with the palliative care team. However, the absence of detailed guidance for staff presents a risk in relation to management, oversight and governance of clinical care.

Management advised the Assessment Team there are policies and procedures in place for peg feeding, medication management and mealtime management and these are available on the staff portal.

Evidence analysed by the Assessment Team showed the organisation has a policy to guide staff in recognising and reporting restrictive practices, specifically for NDIS, and in June 2020 a practice group was established to monitor and drive best practice in ensuring supports are provided in the least restrictive way. However, the Assessment Team found this is not specific to aged care and management advised restrictive practices for aged care consumers would be dealt with as elder abuse under the ‘Preventing and responding to abuse, neglect and exploitation’ procedures.

Management advised the Assessment Team that the subcontractors providing nursing and clinical care have anti-microbial policies (infection control) in place. The organisation itself does not have a policy on anti-microbial stewardship and anti-microbial resistance.

The Assessment Team noted while the organisation has a risk register in place, risks have not been identified in relation to ‘service and supports’ including clinical care governance.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# Areas for improvement

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

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| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 7(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |