Lutheran Homes

Performance Report

1215-1217 Grand Junction Road
HOPE VALLEY SA 5090
Phone number: (08) 8265 8000

**Commission ID:** 600055

**Provider name:** Lutheran Homes Inc

**Quality Audit date:** 18 March 2022 to 24 March 2022

**Date of Performance Report:** 20 May 2022

# Performance report prepared by

R Reid 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:**

* Lutheran Homes Care Packages, 18529, 1215-1217 Grand Junction Road, HOPE VALLEY SA 5090
* Lutheran Homes Care Packages, 18529, 32 Edwards Street, GLYNDE SA 5070

**CHSP:**

* CHSP - Allied Health and Therapy Services, 4-23PRR41, 32 Edwards Street, GLYNDE SA 5070

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP  | Not Compliant |
|   | CHSP | Not 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 | Not Compliant |
|  | CHSP | Not 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 | Compliant  |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP | Compliant  |
|  | CHSP | Not Compliant |
| Requirement 2(3)(d) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Compliant  |
| Standard 3 Personal care and clinical care | HCP  | Not Compliant |
|   | CHSP | Not Compliant |
| Requirement 3(3)(a) | HCP  | Not Compliant |
|   | CHSP | Compliant  |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Compliant  |
| Requirement 3(3)(c)  | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 3(3)(d)  | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 3(3)(e)  | HCP | Compliant  |
|  | CHSP | Not Compliant |
| Requirement 3(3)(f)  | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 3(3)(g)  | HCP | Compliant  |
|  | CHSP | Compliant  |

|  |
| --- |
| Standard 4 Services and supports for daily living |
|  | HCP  | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 4(3)(a) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 4(3)(b) | HCP | Compliant  |
|  | CHSP | Not Applicable  |
| Requirement 4(3)(c) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 4(3)(e) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 4(3)(f) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Standard 5 Organisation’s service environment |
|  | HCP  | Compliant  |
|  | CHSP | Compliant  |
| Requirement 5(3)(a) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 5(3)(b) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 5(3)(c) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Standard 6 Feedback and complaints | HCP  | Not Compliant |
|   | CHSP | Not Compliant |
| Requirement 6(3)(a) | HCP  | Compliant  |
|   | CHSP | Compliant  |
| Requirement 6(3)(b) | HCP | Compliant  |
|  | CHSP | Compliant |
| Requirement 6(3)(c)  | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 6(3)(d)  | HCP | Compliant  |
|  | CHSP | Compliant  |
| Standard 7 Human resources | HCP  | Compliant  |
|   | CHSP | Compliant  |
| Requirement 7(3)(a) | HCP  | Compliant  |
|   | CHSP | Compliant  |
| Requirement 7(3)(b) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 7(3)(c)  | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 7(3)(d) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 7(3)(e)  | HCP | Compliant  |
|  | CHSP | Compliant  |
| Standard 8 Organisational governance | HCP  | Not Compliant |
|   | CHSP |  Not Compliant |
| Requirement 8(3)(a) | HCP  | Compliant  |
|   | CHSP | Compliant  |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(c)  | HCP | 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 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 on 19 April 2022.

# STANDARD 1 Consumer dignity and choice

#  HCP NOT COMPLIANT CHSP NOT 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

The service was not able to demonstrate that information provided to consumers is current, accurate and timely, and communicated in a way that is clear and easy to understand. Some consumers and representatives advised they were not satisfied that monthly statements were itemised in a way that is clear and easy to understand, or that statements had been provided to the relevant decision maker.

Overall consumers and representatives sampled considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives confirmed that the culture and diversity of consumers is valued, they are encouraged to do things for themselves, are supported to take risks and that staff know what is important to them. Consumers confirmed their personal privacy is respected and their personal information is kept confidential.

The organisation has policies and procedures in place that have an inclusive, consumer-centred approach to organisational practices and care and service delivery, including how the organisation protects privacy and confidentiality. Staff described how they support consumers to make informed choices about their care and services and make decisions about when others should be involved in their care and decision making.

The Quality Standard for the Home care packages services are assessed as Non-Compliant as one of the six specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Non-compliant as one of the six specific requirements have been assessed as Non-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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP  | Not Compliant |
|  | CHSP  | Not 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.*

Findings:

The service was not able to demonstrate that information provided to each consumer is current, accurate and timely, or communicated in a way that is clear and easy to understand.

Whilst sampled HCP consumers confirmed they receive monthly statements, three consumers and/or representatives were not satisfied that the monthly statements had been itemised in a way that is clear and easy to understand, or that the statements had been provided to the relevant decision maker. During the quality review, the assessment team viewed sampled monthly statements which showed costs were not consistently itemised. Management acknowledged that HCP statements are not clearly itemised and advised they are currently working with those consumers to resolve the issues. Management also acknowledged that statements could be improved and advised the service is reviewing the information provided on statements to ensure it is clear and easy to understand.

One consumer’s representative who receives CHSP services advised they had not been provided an information pack when the consumer commenced receiving allied health services. Management confirmed a small number of CHSP consumers who commenced receiving services during a COVID-19 lockdown did not receive information packs, which include service plan ‘goals sheet. Additionally, the assessment Team identified CHSP consumers are not provided information about Advanced Care Planning as part of the admission process. This is further discussed under Standard 2 requirement (3)(b).

In response to the assessment team’s report and as part of their continuous improvement, the service has committed to reviewing monthly statements in consultation with consumers. Additionally, the service has advised they will be reviewing the information packs provided to consumers on commencement of services.

It is noted that the service responded proactively to the assessment team’s 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 1(3)(f) | HCP  | Compliant  |
|  | CHSP  | Compliant  |

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

Based on the information reviewed I find this requirement Compliant.

# 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

In relation to Home Care Packages, the service was not able to demonstrate that assessment and planning, including consideration of risks for consumers, consistently informed the delivery of safe and effective care and services; identified consumers’ needs, goals and preferences specifically for consumers attending social support group activities; and that care and services were effectively and regularly reviewed.

In relation to Commonwealth Home Support Programme, the service was not able to demonstrate that assessment and planning identified and addressed the consumers’ advance care and end of life planning wishes; and that assessment and planning was consistently effective and based on ongoing partnership with all organisations involved with care and services.

Consumers interviewed were generally satisfied they are involved in assessment and planning processes, which enables them to get the care and services they need.

The service was able to demonstrate that assessment and planning for HCP consumers was based on ongoing partnership with the consumers and others, including other organisations involved in care and services, and that outcomes of assessment and planning had been communicated to consumers and documented. Additionally, the service was able to demonstrate that assessment and planning for CHSP consumers informs the delivery of safe and quality care and services, including consideration of risks to consumers, effective communication with the consumers and documentation. Care planning documents showed that reviews had been completed as required.

The Quality Standard for the Home care packages services are assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

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

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

Findings

Consumers interviewed were generally satisfied with the services they receive from staff who know their needs. However, the service was not able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently inform the delivery of safe and effective services for HCP consumers. Care planning documents viewed for four HCP consumers showed that risks had not been identified or assessed, and strategies to manage possible risks had not been documented.

Documents reviewed for one consumer showed they had sustained three falls between October and December 2021. Whilst the consumer was reviewed by an Occupational Therapist, who identified a risk of falls and recommended a physiotherapist assessment, the service could not demonstrate this had been actioned. The consumer’s support plan was dated 22 December 2020 and did not reflect a risk of falls or strategies to guide staff in relation to the risk.

Another consumer’s care planning documentation indicated they sustained a fall on 16 February 2022. Although the consumer’s plan had been updated on 18 March 2022, the service did not demonstrate that consideration of falls risk has been included in their plan.

Documentation reviewed for another two consumers showed they had purchased 4-wheeled walkers using their HCP funding. The service could not demonstrate these consumers had been assessed for suitability prior to receiving the equipment.

Documents viewed for sampled CHSP consumers showed that consumers were assessed on commencement of their services, including in relation to risks, and as required.

During the quality review, management acknowledged assessments related to some consumers’ risks had not been completed. They advised the recent appointment of a registered nurse, who had noted that more wholistic assessments need to be completed, particularly for consumers on Level 3 and Level 4 packages. They advised the service has access to validated tools and they will implement a suite of assessments for onboarding and reviews.

In response to the Assessment Team’s findings and as part of their continuous improvement, the service has advised they intend to review, implement and evaluate their assessment tool for use of equipment in consumers’ homes and; update processes to ensure consumers are made aware and understand risks associated with using equipment in their homes, which will be reflected in care planning documentation.

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

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

Findings

The service was not able to demonstrate that assessment and planning consistently identifies and addresses the consumer’s current needs, goals and preferences, specifically in relation to HCP consumers attending the Creative Living social support group activities. Consumers’ advance care and end of life planning wishes were not identified for consumers receiving CHSP Allied Health services.

The Assessment Team viewed care planning documents for three consumers attending social support group activities. Documentation identified that the consumers’ needs, goals and preferences had not effectively been assessed and documented. Staff confirmed that consumers are consulted about activities of interest to them when they attend activities, and this information informs care delivery however, this is a verbal process which is not documented. Information that was listed for some consumers was generic and did not effectively guide staff on how consumers are supported at the service.

Consumers attending the Creative Living social support group activity were very complimentary and described in various ways how they felt participating in the activities met their social, creative and spiritual needs. Consumers and representatives also confirmed needs, goals and preferences were discussed with them on entry to the service

The service’s policy and procedure in relation to assessment and care planning were new and at the time of assessment and were yet to be implemented. Whilst the service has assessment and care planning systems and processes, including identification of consumer’s needs, goals and preferences, these are not effective or consistently implemented, specifically in relation to HCP consumers attending social support group activities and identification of CHSP consumers’ advance care and end of life planning wishes.

At the time of the quality review, management acknowledged the service was not consistently or effectively gathering and documenting the individual needs, goals and preferences for HCP consumers, or consistently discussing advance care planning wishes with consumers receiving CHSP.

In response to the Assessment Team’s report and as part of their continuous improvement, the service advised a review of the process for care planning, assessment and reviews would be conducted to address the assessed non-compliance under this requirement.

It is noted that the service responded proactively to the assessment team’s 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 2(3)(c) | HCP  | 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 service was not able to demonstrate assessment and planning is consistently effective and based on ongoing partnership with others who are involved in the care of consumers receiving CHSP services, specifically when another external organisation was involved.

Evidence assessed did not demonstrate the service had processes in place for communicating outcomes of assessments between the service and other organisations involved in the care of the consumer.

Care planning documents viewed for three CHSP consumers attending a physiotherapy exercise program provided by an external provider showed assessment and planning was not coordinated between the service and the other organisations.

Management acknowledged the service did not have oversight of the progress of referrals and was not requesting or receiving updates from external allied health providers when they complete assessment and planning for consumers receiving CHSP Allied Health services.

Care planning documents viewed for HCP consumers showed that, when other organisations were involved in the care and the services of the consumer, the service had completed assessment and care planning, and this was communicated between services involved.

The service has assessment and care planning processes in place to enable consumers, and others that the consumer wishes, to be involved.Consumers and representatives interviewed in relation to HCP and CHSP services confirmed they are involved in assessment and planning of services received by the consumer, either with the service or directly with the external provider.

In response to the Assessment Team’s report and as part of their continuous improvement, the service advised of a planned process review to address the assessed non-compliance under this requirement.

It is noted that the service responded proactively to the assessment team’s 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 2(3)(d) | HCP  | Compliant  |
|  | CHSP  | Compliant  |

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

Based on the information reviewed I find this requirement Compliant.

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

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

Findings

The service was not able to demonstrate, for HCP consumers, that care and services are reviewed regularly for effectiveness, when circumstances changed or when incidents impact on the needs, goals or preferences of the consumer.

Care planning documents viewed for HCP consumers showed their care and services needs were not reviewed as per their documented review date or at least annually or when circumstances changed. Additionally, effective reviews of consumers attending social support group activities had not been undertaken.

During the quality review, management acknowledged consumers’ annual reviews were not up to date and advised they have developed a plan to complete outstanding consumer annual reviews.

Consumers interviewed in relation to this requirement could not always remember a recent review of their services, however, one consumer confirmed their services had been reviewed in the last year and they had provided input into their services.

Care planning documents viewed for CHSP consumers showed that reviews had been completed as required by the external allied health provider, and at least six-monthly.

In response to the Assessment Team’s report and as part of their continuous improvement, a review of the service’s care plan evaluation policy and process and staff training are scheduled to address the assessed non-compliance under this requirement.

It is noted that the service responded proactively to the assessment team’s 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 COMPLIANT

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

In relation to Home Care Package, the service was not able to demonstrate that all consumers get safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing, specifically in relation to diabetes management; that all consumers get effective management of high impact or high prevalence risks, specifically in relation to diabetes, falls and use of bed poles and; that consumers consistently had timely and appropriate referrals.

The service was able to demonstrate that the needs of consumers nearing end of life were recognised and addressed; consumers’ deterioration or change is recognised and responded to and; that information about consumers is documented and communicated within the organisation and with others.

In relation to the Commonwealth Home Support Programme, the service was not able to demonstrate that information about the consumers’ condition, needs and preferences is consistently and effectively documented and communicated, specifically when another external organisation was involved in delivery of services and; that consumers consistently recieved timely and appropriate referrals.

The service was able to demonstrate that consumers received safe and effective care, including for consumers with high impact and high prevalence risks; and that consumers’ deterioration and change is recognised and addressed.

In relation to both HCP and CHSP, the service was able to demonstrate effective minimisation of infection related risks are implemented.

Consumers interviewed generally advised they feel they receive personal and clinical care that is safe and right for them.

The Quality Standard for the Home care packages services are assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Findings

The service did not demonstrate that diabetes management for one HCP consumer was safe, effective and tailored to their needs, and that staff were effectively guided about best practice.

The consumer agreed to receive assistance from support staff three times per week for monitoring blood glucose levels (BGL). The Assessment Team reviewed this consumer’s care planning documents, which included a risk assessment completed by the service on 29 February 2022 for diabetes management. The risk assessment identified the consumer is at extreme risk of severe hypoglycaemia and strategies to be implemented included wellbeing visits three times per week to monitor her BGL results. At the time of the quality review, the service was unable to demonstrate or confirm that BGL monitoring had commenced as outlined in the consumer’s care plan.

The service was not able to demonstrate effective guidance or training for staff about best practice, including in relation to diabetes management, although during the quality review, management advised that policies and procedures were under review.

From a sample of consumers receiving CHSP services, the service was able to demonstrate that consumers receiving CHSP services, were provided safe and effective personal and clinical care. Consumers and/or representatives generally felt consumers get the care they need.

In response to the Assessment Team’s report and as part of their continuous improvement plan, the service has committed to developing and implementing diabetes management plans for consumers and advised their intention to ensure communication and education is delivered to the appropriate staff.

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  | Compliant  |

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

Findings

The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of all consumers, specifically in relation to diabetes management, risk of falls and risks related to the use of bed poles.

The service did not effectively minimise or manage risks associated with diabetes for one consumer in a timely manner. Documentation viewed by the Assessment Team indicated that the consumer had multiple hospital admissions over the previous 12 month period relating to diabetes. Although the consumer had previously been reluctant to accept further assistance, post a risk assessment conducted by the service the consumer agreed to receive assistance three times a week to reduce high risk of subsequent hypoglycaemia attacks. The service documented in the consumer’s service plan that wellbeing checks were to occur three times per week, including monitoring of BGL’s. Additional assistance had not commenced at the time of the quality review, two weeks post the date they were noted to begin.

The service was not able to demonstrate effective monitoring of two consumers who were being supported to take risks while using bed poles, as per organisational process to minimise falls risks associated with the use of the bed poles.

From a sample of consumers receiving CHSP services, the service was able to demonstrate effective management of high impact or high prevalence risks.

In response to the Assessment Team’s report and as part of their continuous improvement strategy, the service has advised they intend to review processes for monitoring the use of bed poles. Strategies include demonstrating consumers have been made aware of risks associated with the use of such equipment and mandatory falls prevention education for all relevant staff.

It is noted that the service responded proactively to the assessment teams’ findings and planned some corrective action in relation to this requirement, 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  | Compliant  |

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

Based on the information reviewed I find this requirement Compliant.

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

*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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Findings

The service was not able to demonstrate information about consumers’ condition, needs, goals and preferences is consistently and effectively documented and communicated, specifically when another external organisation was involved in delivery of CHSP services.

The Assessment Team viewed care planning documents for three consumers attending Steady Steps physiotherapy exercise program and identified that, the service was not provided updates from the external provider and had not been monitoring to ensure the services are continuing to meet the consumers’ needs, preferences, and wellness and reablement goals.

At the time of the quality review, management acknowledged the service does not monitor this or seek ongoing communication or updates about individual consumers from external organisation providing CHSP allied health programs.

The Assessment Team was not provided documented policies and procedures related to monitoring and review of consumers’ services, including when these are shared with other organisations.

The service was able to demonstrate some understanding and application of this requirement, in relation to the delivery of care and services to HCP consumers. The Assessment Team viewed documented evidence of communication within and between organisations related to the delivery of care and services to HCP consumers, and consumers interviewed were generally satisfied with the care and services delivered.

Based on the information reviewed I find the service was not able to demonstrate compliance with this requirement.

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

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

Findings

The service was not able to demonstrate referrals to other organisations and providers of care and services had consistently been arranged in a timely manner.

Although the service has processes for referrals to other organisations and providers in place, care planning documents viewed for three HCP consumers and one CHSP consumer showed that the service had not identified consumers’ needs requiring referrals and had not ensured timely referrals for these consumers to other relevant providers.

Three consumers interviewed by the Assessment Team also expressed they were not satisfied the service had referred them promptly and appropriately.

In response to the Assessment Team’s report and as part of their continuous improvement, the service advised of their intention to review the process for Allied Health referrals to ensure appropriate and prompt follow up for consumers.

It is noted that the service responded proactively to the assessment team’s 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)(g) | HCP  | Compliant  |
|  | CHSP  | Compliant  |

*Minimisation of infection related risks through implementing:*

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 4 Services and supports for daily living

#  HCP NOT COMPLIANT CHSP NOT APPLICABLE

### 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

The service was not able to demonstrate information about consumers’ condition, needs and preferences is consistently and effectively communicated, specifically when other external organisations were involved in delivery of services.

The service was able to demonstrate that referrals to individuals, other organisations and providers are generally timely and appropriate (non-clinical). Consumers and representatives advised the service has referred them to other organisations to provide services such as cleaning, gardening, meals and equipment. Staff and management described how consumers are referred to other organisations.

The service demonstrated, where meals are provided, they are varied and of suitable quality and quantity. Consumers and representatives confirmed consumers enjoy the meals provided as part of the social support group activities. Staff described how consumers are supported with meal preparation at home and have input into meals provided at social group activities.

The service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean and well maintained.

Sampled consumers were overall satisfied with the services delivered and considered that they receive services for daily living that optimises their independence, wellbeing and quality of life, and that enables them to do things they want to do.

Staff described how they were supporting consumers with their activities of daily living and to participate in their community, such as participating in social groups, fitness classes, providing meals and transport services.

The service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing. Consumers and representatives confirmed staff know the consumers well and provide support if required. Staff were able to demonstrate how they support consumers emotionally and promote their psychological wellbeing.

The Quality Standard for the Home care packages services are assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service was not applicable as the service does not provide services and support for daily living.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant  |
|  | CHSP  | Not Applicable |

*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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP  | Compliant  |
|  | CHSP  | Not Applicable |

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP  | Compliant  |
|  | CHSP  | Not Applicable |

*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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Findings

The service was not able to demonstrate effective processes to ensure information about consumers’ condition, needs, goals and preferences are consistently and effectively communicated, specifically in relation to consumers attending social support group activities.

The Assessment Team identified through care planning documents for three consumers attending Creative living social support group activities, and interviews with staff and management, that the consumers’ goals, needs and preferences in relation to these activities had not effectively been identified, documented or reviewed.

Management advised support staff do not document services provided in electronic progress notes and the service applies exceptional reporting only, such as when consumers’ conditions, needs or preferences change. Consumers attendance at the activity is documented on an attendance sheet for accounting purposes, however, staff do not routinely record or communicate information relevant to the consumer’s participation in activities, or how these meet the consumers’ needs, goals and preferences.

For other services provided, such as gardening and cleaning, consumers and representatives confirmed staff who attend to the consumers’ services know their needs and preferences. Care planning documents viewed for these consumers showed details of services, including the assistance and support to be provided and how consumers participate in activities of daily living.

Progress notes viewed for sampled consumers who have receives services such as meal and home modifications, showed communication with external providers is occurring.

In response to the Assessment Team’s report and as part of their continuous improvement, the service advised of their intention to review the process for documenting information about consumers’ needs, goal and preferences to ensure this information is available to all persons providing supports to consumers.

It is noted that the service responded proactively to the assessment team’s 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  | Not Applicable |

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP  | Compliant  |
|  | CHSP  | Not Applicable |

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 5 Organisation’s service environment

#  HCP COMPLIANT  CHSP COMPLIANT

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The service was able to demonstrate effective systems and processes in place to ensure that the service environment, furniture and equipment at each location supports consumer’s quality of life, independence, ability and enjoyment. Consumers interviewed said they feel welcome when they visit the service and that they feel safe and comfortable. Consumers said they feel a sense of belonging and the environment supports them to be independent and to do the things they enjoy.

The Assessment Team observed the service environment to be welcoming, safe, clean and easy to access. Consumers were observed to be moving freely and safely, both indoors and outdoors. Staff described systems and processes in place to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers to use.

The Quality Standard for the Home care packages services are assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

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  | Compliant  |
|  | CHSP  | Compliant  |

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP  | Compliant  |
|  | CHSP  | Compliant  |

*The service environment:*

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP  | Compliant  |
|  | CHSP  | Compliant  |

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 6 Feedback and complaints

#  HCP NOT COMPLIANT  CHSP NOT COMPLIANT

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service was not able to demonstrate how complaints are consistently addressed and that an open disclosure process is used when things go wrong. One consumer and one representative provided feedback that the service does not take appropriate action, resolve complaints that have been raised in a timely manner, nor use an open disclosure approach. Staff interviewed did not understand the open disclosure process.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation as well as the Continuous Improvement register viewed showed how the service used consumer feedback to improve the quality of services. Consumers and representatives confirmed they feel safe, encouraged and supported to give feedback and make complaints. Consumers and representatives are given information regarding access to advocacy, language services, and methods of raising complaints both internally and externally.

Management discussed processes to ensure consumers are made aware of other methods for raising and resolving complaints and have access to advocates and language services if required. The Complaints Register viewed by the Assessment Team show consumers and representatives are supported and can access feedback mechanisms.

The Quality Standard for the Home care packages services are assessed as Compliant as one of the four specific requirements have been assessed as Non-compliant.

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP  | Not Compliant |
|  | CHSP  | Not Compliant |

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

Findings

One consumer described how they had been very disappointed with the services response to their two complaints regarding a home modifications and issues relating to the reimbursement for a walker that they purchased. The consumer advised that the service had not been responsive in resolving the issues raised which had now been escalated for the Aged Care Quality and Safety Commission to resolve.

Another consumer’s representative described the process to resolve a large overspend of the consumer’s package funds as ‘very horrible’. The representative advised they had to request repeatedly to get a resolution and insisted on a face-to-face meeting to discuss the situation. They advised the issue is now resolved but that the process was ‘stressful and tricky’.

During the quality review, management acknowledged that although they had made attempts to resolve complaints for the two consumers described above, the complaints handling process had not been effective in these instances.

Two staff members interviewed did not understand open disclosure principles and other staff could not recall receiving training in open disclosure. A review of training records did not identify staff training in complaints management or open disclosure processes. Management stated open disclosure training is available on their online platform which staff can access, but at the time of assessment it was not compulsory for staff to complete. The service was not able to demonstrate a consistent approach to recording or resolving complaints for consumers. Management acknowledged, and an internal audit completed in March 2022 also identified, that there is work for the service to undertake in this area.

In response to the Assessment Team’s report and as part of their continuous improvement strategy, the service has committed to a review of open disclosure policies and associated documents to address non-compliance relating to the use of open disclosure, and communication and education to staff to compliment this review.

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

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

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

Based on the information reviewed I find this requirement Compliant.

# STANDARD 7 Human resources

#  HCP COMPLIANT  CHSP COMPLIANT

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service was able to demonstrate that the workforce is planned, with sufficient staff to enable the delivery and management of safe and quality care and services.

Consumers and representatives interviewed confirmed they think there are adequate staff and reported consistent staff members are allocated to deliver services. Consumers and representatives considered that consumers receive quality services when they need them and from people who are kind, caring, capable and respectful.

Evidence showed the workforce receives ongoing support, training, professional development and feedback to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

The service regularly assesses, monitors and reviews the performance of each member of the workforce through an effective human resources system and has a recruitment process and initial onboarding process to ensure that each member of the workforce is competent to perform their role. Recruited staff have relevant qualifications specific to their roles.

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

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

## Assessment of Standard 7 Requirements

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

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

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

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

Based on the information reviewed I find this requirement Compliant.

# 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 service did not demonstrate the presence of effective governance systems were in place in all areas, for example:

* Information management: The assessment team found policies and procedures to guide staff practice in home services were not in place; information sharing between the service and sub-contractors was not consistent and not best practice to inform safe and quality care for consumers and; noted difficulty in locating and accessing information due to consumer information being stored on multiple platforms and in paper form.
* Financial governance: issues including the information provided to consumers and the monitoring of package funds.
* Workforce governance: the service does not have effective systems to provide oversight for subcontracted services provided to the CHSP and HCP consumers.
* Incident management: the service is not using an effective incident management system (IMS) or policies and procedures to ensure a systemic approach is taken to respond to incidents and minimise the risk of incidents occurring.

Although the service has a documented clinical governance framework, it did not demonstrate that the systems and processes are effective to maintain and improve the reliability, safety and quality of the clinical care consumers receive.

The service was able to demonstrate the use of effective systems in relation to feedback and complaints, continuous improvement, regulatory compliance and effective workforce governance to ensure 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 services.

The service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

The service also demonstrated the governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery. Consumers described having input into the service through several feedback mechanisms including consumer and representative surveys, informal and formal feedback, the care planning process and focus groups.

The Quality Standard for the Home care packages services are assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant*.*

## Assessment of Standard 8 Requirements

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

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

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

Based on the information reviewed I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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

*Information management:*

A review of information management systems at the service demonstrated several systems in place. Staff and subcontractors record information to inform care for consumers in various ways.

The Assessment Team reviewed paper and electronic progress notes and interviewed coordinators and management and noted difficulty in locating and accessing some information. Some information about consumers was sourced through individual email accounts and not was documented on the consumers’ paper or electronic files.

Management confirmed information about consumers is held on a range of platforms: hard copy file, document storage on an internal drive, the electronic care planning system, the rostering system and the electronic system for complaints and incidents. They advised during the quality review they have recently implemented an electronic system for care planning and progress notes and are in the process of transferring information to this online system.

*Financial governance:*

Management and the governing body were able to demonstrate oversight of the service’s income and expenditure, and this is reviewed regularly. However, feedback from consumers and representatives and a review of sampled consumers’ monthly statements, identified a range of issues with the information provided for the ongoing management of package funding to ensure sustainability of care and services and continuity of care. During the quality review, management acknowledged improvement opportunities regarding the monitoring of the HCP package funding and regarding the information provided on monthly statements to consumers.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

While the service was able to demonstrate effective workforce governance to ensure 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 services, the service did not demonstrate effective systems to provide oversight for the subcontracted services provided to the CHSP and HCP consumers.

During the quality review, management confirmed there were no systems in place to provide oversight of subcontracted services, unless feedback is received from consumers.

Based on the information reviewed I find the service was not able to demonstrate compliance with this requirement in relation to information management, financial governance and workforce governance.

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

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

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

Findings

During the quality review, the service was not able to demonstrate it has an effective incident management system (IMS) in place, including policies and procedures to ensure a systemic approach is taken to respond to incidents and minimise the risk of incidents occurring or demonstrate how consumer incidents are investigated, analysed and reported to prevent incidents from occurring again for consumers individually and collectively. The Assessment Team found not all incidents were recorded and reported in the IMS to manage risks associated with the care of aged care consumers.

In response to the Assessment Team’s report and as part of their continuous improvement strategy, the service has recruited an Executive Manager of Service Delivery; a General Manager Quality, Risk and Compliance and; a Quality, Risk and Compliance Manger to address non-compliance under this requirement. This will include a review of the service’s Incident Management process to ensure reporting and effective investigation and analysis of all incidents. Implementation to include service wide communication and education for all relevant staff.

It is noted that the service responded proactively to the assessment teams’ findings and has steps to effect improvements in relation to this requirement, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

|  |  |  |
| --- | --- | --- |
| 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.*

Findings

The assessment team noted that while the organisation has a documented clinical governance framework, it did not demonstrate that the systems and processes are effective to maintain and improve the reliability, safety and quality of the clinical care consumers receive.

During interview one staff member stated that while there are policies and procedures to guide practice in clinical care, they are very residential based. The Assessment Team viewed the Restrictive practices – residential care policy which outlines the requirements for the use of restrictive practices, however, this document is residential care specific and there is no guidance for staff regarding minimising the use of restraint in home services.

Staff from one brokered service who undertake assessments for bed poles in consumers’ homes confirmed their staff have not received training on restrictive practices.

The organisation has a Clinical governance framework which outlines accountabilities at each level including Board, executive management and clinical staff. However, the service could not demonstrate it has documented processes in place to guide staff practice, manage consumers’ risks and achieve good clinical results.

The service was able to demonstrate some understanding and application of this requirement, for example:

* The organisation has an Infection prevention, control and antimicrobial stewardship policy, which outlines responsibilities for embedding infection prevention and control strategies across all activities.
* Management advised QPS benchmarking reports include rates for infections and this information is considered at the Infection, prevention, control and antimicrobial stewardship committee meetings which are held bi-monthly.

In response to the Assessment Team’s report and as part of their continuous improvement strategy, the service advised of their intention to undertake a complete review of the Clinical Governance Framework and all associated documents to ensure it is appropriate and specific to the Home Care Environment. Implementation of reviewed policies and processed will include communication and education to all relevant staff.

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.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP  | Not Compliant |
|  | CHSP  | Not 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 2(3)(a) | HCP  | Not Compliant |
|  | CHSP  | Compliant  |

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP  | 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.*

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

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

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP  | Not Compliant |
|  | CHSP  | Not Compliant |

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*