**Performance**

**Report**

**1800 951 822**

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| Name of service: | Lutheran Homes |
| Service address: | 1215-1217 Grand Junction Road HOPE VALLEY SA 5090 |
| Commission ID: | 600055 |
| Home Service Provider: | Lutheran Homes Group Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 February 2023 |
| Performance report date: | 20 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Lutheran Homes (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* 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

**Material relied on**

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers version 1.3 January 2023.

**Assessment summary for Home Care Packages (HCP)**

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

**Assessment summary for Commonwealth Home Support Programme (CHSP)**

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

**Areas for improvement**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is supplying information, which is communicated in a way that is clear, easy to understand and enables consumers to exercise choice.

Requirement 1(3)(e)

The sampled HCP consumers interviewed by the Assessment Team confirmed that they receive monthly statements from the service detailing how their budget is spent and appeared satisfied with their statements. When management were interviewed they confirmed that statements have since been changed. The system that the service used to produce the statements being CIM, was reviewed by a working group to ascertain scope, current issues and areas of improvement. Changes were then implemented, with statements now being:

* Itemised and updated with a description
* Well defined line by line – service & support types
* Time from & Time to – now linked to the Hours
* Now easier to understand
* With service dates now in date order

They also advised that a Partner has now been employed, who helps with HCP statements being produced. Management also explained that information packs are being provided to all new consumers including CHSP and acknowledged that there was an issue during COVID-19 where a small number of CHSP consumers did not receive information packs, which has since been rectified. In addition, management added that a CHSP Co-ordinator has now been recruited recently and supports all clients. The Assessment Team reviewed a sample of HCP monthly consumer statements for November and December 2022 which appeared easy to read and understand, with services and costs itemised, being in date order and detailed clearly the available funds balance, including the amounts held by the service and Services Australia.

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

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

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:  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  includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is using assessment and planning, to include consideration of risks to consumers’ health and well-being, in order to deliver safe and effective services. The Provider is discussing or providing information about advanced care planning or end of life preferences with consumers. In addition to this, the Provider is ensuring that consumers and/or their representatives are involved in the assessment and planning process. It is documenting and communicating consumers care and service plans, including regular reviews, updates and risk assessments. Care and services plans are documenting and communicating consumers with regular reviews, updates and risk assessments.

Requirement 2(3)(a)

Consumers interviewed by the Assessment Team confirmed being involved in the assessment process and reported staff are competent, acknowledge and understand their needs. For example, one consumer stated that Home Support Services (HSS) nurses are monitoring her blood glucose level, once per day. With nurses coming every morning, who open the locked box to get the injection and apply as per her care plan. Care staff interviewed by the Assessment Team felt they get enough information on the needs of the consumers and how to deliver safe care. For example, an HSS nurse advised they are the direct contact for HSS who provide morning Nursing visits for a consumer. Care is provided according to the service care plan. If health deterioration is recognised or if clients BGL is higher than the recommended level on her diabetic management plan then escalation protocols are in place, referral is made to an endocrinologist. Diabetic management plan is in place which guides the care and services provided to client. It is reviewed as necessary. Care is provided according to the service care plan and reviewed regularly as the client needs and preferences change. Daily communication is made with the service.

A care coordinator stated from an organisation point of view they feel very supported. On clinical point of view, they explained that things have ramped up by the organisation where we have regular clinical meetings with the whole team which included home care coordinator and manager, RN’s, quality manager, client services manager, OT and other care coordinators. The care coordinator also explained that a consumer’s care plan has all the details of care required and what she has refused as well. For insulin management her preference is to have a RN, the service was not able to provide three per day 7 days per week service, so it has been brokered out, which is acceptable to the consumer. HSS will escalate any concerns directly to the provider.

When management were interviewed by the Assessment Team, they detailed that the service has hired an RN and an OT to look after the admission of clients, analyse their needs and make assessments. Progress notes are documented, and service plan developed. The Service has client meetings every week with information being communicated to staff. Level 3 and 4 HCP clients being face to face, with level 1-2 clients being a phone call or face to face. Care plans get reviewed every 6 months or reviewed as changes happen or when asked upon to make changes. The care plans reviewed for three consumers included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers.

Requirement 2(3)(b)

All consumers interviewed by the Assessment Team said the service provides care and services that meets their needs, goals and preferences and that they have a say in the care and services they receive. For example, one consumer stated that the carers are fantastic people, very happy with them. The service discusses the goals, needs and preferences regularly. Care plan is in place, which is reviewed every 6 months or as needs changes or when requested upon. Interviews with staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs.

When management were interviewed they described processes of ongoing planning and assessment of the consumer and how care staff are informed when a new consumer package has commenced, including any changes in their care needs. While care co-ordinators and personal care staff are also utilising LeeCare (electronic application used for consumer records) with admission notes, changes to care services or any other updates.

Management also advised when interviewed that during onboarding of consumers they discuss and ask if they have an Advance Care Plan and within the information packs for consumers, the service ask for their preferences regarding advance care planning. Care planning documents viewed by the Assessment Team showed sufficient details of the types of services the consumers receive, and includes goals, preferences and actions for the service to undertake. For example, one consumer’s care plan details various social support - She goes out to lunch on Tuesday & Wednesday weekly, attends a walking group, is invited to activities and group outings where she has a carer to support her, attends Church weekly and is supported by LHG staff for transport and goes to the hairdresser on Thursday’s

Requirement 2(3)(c).

Consumers interviewed by the Assessment Team confirmed they participate in the planning and review of the services consumers received. One consumer advised that the Home Care Co-ordinator (HCC) is very good, a wonderful person, who’s also a qualified RN. He added that she organised an air cushion, which was recommended by the hospital therefore a referral to the O/T was made in a timely manner only 2 weeks ago, and now they are ordering it for relief pain to bottom and too avoid sores. Staff described how they work in partnership with individuals, other organisations, and service partners in assessment and care planning and communicate regularly about the changing needs of consumers. An HCC interviewed, advised she oversees the care provided to a consumer. The HCC liaises with the Home Support Services (HSS) who provide insulin support for the consumer, while also liaising with her GP and family. The HCC explained that the consumer has complex needs and that she’s mindful of the care and services, and ensures she has adequate consultation with the consumer, her family and GP. While also explaining risks to the consumer and her family involved in her care. We also meet face to face with this consumer as it works really well, in order to get the best outcomes for her. The HCC highlighted a recent discussion about the consumers well-being and her immediate requirement, which happened to cause a lot of changes in her care and services, with care plans being updated accordingly. A positive change to the consumer was when a kitten was recently acquired for her by the service and registered as a support animal. The service was able to obtain authorisation from her GP to meet her needs and preferences which was incorporated in her care plan and has drastically improved her quality of life. When management were interviewed by the Assessment Team (including additional documentation provided), they have detailed that the service has:

• recruited a dedicated CHSP Coordinator to provide oversight of referrals and brokered service staff members and additionally recruited an internal OT and Physiotherapist.

• recruited a Home Care Manager (APHRA registered Physiotherapist) with CHSP experience, including clinical leadership for allied health staff completing CHSP services.

• CHSP Coordinator communicates any service referrals to the Home Care Manager

• CHSP Coordinator manages the booking schedule for all allied health & therapy services at Lutheran Homes and also shares a workspace with external allied health providers.

• The CHSP service delivery is undertaken by representatives of LHG and the program is run by specialist therapists with faculties that include Physiotherapy, OT, Podiatry, Dietetics and Exercise Science.

• The service has increased the structured hours for OT in the program, to allow for additional timelier correspondence, and applications/referrals to various home modification and equipment providers.

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

Care planning documents viewed for three CHSP consumers who were attending the Easy Steps physiotherapy exercise program provided by an allied health external provider, shows that the assessment and planning is coordinated between the service and other organisations.

Requirement 2(3)(e)

All consumers and representatives confirmed reviews of care and services are conducted on a regular basis. For example, one consumer advised that he has a care plan in the house and all his care and needs is administered by the care plan. He explained that the care plan gets reviewed every 6 months or reviewed as changes happen or when asked upon to make changes. Another consumer stated that previous recommendations made by hospital for incontinence pads, an assessment was made by the service in a timely manner. With the service is in the process of conducting a re-assessment. He added that a care plan is in place and is reviewed every 6 months or as needs changes or when requested upon, with his bed poles being monitored. He explained that if anything changes in his health, staff would be able to know, and he keeps regular correspondence with his coordinator. He also advised that the service makes referrals in a timely manner and they act straightaway and provide information and make a recommendation to an O/T. The coordinator and all staff are very proactive.

When management were interviewed by the Assessment Team, the service advised the following, HCP reviews have all been completed, Service has weekly fire-risk meetings held – to review high risk clients, with care plans reviewed & extra services, Every 2 months the service meets with staff for 15min’s, Also identifying gaps in training, with HR working on skills, External resources used i.e. toolbox, education modules available for staff incl ALIS, Service is creating a best practices system for staff, Service has hired a Clinical Development Specialist, RN trained to work with other staff if required, Consumers have advised in Focus Groups regarding improvements made by the service. A review of care planning documentation confirmed care plans are reviewed at least annually and more often when changes or incidents occur.

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

The Quality Standard for the Commonwealth Home Support Programme service is not applicable as not all requirements have been assessed, four of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant.

# Standard 3

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| Personal care and clinical care | | HCP/STRC | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:  is best practice; and  is tailored to their needs; and  optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is delivering personal and clinical care that is best practice and tailored to meet the needs of each consumer and optimises their health and well-being. The service is managing risks and achieving positive outcomes for consumers with high impact or high prevalence risks including risks associated with hypoglycaemia, risk of falls and risks related with the use of bed poles. It is documenting information about the consumers’ condition, needs and preferences consistently and effectively, specifically when another external organisation is involved in the delivery of services; and that consumers consistently had timely and appropriate referrals.

Requirement 3(3)(a)

Consumers/representatives interviewed were very happy with the personal and clinical care they receive and reported their clinical care is tailored to their needs and that the service is flexible in the delivery of care and services. Staff providing care to the consumers sampled, had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care. Care plans accurately describe consumers current personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. For example, one consumer’s care documentation evidenced a risk assessment completed by the service on 29 February 2022 for diabetes management. The risk assessment identified the consumer was at extreme risk of severe hypoglycaemia. She wears a falls’ alert ADT monitored pendant. The service has implemented strategies to monitor and control her BGL. The service currently has daily mane visits with Home Support Services (HSS) for supervision of Optisulin administration and BGL monitoring 7 days a week, administered by a Registered Nurse.

Previously the service was conducting well-being visits 3 times per week to monitor her BGL results as per the Blood Glucose Management (BGM) plan. Since her last review with her GP on 6/12/22, she was deemed medically fit to administer Novorapid independently. The care staff checked in for a well-being visit to assist with transitioning to independence. The Consumer’s currently is monitoring her own BGL using a Continuous Glucose Monitor (CGM) device and administering Novorapid. Care workers have observed the consumer check her BGL using the CGM device and recording her results. Regular home visit is conducted by LHG care staff and HSS for review of her BGL results. Three months BGL daily results recorded by HSS sighted.

During the interview with the Assessment Team, the consumer confirmed that her BGL is currently under control and she is very happy with her BGM plan and has not had any episodes of hypos or hypoglycaemia in the recent times. She has recently acquired a kitten which has changed her output on life dramatically. The service was able to get permission from her GP to meet her needs and preferences and incorporated the animal therapy in her care plan and registered the kitten as a support animal for her well-being.

Requirement 3(3)(b)

Risk assessments are undertaken for high impact or high prevalence risks to find ways to minimise these risks. Risks identified include falls, hypoglycaemia and risks related with the use of bed poles. Staff interviewed were able to describe risks for individual consumers. Information is reflected in care planning documentation, including the identification of all risks, strategies and guidance for staff who regularly provide services to consumers.

One consumer has been assessed by the OT for the safe use of a bed pole to assist with his mobility. The risks of bed pole is monitored regularly (weekly) by the service provider. A “Weekly Carer Monitoring” tool is used by the service to monitor and identify risks of falls or strategies to prevent further falls. In response to the non-compliance identified during the Quality Audit on 19 April 2022, management advised that they have undertaken a number of further improvements since the quality review in relation to Diabetes Management and safe use and governance of high-risk equipment such as bed poles. An Occupational Therapist has been engaged to commence oversight. The Provider has also sent a contract for recruitment of a Physiotherapist to further support the functional independence relating to bed mobility and transfers.

Two Registered Nurses are available for on call support for carers Monday to Friday. In addition to this, after hours/on weekends LHG has rostered On Call staff available for staff to contact if there is any issues during out of business hours. During the desk audit, management also confirmed that it does not recommend the use of bed poles to prevent falls from beds as per requested by consumers but are in place to assist with functional independence with bed mobility and transfers.

Requirement 3(3)(e)

Overall consumers interviewed were generally satisfied with the care and services delivered. Consumers/representatives reported staff know consumers’ needs as they generally have the same staff members providing their services. Staff confirmed there is a care plan in consumers’ homes they can refer to if needed and they receive regular updates from the care coordinators and home care managers advising them of any key changes or matters to be aware of.

Overall, the Assessment Team identified that there is sufficient information in relation to the consumer’s condition, requirements and preferences, which are detailed in the ‘admission notes’ , ‘LeeCare’ notes (electronic application that is used for consumer records) and information available on CIM (rostering system) which has all shift notes and is accessible to all care staff via APPEON APP. Consumer’s care plan is uploaded in CIM which is accessible to all care staff to understand consumers care needs/conditions, goals and preferences or any other risks. CIM also allows staff to add in portal notes (in real time) that provide updates to the team regarding any changes. CIM also has information regarding who the consumers Home Care Coordinator is and their contact details. In addition to this, a copy of the care plan is in the client’s folder that is situated in the consumer’s home.

In response to the non-compliance identified during the Quality Audit on 19 April 2022, management advised:

• All assessments and care plans have been reviewed.

• Management use ‘admission notes’, ‘LeeCare’ notes, CIM, phone, email or face to face communication to inform staff of any changes to consumer’s needs, goals and preferences related to their care and services including to their brokered services.

• Brokered services staff are provided with relevant information in relation to the care/service that is being provided. This is completed during the referral to the brokered service provider, or any change in care needs, goals or preference.

• LHG uses a risk-based approach to document the brokered staff services on CIM. Brokered services staff are able to access the care plan in consumer's home. Allied health referral form contains relevant information about clients' care needs and risks which will support them to provide the service.

• LHG has implemented several additional systems and processes to further support the oversight of subcontracted services provided to HCP & CHSP consumers. Brokered services are discussed 6 monthly with consumers aligning with regular care plan review.

• A copy of the support plan is left in each consumer’s home for all care staff to refer to.

Requirement 3(3)(f)

Consumers/representatives interviewed were happy that the service assisted them to access products specific to their personal or clinical needs and made referrals on their behalf to relevant agencies and health professionals in a timely manner. For example, one consumer advised that she was recently assisted by the service to access products specific to her personal need. The service referred her to an O/T to purchase a foot massager. The Consumer confirmed that the referral was made in a timely manner and she was provided with ample information to access the products and services she needed. Consumer documentation sighted included evidence of liaison with the ACAT, GPs and referrals to relevant health professionals.

Management advised that the service has undertaken a number of improvements in this area and has subsequently observed a markedly heightened process around referral and fall prevention management overall. Education relating to recognition of the requirement for referral to a specialist provider, whether that be an allied health discipline, General Practitioner or any other discipline, has been ongoing. The Provider produced a graph showing referrals of HCP clients to Leading Therapies have been increasing since May 2022 since the education program was introduced. In response to the non-compliance identified during the Quality Audit on 19 April 2022, management advised that they had their primary allied health provider result of this increase has implemented a new app system to drive increased monitoring of referral Key Performance Indicator (KPI) data, including receipt through to response times, action and close times and mapping consumer related delays (i.e. one consumer is interstate on a holiday, thus prohibiting referral action until his return).

LHG also implemented an allied health referral form for external allied health referrals – this ensured all relevant information was provided included the priority of referral (high/medium/low) in addition to the reason for referral and consumers diagnosis.

• LHG has implemented several additional systems and processes to further support the oversight of subcontracted services provided to HCP & CHSP consumers. Brokered services are discussed 6 monthly with consumers aligning with regular care plan review.

• In August 2022 LHG recruited a dedicated CHSP Coordinator to provide oversight of referrals and brokered service staff members, including the completion of referrals in alignment with care plan review schedule.

• In August 2022 LHG also recruited a Home Care Manager with CHSP experience, including clinical leadership for allied health staff completing CHSP services.

• Home Care Package Coordinators are regularly present on site and available for face to face discussions with external allied health professionals, in addition to the standard forms of communication (phone call, email).

• LHG has additionally recruited an internal Occupational Therapist and are actively recruiting for an internal Physiotherapist to support the clinical reasoning audit schedule for the CHSP program being completed internally (previously completed externally).

• Feedback is requested through newsletters that are sent out to consumers - Encouraging feedback from consumers through service provision and via Community and Independent Living.

• In addition, the service undertakes an annual consumer survey to proactively seek service feedback, offered to 100% of consumers.

• In response to feedback received by consumers LHG has employed cleaners within organisation to assist consumers to access cleaning services if they are not satisfied with the brokered services.

• Brokered services survey is completed bimonthly to review their services. Survey and newsletter was sighted by the Assessment Team.

As a result of organisation improvements in referrals process and additional systems and processes to further support the oversight of subcontracted services provided to HCP & CHSP consumers, the service presented a data graph demonstrating an above industry benchmarking KPI for urgent referral response time, where LHG consumers were attended to on average in 2.6 days.

Employment of CHSP Coordinator, Home Care Manager, Quality and Education Coordinator has assisted LHG to ensure that extra monitoring of the brokered services are completed on regular basis. In addition to this, during weekly High-Risk meeting, vulnerable consumers are also discussed and reviewed to identify any risks. Additionally, LHG has recruited internal allied health professionals – with clinical reasoning audits for brokered allied health services forming part of annual calendar.

Furthermore, governance of referral management is monitored through the service Community & Independent Living (CIL) Quality & Clinical Governance Meeting.

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

The Quality Standard for the Commonwealth Home Support Programme service is not applicable as not all requirements have been assessed, four of the seven specific requirements that were previously assessed as non-compliant are now assessed as compliant.**Standard 4**

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not applicable |

Findings

Required 4(3)(d)

The majority of consumers reported they are attended by regular care staff and confirmed those staff have a good knowledge of the care and services they need. One consumer said that they always notify her about things – if a new carer comes, the old carer comes to show them. Also stating that that each client has different needs. A care co-ordinator interviewed by the Assessment Team said from an organisation point of view, she feels very supported. On a clinical point of view, she added that things have been ramped up by the organisation where they now have regular clinical meetings with the whole team being the home care co-ordinator, two RN’s, quality manager, home care and client services managers, occupational therapist, and three other care co-ordinators. Management were interviewed, and additional information was also provided in relation to this requirement. This detailed that the service has implemented a number of improvements and processes, to ensure that assessment and planning consistently identifies and addresses the consumers current needs, goals and preferences, specifically in relation to HCP consumers attending social support group activities.

All consumer related information has been moved into an electronic system (LeeCare). Staff are documenting the consumers attendance at the group into the system as a progress note. The consumers social support section of their care plan (which was evidenced) sets out their requirements, goals and any risk related to any social activity attendance. Progress note is entered into ‘Lee Care’ to outline consumers attendance at social groups (which was evidenced) Feedback requested at consumer group meetings This has been monitored in a really good way over the past 6 months. The Home Care Services Care Planning procedure sets out the care plan review process, an escalation process when there are any changes to a consumer’s preferences, condition, care or service needs. It also sets out the process to set up the review due date to create the alert system. The Assessment Team reports that the Approved Provider is ensuring that information about the consumers conditions, needs and preferences is communicated within the organisation and with other where responsibility for care is shared.

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

# Standard 6

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

Findings

The Assessment Team reports that the Approved Provider is ensuring appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong

Require 6(3)(c)

The majority of all consumers interviewed by the Assessment Team said they had not needed to provide feedback to the service. One consumer interviewed said the service let them know how their feedback was being followed up and were very satisfied with the action taken by the service. For example one consumer explained that about a year ago there was a complaint about the meals, although since then the meals have improved markedly. The service did have the chef contact and talk to the people involved with meals improving markedly. A complaint slip also comes around. The consumer added that the service does tend to respect their wishes and he was satisfied with the action taken by the service. A staff member (community and lifestyle carer) interviewed by the Assessment Team was able to provide describe the concept of open disclosure.

The Assessment Team observed the service’s complaints and feedback register, which contained notes evidencing the practice of open disclosure. The register detailed feedback since May 2022 which also demonstrated complaints are being promptly responded to with consumers informed of the outcomes. An open disclosure training register was also viewed, which detailed that 51 staff had completed the training.

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

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

# Standard 8

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| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:  information management;  continuous improvement;  financial governance;  workforce governance, including the assignment of clear responsibilities and accountabilities;  regulatory compliance;  feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:  managing high impact or high prevalence risks associated with the care of consumers;  identifying and responding to abuse and neglect of consumers;  supporting consumers to live the best life they can  managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:  antimicrobial stewardship;  minimising the use of restraint;  open disclosure. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is demonstrating effective organisational wide governance systems relating to information management, financial and workforce governance. In addition to this the Provider is using an effective incident management system (IMS) guided by policies and procedures to ensure a systemic approach is taken to respond to incidents and minimise the risks of incident occurring. The service has established clinical governance framework that monitors and drives improvements in the quality and safety of the clinical care and services consumers receive.

Requirement 8(3)(c)

Information management

The service has an effective information systems and processes to support staff in their roles or to meet the outcomes required by the Quality Standards. For example:

• The service was able to demonstrate that information provided to each consumer is current, timely and accurate, and communicated in a way that is clear, easy to understand, for consumers sampled. This is discussed further at Standard 1, requirement (3)(e).

• The service was able to demonstrate assessment and planning consistently identifies and addresses consumer’s needs, goals and preferences, for consumers sampled. In addition, information about the consumer’s condition, needs and preferences is consistently communicated within the organisation and with others where the responsibility for care is shared, including staff delivering brokered services. Brokered services staff are provided with relevant information in relation to the care/service that is being provided. This is completed during the referral to the brokered service provider, or any change in care needs, goals or preference. This is discussed further in Standard 2, Standard 3 and Standard 4.

• The service was able to demonstrate there are policies and procedures to guide staff practice in home care and CHSP services. Organisational policies and procedures are available to all staff on their internal intranet system Employee Resource & Information Centre, sighted by the Assessment Team.

Financial governance

The service was able to demonstrate effective governance systems for the financial management of HCP packages, including the information provided to consumers and the monitoring of package funds. This is discussed further at Standard 1, requirement (3)(e).

Workforce governance

The service was able to demonstrate effective systems to provide oversight for the subcontracted services provided to the CHSP and HCP consumers. This is discussed further at Standard 3, requirement (3)(f).

Requirement 8(3)(d)

The service demonstrated it has an effective Incident Management System (IMS) in place which has the capabilities to effectively identify and record risks and incidents, guided by policies and procedures to ensure a systemic approach is taken to respond to incidents and minimise the risk of incidents occurring. This is done through the lens of their operation staff, care staff, brokered services and their continuous feedback and complaint mechanisms. There is also a suite of policies that guide management of consumer risks. Assessment and care planning incorporates risk identification and triggered assessment tools where risk is indicated.

In response to the non-compliance identified during the Quality Audit on 19 April 2022, LHG has undertaken a number of improvements in Incident management and has subsequently observed a markedly heightened process around capturing incident and timely reporting and management of the incidents. Management have advised that:

• LHG has undertaken a transition project into their electronic consumer file system (LeeCare), which also incorporates an incident management system contained within(sighted).

• Consumer incidents are now entered in to LeeCare.

• Registered Nurses complete incident reports and escalate them as required. Follow ups are completed by coordinators and Service Client managers to ensure that actions have been taken and is effective.

• Incident management reports are generated monthly as part of KPI report and additional checks are completed regarding management of the incident.

• Incident trends (sighted) are discussed at the bi-monthly Home Care/CHSP Quality Meeting and Corporate Quality Meeting and specific client incidents if required are discussed at the Home Care Services High Risk Meeting or if escalation is required at the Corporate High-Risk Meeting.

• LHG has developed a Home Care Service and CHSP – Incident Management Procedures (sighted) which details the procedure for staff to follow for an incident or near miss.

• With the extension of SIRS into in-home aged care in December 2022 – LHG released a SIRS Procedure for Home Care and CHSP services (sighted), including additional training and communication being delivered to home care staff.

• Staff, including brokered services were educated regarding SIRS and escalation process of the incident along with reporting any issues to after hours on call (sighted).

• From the analysis of the report, if trends are identified, education are offered for staff to minimise the risks of falls or any other type of incidents.

• Information on incidents or trends are provided to consumers if applicable, through newsletters or focus groups.

• As part of continuous improvement, training on SIRS, aged care code of conduct and other relevant topics have been provided to staff (sighted). Further training has been scheduled in the upcoming meeting during this month.

Requirement 8(3)(e)

The service demonstrated it has an effective clinical governance framework, systems and processes to maintain and improve the reliability, safety and quality of the clinical care consumers receive.

Management and staff engage on a bimonthly meeting where staff are able to discuss any issues related to consumers or staff. Any trends or patterns from clinical decline, incident management, infection management etc are also discussed with staff during this meeting. Additional Training (sighted), is organised during staff meeting related to recent trends in clinical care or complex diagnosis.

Consumers receive clinical assessments annually or as consumers needs change and the information noted in consumer’s care plan is detailed and corroborates with staff interview statements. Consumers who are living with complex health conditions, or who require a higher level of care than they are receiving, are provided with a more thorough clinical assessment which considers their overall health and well-being.

The service has a suite of policies and procedures (sighted) in relation to antimicrobial stewardship, minimising the use of restrictive practice in home care and CHSP services to guide staff practice, manage consumers risks and achieve good clinical results and open disclosure that meet the requirements of the Standards.

In response to the non-compliance identified during the Quality Audit on 19 April 2022, management advised that LHG has undertaken a number of improvements in this area and has subsequently observed a markedly heightened process around overseeing of optimal care for consumers. For example:

• LHG has strengthened Clinical Governance processes through revision of the Clinical Governance Framework including the governance processes within Home Care services (Community & Independent Living). This is evident as the Assessment Team sighted a process map showing the direct feed up and feed down through each governance level and direct consumer linkage through each level, underpinned by continuous improvement throughout. This has enabled increased monitoring and oversight of clinical governance overall, to guide staff practice, manage consumers risks and achieve good clinical results.

• Home Care Service and CHSP policy for Incident Management Procedures and restrictive practices (sighted) which details the procedure for staff to follow for an incident or near miss and manage consumer risks and achieve good clinical results.

• A dignity of risk policy was created for Home Care to guide staff to support consumers to make their own choice as well as their right to take risks(sighted).

• Fortnightly documentation review, daily handover, monthly KPI trending report (incident management, infection management, wounds management including pressure injuries, review of feedback management), Weekly Multi D meeting, weekly review of High-Risk Register, bimonthly Quality meeting and bimonthly Clinical Governance meeting which also provides additional monitoring to ensure services delivered are tailored to client’s specific goals and as per best practice.

• LHG has recruited an internal Occupational Therapist (December 2022) and are actively recruiting for an internal Physiotherapist to support the clinical reasoning audit schedule for the CHSP program being completed internally (previously completed externally).

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

The Quality Standard for the Commonwealth Home Support Programme service is not applicable as not all requirements have been assessed, three of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant.

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