**Performance**

**Report**

**1800 951 822**

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| Name of service: | Lyndoch Community Options |
| Service address: | Hopkins Road WARRNAMBOOL VIC 3280 |
| Commission ID: | 300082 |
| Home Service Provider: | Lyndoch Living Limited |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 18 April 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 Lyndoch Community Options (**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:**

* Lyndoch ATSI CACPs, 18850, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch Community Options, 18851, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch Community Options-Barwon South Western-ATSI, 18852, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch EACH, 18855, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch EACH & EACH Dementia, 18856, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch Community Options-Barwon South Western-General, 18853, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch Community Options-Barwon South Western-Housing Linked, 18854, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch, Warrnambool Inc Care Packages, 18857, Hopkins Road, WARRNAMBOOL VIC 3280
* Lyndoch Community Options, 18851, Balmoral Bush Nursing Centre, 26 Bell Street, BALMORAL VIC 3407
* Lyndoch Community Options-Barwon South Western-General, 18853, Balmoral Bush Nursing Centre, 26 Bell Street, BALMORAL VIC 3407
* Lyndoch Community Options-Barwon South Western-Housing Linked, 18854, Balmoral Bush Nursing Centre, 26 Bell Street, BALMORAL VIC 3407
* Lyndoch EACH, 18855, Balmoral Bush Nursing Centre, 26 Bell Street, BALMORAL VIC 3407
* Lyndoch EACH & EACH Dementia, 18856, Balmoral Bush Nursing Centre, 26 Bell Street, BALMORAL VIC 3407
* Lyndoch, Warrnambool Inc Care Packages, 18857, Balmoral Bush Nursing Centre, 26 Bell Street, BALMORAL VIC 3407
* Lyndoch Community Options, 18851, 86 French Street, HAMILTON VIC 3300
* Lyndoch Community Options-Barwon South Western-General, 18853, 86 French Street, HAMILTON VIC 3300
* Lyndoch Community Options-Barwon South Western-Housing Linked, 18854, 86 French Street, HAMILTON VIC 3300
* Lyndoch EACH, 18855, 86 French Street, HAMILTON VIC 3300
* Lyndoch EACH & EACH Dementia, 18856, 86 French Street, HAMILTON VIC 3300
* Lyndoch, Warrnambool Inc Care Packages, 18857, 86 French Street, HAMILTON VIC 3300

**CHSP:**

* Allied Health and Therapy Services, 4-B74UOE4, Hopkins Road, WARRNAMBOOL VIC 3280
* Centre-based Respite - Care Relationships and Carer Support, 4-B74UOHK, Hopkins Road, WARRNAMBOOL VIC 3280
* Cottage Respite - Care Relationships and Carer Support, 4-B74UOLT, Hopkins Road, WARRNAMBOOL VIC 3280
* Flexible Respite - Care Relationships and Carer Support, 4-B74UOPB, Hopkins Road, WARRNAMBOOL VIC 3280
* Social Support Group, 4-B74UOTD, Hopkins Road, WARRNAMBOOL VIC 3280
* Specialised Support Services, 4-B74UOWT, Hopkins Road, WARRNAMBOOL VIC 3280

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 31 March 2023.
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(a) HCP
* Requirement 2(3)(e) HCP
* Requirement 3(3)(a) HCP
* Requirement 3(3)(b) HCP
* Requirement 3(3)(d) HCP
* Requirement 8(3)(c) HCP & CHSP
* Requirement 8(3)(d) HCP

# Standard 1

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

Findings

The Assessment Team reports that the Approved Provider is ensuring consumers’ choice and dignity is respected while delivering culturally safe care to each consumer. The Provider demonstrated that consumers are provided with written program information to promote choice through their understanding of the services available to them. Consumer privacy is being respected whilst the Provider is implementing processes to protect the consumer’s personal information

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 31 March 2023 the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Non-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:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is identifying consumers’ individual needs, goals and preferences and while not always documenting discussion outcomes and wishes in relation to advance care planning, the service asks consumers and representatives, if they have formulated a plan. The Provider is partnering with the consumer and others the consumer wishes to involve in assessment and planning. The outcomes of the assessment and planning to the consumer and representative are communicated by providing them with a copy of the care plan. The Provider is ensuring care and service guidance documentation is available at the point of service delivery. The Provider is in a partnership with consumers or their representatives in assessment, planning and review of consumer care and services.

Assessment and planning is undertaken in a manner that considers risks to the CHSP consumers. Plans are completed regularly and reviewed on an as needed basis.

The outcomes of assessment and planning are effectively communicated to consumers and/or their representatives and are used as the basis for service/care delivery. The Provider is also using a newly developed initial assessment tool which informs care planning and service delivery in the HCP admission process. Care plans are available to the consumer and or their representative. In addition to this a range of health professionals to ensure consumers’ health needs are met have been identified.

However, the Assessment Team reports that the Approved Provider is not consistently collecting or updating advanced care plan information or demonstrating that consumers have statements of choice which include medical treatment wishes. The Provider is not consistently communicating with subcontracted services such as, district nursing service, to ensure a collaborative care planning approach. The Provider did not demonstrate that assessment and planning processes, including the consideration of risks to the consumer’s health and wellbeing are consistently informing safe and effective service delivery. The Provider did not demonstrate that consumer care plans are always reviewed when a need is identified, including when circumstances change or when incidents occur.

Requirement 2(3)(a) HCP

The service did not demonstrate that assessment and planning processes, including the consideration of risks to the consumer’s health and wellbeing, consistently informed the delivery of safe and effective service delivery.

Although the initial assessment process has been improved to include a checklist for health and risk identification, the service utilises an administrative staff member to carry out the total assessment even though the majority of the information pertaining to consumer’s health and wellbeing is scoped for a health professional assessment.

Of the 10 consumer care files reviewed, assessments related to seven of the files do not demonstrate the consideration of consumers’ risks. For example, risks associated with restrictive practices, falls, pain or skin integrity. Furthermore, there is no initial flagging of potential risks that may be mitigated with use of equipment, information and consent, the availability of validated assessment tools or the explanation of what assistance may be required. Support advisors interviewed said they consider risks such as a consumer’s living environment however, validated risk assessments for safety are completed by nurses or other health professionals as appropriate. However, the service did not demonstrate they assess whether this consistently occurs. Communication pathways between the service provider and subcontracted services is not carried out in a scheduled or timely manner.

Management stated they are aware of potential inconsistencies within the new process and are working on improvement plans to strengthen the procedure.

Consumer 1 (HCP L2) was assessed for admission to the program under the new admission process. The assessment information was used to populate her care plan. This information included the consumer was diagnosed with Alzheimer’s disease, however, no point of truth was sourced for this information. Documents from the GP health summary did not include a diagnosis of dementia including no reference to Alzheimer’s disease. The ACAS assessment cited cognitive decline; however, no diagnosis of dementia was cited. Therefore, the consumer now has a documented diagnosis of Alzheimer’s disease formulated by staff, without skills or knowledge to do so and furthermore, no risk assessment was undertaken in line with such a diagnosis.

Consumer 2 (HCP L4) who is at high risk of falls, has Thoracic level 12 spinal cord compression with associated paraplegia, uses bedrails to assist with bed mobility during turns and has a supra pubic catheter in place. The consumer’s care plan cites the following general statements without clarification for example:

* ‘I can get out of bed with a lot of help’
* ‘I can get dressed with a lot of help’
* ‘I can go to the toilet with a lot of help’

The level of assistance and how the consumer’s needs are met, is not explained in the assessment or care plan information. Furthermore, the risks around the consumer’s falls risk have not been identified and the potential for restrictive practices in relation to the bed rails is not highlighted. No consent information is evidenced throughout the file and management could not identify the potential of restrictive practice when asked. The last physiotherapy assessment was in 2018 and did not describe bedrails.

Risks associated with the consumer’s individual condition and health history are not always identified or consistently documented in care/service plans to inform care provision where subcontracted service providers are involved. For example:

Consumer 3 (HCP L4) who was receiving district nursing services for wound care, sustained a fall while the district nurse was in attendance. However, the support advisor stated they had no knowledge that district nursing was even attending for wound care until the fall was reported by a ‘Lyndoch Living at home’ support worker.

Consumers with insulin dependent diabetes and at potential risk of hypoglycaemia or hyperglycaemia do not always have diabetes management plans in place. Management said they would organise diabetes management plans in the immediate future.

Consumer 4 (HCP L3) who lives with insulin dependent diabetes, Alzheimer’s dementia and vascular dementia, attends the CHSP social support group and/or cottage respite services. She self-administers insulin, has a potential risk of hypoglycaemia or hyperglycaemia. However, she does not have associated plans to manage these conditions other than a file note to inform the on call medical practitioner if her blood sugar levels are under 4 or above 20 millimoles per litre. No adverse blood glucose associated events are on file. The consumer, who is very happy with staff support for her health and wellbeing, said she is supposed to have jellybeans but prefers to have coffee with sugar if her blood sugar levels drop. Management said they would organise a diabetes management plan for her in the immediate future. Refer to Standard 3(3)(b) for further information.

Response to the Assessment Team’s report

The Approved Provider supplied an extensive suite of documents. In response to the non-compliance with requirement 2(3)(a) the Provider has specifically addressed the following concerns:

Advanced Care Plan

At the time of the quality review the consumer’s care plans in terms of advanced care plans information was outlined in diagram 1 below. Responding to feedback from the assessors their consumers care plans have been modified to ensure it is clear to the patient in terms of the presence of any advanced care plan or if clients are requesting more information on this process this process is now active within our database

In our admission and care planning correspondence with the General Practitioner we have also included a standard reference within the letter template to the importance of advanced care planning. In reviewing diagram 2 which is a copy of the current care plan it is clear that the Provider has amended the care plan to take account the feedback from the Quality Assessors and its obligations under the Quality Standards

Assessment and Care Planning Processes including consideration of risks

The Provider’s response is ‘the consumer directed care plan is a consumer driven document and is designed to use language that is meaningful to the consumer. The specific section referred to within the report for consumer 2’s care plan cites the following general statements without clarification for example ‘I get out of bed with a lot of help, I get dressed with a lot of help, I can go to the toilet with a lot of help’. I accept the Provider’s reasoning behind the use of these words.

The specific phrases listed are utilised on my age care referral form and thus in keeping with the principle of ensuring consumer’s care plan is meaningful to them. Refer to attachment 3. If additional information is required regarding care specifics the home care package current functional status form is completed. refer to attachment 4. An example of when this might be utilised is the example of consumer 2.

The focus of this year is standards 2 and 3. A number of changes have been made to the programme with additional changes planned. These pre-planned changes reflect some of the concerns expressed within the Commission's findings. For example, the consumer directed care plan is not a substitute for a clinical assessment and should not be used in isolation. On 23 March 2023, the following documents were introduced to support care management staff with care planning and assessments including, home care packages routine care plan review form refer attachment 5. Home care packages care plan resource Edmonton Frail scale refer attachment 6. Other documents made available include community services falls risk screening tools for older people in the community refer attachment 7. Home care hospital discharge planning tool refer attachment 8 (currently functional status check list).

Initial education and training was provided on the 9 February 2023 with follow up training and check in with staff planned for 14 April 2023. Guidelines to TCM (clinical software system) documentation is currently under development. These new guidelines will change how information is recorded on the clinical software system allowing for information tracking of key information including when, a care plan was last updated, last formal planned assessment and care plan review, last unplanned assessment and care plan review, incidents and responses access to this information will allow for support advisors to track required intervention but also for department manager to audit performance and provide feedback when required.

In relation to consumer 3 the Provider states that the consumer has a signed document from her Doctor allowing her to self-manage his diabetes including blood sugar monitoring and insulin administration. Having said that the Provider also acknowledges that their procedures need to be improved in relation to diabetes management that is within its scope. Standard documentation will be used to reflect best practice.

Consistent Communication with subcontracted services

Lyndoch Living is currently undertaking a comprehensive review of all its broken arrangements with subcontracting services. The executive lead for this project is the Chief Financial Officer (CFO). The objective of this process is to improve governance and communication creating a more consistent feedback loop. The contract will include specific information related to expectations, providing routine customer reports and update, providing real-time updates related to changes in consumer situation and or when incidences occur, active involvement in instant reviews, providing and responding to feedback complaints and compliments, audit processes of performance this is expected to be action by 1 July 2023. The modifications we are going to make to the incident and feedback reporting processes (refer to standard six response) will also provide a greater level of governance and capacity to improve communications between subcontracted services as it will both alert management to potential issues in real time and allow for trending of any potential issues.

Requirement 2(3)(e) HCP

The service could not demonstrate that consumers’ care plans are reviewed when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Consumers and representatives stated that they talk to the support advisor at least annually. However, they did not remember being contacted when things changed such as when they came out of hospital.

Support worker feedback forwarded to the support advisors does not show that action takes place in response to falls, wounds or incidents. Support workers at interview were unaware that a review of the consumer needs is to be undertaken when changes or deterioration has been identified, or consumers are discharged from hospital. Although the care plan reviews are undertaken yearly, not all the files reviewed showed evidence of reassessment or care plan updates when an incident occurs or when circumstances change due to changes in consumers’ health and wellbeing.

Management discussed the ongoing changes in management and said they are reviewing processes to improve and provide effective care and service delivery.

Consumer 3 (HCP L4) was receiving services from district nursing three times per week for wound care related to lower leg traumatic skin tears. During one of the episodes of wound care, Consumer 3 experienced a witnessed fall. The district nursing reported the fall to their management, however, did not report the fall to the HCP provider. A support worker from ‘Living at home’ services, reported the fall through their management pathway and an email was sent to the support advisor regarding this.

No assessment was undertaken by the service in response to consumer 3’s potentially changed needs related to the fall she experienced. No care plan update related to consumer 3’s increased risk of falls or validated assessment tool was used to gauge her current risk.

Furthermore, the support advisor stated they had ‘no knowledge that District nursing was even attending wound care at the consumer’s home’. No reference to consumer 3’s skin integrity issues were recorded throughout the available documentation.

The support advisor also stated that the district nursing service had refused to share information about the fall with her, therefore no management review of the issues surrounding the fall or potential risk related to consumer 3’s mobility could be further investigated as a collaborative process. Management stated they would conduct an incident review process and acknowledged that consumer 3 had stated she did not want the particular district nurse to come to her home again. District nursing management stated when interviewed by the Assessment Team they are looking into the incident. The support advisor stated she felt out of her depth dealing with an issue such as this and felt that due to heavy workloads there was no time for duties such as communicating with subcontracted services or following an incident review process.

In response to the Assessment Team’s report

The Provider has articulated the following:

*Demonstrate that consumer care plans are always reviewed*

Standardisation of practices is currently a focus for the organisation. On 20 February 2023 changes to assessment and care planning were introduced (refer to attachment 11). Guidelines for home care package care planning have been developed formulating part of the guidelines Principle of Practice document (refer to attachments 12.1 and 12.2). Further education and training related to care planning and assessment has been booked for 13 April 2023, recognising the number of changes made in a short period of time.

The objective will be that in six months a review of all home care package staff for effectiveness it is anticipated that at this point the guidelines principle of practise document will be separated into more specific targeted guidelines will be however this will be the subject to an audit. Please note the principles of practise document has been used as a quick reference guide for staff secondary to the number of changes made to the programme.

Action taken:

Following feedback from the assessment team attempts have been made to engage with consumer 5’s General Practitioner, again with the suggestions to consider the GEM (Geriatric Evaluation Management) at home programme (refer to attachment 13). Feedback has been sought from brokered nursing service (Western District Health Service) regarding consumer 3’s fall and how communications could have been improved. The General Practitioner generated the original referral for wound care noting consumer had injured her leg on a car door and it appears the nursing service redirected billing once they became aware the consumer could not access CHSP funding.

Unfortunately, as the manager of the service is currently on leave this has not been progressed. It has been confirmed that consumer 3’s General Practician is aware of Lyndoch Living's involvement and information has been provided regarding how we can support together consumer 3. Consumer 3 has also contacted the service to express some frustration regarding the ongoing questioning about the instance and reinsurance has been provided to consumer 3 regarding the questioning related relates to performance of Lyndoch Living as her home care package provider and is not linked to her ability to manage at home refer attachment 14

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Home Care Packages Program operational manual at chapter 7.1 states that ‘Providers must undertake initial and ongoing assessment and planning to meet Standard 2 of the Aged Care Quality Standards’.

The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up’.

Further to this the intent of requirement 2(3)(a) in part states ‘To assess plan and deliver care and services that are safe and effective members of the workforce need to have relevant skills qualifications and knowledge to assess individual consumers needs and to address their needs goals and preferences’.

In relation to requirement 2(3)(a) it is acknowledged that the Approved Provider has been exceptionally proactive in addressing the requirements that had been identified as being non-compliant. In its response to the Assessment Team’s report the Provider has supplied copies of the following documents;

* Attachment 1 advanced care planning questions that have been included on page 5 of its Consumer Care Plan – Home Care Package.
* Attachment 2 letter that the Provider is now sending to the consumer’s Doctor when they have expressed a desire to consider advance care planning
* Attachment 3 Consumer Care Plan – Home Care Packages that is now being used by the Provider
* Attachment 4 Current Function Status assessment scale
* Attachment 5 Home Care Package Information
* Attachment 6 Edmonton Frail Scale
* Attachment 7 Falls Risk Screening Tool for Older People in the Community
* Attachment 8 Home Care Package – Hospital discharge Planning.

In reviewing these attachments, I am satisfied that the Provider has addressed and actioned the following deficiencies, advanced care planning, identification of risks in relation to fails, pain and skin integrity through the use of validated assessments tools such as the ‘Edmonton Frail Scale’, ‘Risk Screening Tool for Older People in the Community’ and amendments to is Consumer Care Plan – Home Care Package.

However, I am still concerned at the issues raised in the assessment of services provided to consumer 1 where the Assessment Team reports that consumer 1 was assessed for admission to the program under the new admission process. The Assessment Team have asserted that the Provider assessed the consumer as having Alzheimer’s disease when there was no factual basis for this diagnosis. The Assessment Team also asserted that ‘the consumer now has a documented diagnosis of Alzheimer’s disease formulated by staff, without skills or knowledge to do so and furthermore, no risk assessment was undertaken in line with such a diagnosis.’ In its response the Provider does not appear to have specifically addressed the issues raise in the services provided to consumer 1. There is no indication that consumer 1’s care plan has been or will reviewed by staff with the relevant skills, qualifications and knowledge.

The Provider has indicated that it carried out initial training and education for staff on 9 February 2023 with follow up training planned for 14 April 2023 and it would appear that this training is designed ensure that the new processed and embedded. However, at time of drafting this report I have no indication if the training as been successfully implemented across the Provider’s workforce.

As indicated earlier the Provider is currently developing new guidelines for its TCM. At the same time the CFO is undertaking a comprehensive review of all brokered agreements with subcontractors with this work to be completed by 1 July 2023. It is acknowledged that this work will be exceptionally beneficial to the Provider and eventually to consumers but a this this point in this the work has not been completed.

Further to this, I also have concerns in relation to consumer 4 (HCP L3) who lives with insulin dependent diabetes, Alzheimer’s dementia and vascular dementia. She self-administers insulin, has a potential risk of hypoglycaemia or hyperglycaemia. However, she does not have associated plans to manage these conditions. In its response, the Provider stated that the consumer had a signed letter from her General Practitioner allowing her to self-manage her diabetes and this includes blood sugar monitoring and insulin administrations. It is acknowledged that this consumer has been assessed by her GP as being capable of managing her diabetes. However, I am of the view that to meet the intent if this requirement, the Provider must still identify relevant risks to the consumers health and well-being and this includes access to and an understanding of this consumers diabetes management plan.

The intent of requirement 2(3)(e) in part states ‘Through this requirement organisations are expected to regularly review the care and services they provide to consumers. All care and services plans are expected to include an agreed review date how often the review is done depends on the needs of each consumer and on the nature of and type of services the organisation is providing’.

In considering the Provider’s response it is acknowledge that they have been pro-active in improving their processes and procedures. It is noted that the Provider specifically addressed the non-compliance involving a number of consumers and implemented a program that in 6 months all home care package staff will be reviewed by effectiveness.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with the requirement 2(3)(a) HCP and 2(3)(e) HCP.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is guiding staff in relation to infection control process, utilising an infection control documentation process, including education and training for staff and appointment of a dedicated infection and prevention control (IPC) lead at the service. The organisation also employs an infection control coordinator who oversees the infection control management at the service. Working in collaboration with subcontracted palliative care experts to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved

However, the Approved Provider is not consistently demonstrating that consumers get the personal and clinical care that is safe and right for them, which includes complex care needs, pain, skin integrity and restraint management. Highly prevalent risks are not being identified via the service's incident management system and individual risks to consumer health through assessment processes. The Provider is not consistently demonstrating that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Requirement 3(3)(a) HCP

The Assessment Team reports that Provider did not demonstrate that consumers consistently receive safe and effective personal and clinical care that is best practice, tailored to meet their individual needs and optimises their health and well-being. The majority of the consumers and representatives interviewed provided feedback and statements of satisfaction with the care that is being provided by the service.

Two consumers and representatives stated dissatisfaction with the clinical care provided during personal care and wound management. Sampled consumer files, including care assessments, care plans, progress notes, medication charts and monitoring charts, reflect that clinical care risks related to wound management, diabetes care, restrictive practices and pain management are not always recognised. Although care and services are provided to meet the individual preferences of the consumers, they are not always tailored to specific needs related to risks for consumers care. Support workers stated that they report changes in consumers care and needs to their supervisor at ‘Living at home’. Support advisors stated they did not schedule communication or welfare checks however respond to issues that arise. Management said they could see the need for further education and training for support advisors who were very new to the role. The service did not demonstrate that management or staff were aware of restrictive practices occurring in consumers’ homes. At the entry meeting management stated there were no consumers potentially subject to restrictive practices across the service.

In relation to skin integrity and safety, when a support worker reported that consumer 5’s (HCP 4) feet were swollen on 24 January 2023, the support advisor conducted a home visit and decided that “consumer 5’s feet had appeared to reduce in size”. However, there was no objective assessment or measurement of the swelling conducted; no report to the medical practitioner for follow up and no ongoing monitoring of consumer 5’s skin integrity.

In relation to pain, Consumer 3 who suffers chronic pain has not been assessed utilising validated assessment tools according to her pain levels. There is no regular communication with her subcontracted providers of nursing as to how this is being assessed or managed and there are gaps in support advisors’ knowledge that care is being provided by subcontracted services. There was no reference in case notes or care plan and interview confirmed the service had no knowledge of consumer 3’s wound management being conducted by the district nursing service.

In relation to restrictive practices, at interview with consumer 2’s son it became evident that his mother (HCP L4) has bilateral bedrails on her bed. Although the son states the rails are being utilised as a mobility aid for his mother when turning in bed, there is no process around assessment, monitoring or consent in relation to the potential restrictive practice equipment in use.

In response the Assessment Team’s report the Provider has supplied the following information.

As highlighted in the response to standard 2 the organisation has recently implemented the Edmonton Frail scale as a validated and reliable measure to monitor changes and to support the care planning assessment process. Unfortunately, at the time of the audit the effect of these changes could not be demonstrated. Additional resources currently under development are, pathway protocol management to standardise care delivery. The specific example provided in the standard 2 response relates to insulin dependent diabetic management, however, Lyndoch Living's intention is to extend this to cover a number of the high risk/high prevalence areas, for example skin integrity falls and potential restrictive practise.

Changes to the incident and feedback reporting systems outlined in our Standard 6 response will also drive what specific pathways will be required, as well as allow for targeted education. The availability of existing Lyndoch Living organisational wide policies and procedures will assist in expediting this process.

Standardisation of service delivery will also link into the organisation’s new processes for recording information about vulnerable consumers at present this information is maintained in a separate excel spreadsheet however moving forward will be transitioned to a TCM ‘note for alert’ additional advantages will be real-time tracking of information and one central point of true for all consumers information refer to attachment 15.

Lyndoch Living is commencing a recruitment process for a registered nurse to work solely alongside the care management team in a primary education and governance capacity to drive assessment and planning management for clinical risks within the community services programme. The organisation is currently undertaking a comprehensive review of all its broken agreements with subcontracted services. The objective of this process is to improve governance and communication, creating a more consistent feedback loop and ensuring audit assurance processes are built in. It is anticipated this will align with the new financial year.

Requirement 3(3)(b) HCP

The Assessment Team reports that the Approved Provider did not demonstrate that risks associated with consumers who experience falls, who are vulnerable or require assistance with medication management are managed effectively.

Not all the assessments conducted by subcontractors are communicated with the service and there is no regular communication scheduled to ensure the service has a solid understanding of how consumers’ care could be improved as part of a collaborative incident management review process. In relation to consumer 5, no post fall assessments were conducted and no collaborative approach to incident management review is conducted within the organisation as an incident raised through ‘Living at home’ team is managed by that team with only email communication to the HCP team. There is no incident raised within the HCP team and incidents are not discussed or reviewed in conjunction with both teams. Therefore, no improvement opportunities to minimise risks for consumer 5 have been identified.

In relation to consumer 2 (HCP L4) there was a report of physical abuse made by consumer 2’s son on 26 November 2022, which was described as physical violence by a care worker toward consumer 2 particularly in her perineal and vaginal area. Although the service reported the incident to SIRS, no police report was lodged at the time. A further incident was recorded by another support worker describing fear and intimidation from consumer 2’s son when they were providing personal care to his mother. That incident detailed in statement of evidence, raised concerns in relation to the potential of elder abuse, as consumer 2’s son was witnessed to be raising his voice swearing and throwing objects around. The lack of police report was explained by the service referencing that consumer 2’s son asked them not to report the incident to the police and also advice from the then manager of the service a decision was made not to report.

The Assessment Team noted the service did not speak with consumer 2 who has capacity, to assess her wellbeing or question if she had any concerns related to elder abuse, independently of her son, who was also involved in her detailed personal care. Management stated they realise they missed an opportunity to speak with her independently when she was in respite care and said there has been a huge learning from the events. This included following policy and procedure around mandatory reporting obligations and code of conduct. A police report related to that incident, was lodged while the Assessment Team was onsite.

There was no review of assessment or care plan following this incident however a lengthy managers’ review of the incident with staffing changes was conducted to ensure the accused support worker did not attend the home again. Management were not clear about whether the support worker was placed on enforced leave while the investigation was conducted. They were also not clear about responsibilities to the safety of other support workers going into the home, such as, ensuring two support workers attend for all episodes of care.

The Assessment Team received feedback from consumer 2’s son as part of the interview process. He has raised the physical abuse issue with the Commission through the external Complaints process. He stated that he is highly satisfied with the current services attending his mother’s care which is a combination of the District Health and Lyndoch ‘Living at home’ service.

Consumers with insulin dependent diabetes attending social support cottage respite care have been assessed by their medical practitioners as able to self- administer medication, including their insulin injections. While management and staff said that staff at social support group are responsible for checking correct insulin dosage for a consumer, the medical instructions do not reflect the current dose of insulin.

Consumer 4 (HCP L3), who lives with vascular dementia, administers insulin from a prefilled ‘dial up’ pen injection, while at social support group or cottage respite services. A letter from consumer 4’s medical practitioner dated 9 May 2022 states she is to have 28 units of insulin. However, undated instructions from the representative state consumer 4 is to self-administer 37 units of insulin, a dose said to be determined by her medical practitioner following HbA1c testing. Staff described how consumer 4 wears a blood glucose sensor patch however, when she forgets to monitor they take consumer 4’s blood glucose levels prior to meals. Care documentation shows her levels are stable and within reportable parameters. Management said they would ensure consumer 4’s medical practitioner provides updated medication instructions in relation to her insulin medication.

In response to the Assessment Team’s report the Approved Provider states the organisation recognises that the current incident management system, risk man, does not reflect the needs of community services, specifically trending of data, immediate oversight of issues, collaborative review of instances and results in high volumes of duplicated documentation. Immediate action has been taken to resolve this situation this is an interim measure, secondary to the organisation’s commitment to risk man as an incident management system, and community services plan to transition to a new single software system by March 2024.

Changes to how information is documented within clinical software system (TCM) has been implemented, this now allows care incidents to be immediately identified and monitored for resolution it also provides departmental overview of key information listed below, reducing the risk of gaps in services an impact of unplanned leave.

This information will also allow for treating and feeding into existing team meetings, community service managers meetings, clinical risk committee, senior leadership meeting and board subcommittees as identified. There is capacity for data to be trended for specific request periods; noting different organisational committees and teams will require different information. refer to attachments 18 an attachment 19.

Historically, consumers vulnerability was recorded separately to allow for quicker identification. The documentation process of alerts has now been changed to reflect additional processes. In addition, documentation processes are currently under review. Within clinical software system (TCM) the alerts system will change to allow for quicker and easier identification of vulnerability across consumers. Implementation data is currently planned for 13 April 2023, it is anticipated it will take three months to embed the process. This will allow for the production of reports similar to the current incident reports. Refer to attachment 15.

All staff have been provided with access to the aged care learning and information solution (ALIS) and commenced training. In addition, the organisation recently implemented the online learning platform AusMed, which has a range of topics and provides a pathway for staff to self-initiate learning or to complete training as directed by managers if it is identified the staff member may benefit from further training. Refer attachments 21 and 22.

Further assessment of consumer case, consumer 3, consumer 2 and consumer 5 were completed jointly between the support advisor (care manager) and Division’s Operational Lead. As part of the process, it was identified the documentation may have been a contributing factor. As a result, home care package staff have been enrolled to complete the preventative harm initiative - online defensible documentation on 6 April 2023.

Requirement 3(3)(d) HCP

The Assessment Team reports that Approved Provider did not demonstrate that they consistently recognise and respond to deterioration in a timely manner, for consumers’ who experience changes in their condition or are at risk due to their vulnerability. In relation to consumer 5 (HCP L4) who has advanced cognitive impairment and her diagnoses includes Diabetes mellitus Type 2 requiring insulin administration. The current care plan dated 2 April 2023 cites consumer 5 requires insulin administration four times per day administered by her son. The care plan, which describe previous issues with hypoglycaemia and a letter to the general practitioner on 5 October 2022 identifies consumer 5’s vulnerability and diabetic episodes. The care plan although not recording dates describes the consumer and her son (who is also identified as Diabetic) were both found unconscious on at least one occasion previously.

However, there is no risk identification recognised by the service. There is no diabetes management plan or hypoglycaemic management plan to guide staff when working at the home. Support advisors have not raised diabetes management as a risk factor. A staff member who cares for consumer 5 when she attends social support program at the service once a week, stated that they no longer assist consumer 5 with her insulin administration, however, could not find a document trail or timeline providing how those instructions were verified. Medication charts kept at the social support program showed 2021 orders citing sliding scale insulin orders, however no updated current profile was available. In addition, staff said they performed blood glucose readings when required on this program, however there were no hypoglycaemic management plans available to guide staff.

The support advisor did not know consumer 5 received insulin at lunch time and agreed the care plan cites she receives insulin four times per day. Following the Assessment Team discussing this with management, the support advisor was able to organise an updated copy of the medical practitioner’s orders, which cite that consumer 5 is now receiving insulin once a day every morning, administered by her son. Staff said there were no diabetes management or hypoglycaemic plans available to guide practices. They said they would just call an ambulance if something occurred in their presence.

The available information also describes consumer 5 as sleeping in her lounge room as she cannot bear the cold in her bedroom. An occupational therapy assessment was conducted for the purchase of a recliner chair to enable consumer 5 to sleep more comfortably in the lounge room. However, there is no record of plans or discussions to minimise the risk related to consumer 5’s vulnerability due to lack of heating in her bedroom. Management stated there were improvement opportunities identified in relation to diabetes management both for home care and those consumers also accessing social support programs at the service.

In response to the Assessment Team’s report the Approved Provider states as per above there are a number of key changes currently occurring within the programme which will support this process, 1 assessment and care Planning changes, with multiple resources, 2 development of pathways for standards care particularly in relation to vulnerable consumers, 3 education opportunities, refer to education opportunities for staff attachment 21, 4 comprehensive review of brokered arrangements, with arrangements to include routine feedback process in relation to, 5 recent implementation of new care incident and feedback reporting processes, 6 education regarding documentation.

However, the key response to issues and changes in consumers’ needs will be the changes to the documentation process on software TSM. Changing how information is documented allows for real-time reports. Support advisors will be able to run reports relating to their own consumers. Departmental managers will be able to provide real-time oversight and ensure gaps or potential delays in care are resolved and audit for comprehensive compliance with processes operational lead will be able to process trending data reports for executives, operational and board subcommittees, and the board, to inform care delivery. Implementation data is currently planned for 13 April 2023 it is anticipated it will take three months to embed the process. This will allow for production of reports similar to current instant reports. Refer to attachment 15.

In considering the issues raised, I note that the Provider has indicated that it had recently introduced the Edmonton Frail scale into its suite of validated assessment tools. Unfortunately, a copy of the scale was not in the documentation sighted by the Assessment Team however, it is pleasing to note it is now being used. It is also noted that when a support worker reported that consumer 5’s feet were swollen, a support advisor then assessed the feet as ‘appearing to have reduced’. In its response the Provider has not indicated if the support advisor had the skills, qualifications or knowledge to make that assessment. Although it its response the Provider has supplied a chronology of services that it has supplied to consumer 5 and it would appear that it has met its obligations to her. It is noted that the Provider has articulated a number of improvements both in processes including, staff skills and training, however, these initiatives are very much a ‘work in progress’.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider is not complying with Requirement 3(3)(a), Requirement 3(3)(b) and Requirement 3(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services was not assessed as the Provider does not provide these services to CHSP consumers.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the seven specific requirements have been assessed as non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is providing services and supports for daily living that optimise consumers’ independence, health, wellbeing and quality of life. Consumers are being supported emotionally, spiritually and psychological wellbeing. Consumers are being assisted consumers to maintain social relationships and interests and making referrals as appropriate. A variety of meals are being provided to consumers in social support settings to the satisfaction of consumers.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing a welcoming environment that supports each consumer’s sense of belonging, independence and function whilst providing a clean, well maintained and overall safe environment. The furniture and fittings are clean and safe, well maintained and suitable for consumers and reviewing the use of hydronic heaters to improve overall safety.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as three of the three specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service has not been assessed as the Approved Provider does not provide these services to Home Care Package consumers.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| 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 |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing information about making a complaint, compliments or providing feedback. Information brochures are also provided on advocacy and interpreting services as part of the information pack.

However, the Assessment Team Reports that the Approved Provider is not ensuring action is taken in response to complaints and an open disclosure process is used. Nor is it ensuring complaints and feedback are used to improve quality of care and services.

Requirement 6(3)(c) HCP and CHSP

The Assessment Team reports that the Provider could not demonstrate that action is taken in response to complaints and an open disclosure process is used. While the majority of consumers interviewed stated that they were happy with services and had no complaints one representative was not happy with the complaints process. A review of the complaints and feedback register provided identified mainly compliments about staff and support workers.

Management discussed the complaints process and stated that there is no single repository for capturing consumer feedback. At present, feedback is captured through surveys undertaken quarterly. While the service has an open disclosure policy and process the service could not demonstrate that open disclosure processes are being used in relation to complaints and feedback. Consumer 2’s (HCP L4) representative said they had many concerns regarding how a support worker was delivering a personal care services to their mother and they raised this with the service on four occasions. The representative stated at that one occasion the support worker was late and he informed the service.

Notes in the Living at home database document his concerns for two occasions not the four he stated. A complaint about a support worker being rough while providing personal care to his mother was documented as an incident and reported via the Serious incident response scheme (SIRS). The representative stated that no one had called his mother or apologised to her about the incident and the complaint that was made. The complaint has now been escalated by him to the Aged Care Quality and Safety Commission’s complaints team. Management stated that in hindsight they should have visited Ms Smith when she was in respite care to discuss issues with her and undertake a reassessment of her condition subsequent to receiving the complaint.

In response to the Assessment Team’s report the Approved Provider states regarding the specific example relating to consumer 2 provided as evidence of deficiency. On three separate occasions, 16 December 2022, 12 December 2022 and 14 December 2022 the organisation has had contact with consumer 2’s son regarding his allegation. All open disclosure forms were completed on 16 December 2022. Consumer 2’s son was offered support via the Elder Rights Victoria. Although he declined initially using the service, he later changed his mind. On 2 February 2023 further discussion occurred with consumer 2’s son advising, Lyndoch Living had received the SIRS team at age care quality Safety Commission confirmation that the serves notice had been reviewed and had been closed. Consumer 2’s son was provided with the SIRS notification reference number.

In hindsight the Lyndoch Living should have seen Consumer 2 whilst in residential respite, however the organisation is also mindful of the objective of residential respite. The consumer is well known to the respite provider, and she has a positive relationship with the staff. The consumers son is reluctant for anyone to have contact with his mother without his presence. Elders rights Victoria have had a similar experience. It is Lyndoch Livings understanding that consumer 2’s son will not consider the issue resolved or investigated fully until the alleged perpetrator is dismissed.

This instance is now subject to a Police investigation, as well as formal complaint with the Age Care Commission. The incident investigation and response to consumer 2’s son’s complaint continues to be independently managed through the living at home department. The department responsible for personal care workforce within the community. This is to ensure consumer 2 and her son continue to have independent advocate within Lyndoch Living, in the form of her support advisor, evidence attachment 23.

Requirement 6(3)(d) HCP & CHSP

The Assessment Team reports that the Approved Provider could not demonstrate that it has a process to capture complaints and feedback and use the information to improve quality of care and services. The complaints register provided by the service identified only compliments on the register. However, at the Quality Audit at least three separate complaints were identified and discussed with staff and management.

Discussion with management identified that the service does not have a clear process to ensure all feedback and complaints are captured in a complaints and feedback register. The service has a risk management register however not all complaints are logged in the risk register. It was identified that the 3 teams supporting home services consumers ‘HCP’, ‘CHSP’ and ‘Living at home’ capture and document feedback and complaints in various formats.

The ‘Living at home’ inhouse support worker section manages feedback, complaints and incidents. These are documented in their electronic database and information is forwarded to the appropriate HCP support advisor or CHSP coordinator via email. Support advisors of the HCP team at interview stated any feedback they receive via email from the Living at home team is logged into the consumers file and actioned as appropriate. The information goes to the individual support advisors’ email not the ‘home care’ generic email that can be accessed by all home care support advisors and managers. The CHSP program actions feedback and complaints as received. A file note may or may not be put in the consumer’s electronic file.

Staff from all the HCP and CHSP programs stated that complaints are recorded in the consumers electronic files, investigated, actioned and closed however, the feedback or complaint does not get reported in the complaints risk register.

Support workers report feedback and complaints however, these were not noted in the consumers electronic file, but in the ‘Living at home’ rostering database. The organisations complaints risk register did not identify any complaints or feedback from the organisation’s community (HCP, CHSP and Living at home) teams.

Feedback and complaints may be actioned, investigated and resolved however, management are unaware of the complaints and are therefore unable to trend complaints.

Management stated that they trend complaints and feedback through surveys and provided the summary report of a recently completed survey.

* Consumer 5’s representative complaint about requiring additional respite is not noted in the complaints register.
* The complaint about a staff member reported by Consumer 2’s representative is not on the consumer file, or the organisation’s complaints risk register however, it is on the ‘Living at home’ feedback register. It has also been documented as a serious incident in the risk management system.
* Staff discussed consumer 6’s feedback about the support workers not heating the meals. This feedback is recorded in the consumer’s file. However, it is not in the complaints register.
* The feedback from a consumer accessing CHSP services about the quality of the linen in the overnight cottage was not documented. However, actions to rectify the issue were implemented. Management stated the service has identified the gap and are in the process of implementing a new consumer electronic database that will capture all consumer information in one location and management will be able to extract reports and trend complaints and feedback.

In response to the Assessment Team’s report the Approved Provider states as highlighted in report, the majority of consumers interviewed stated that they were happy with this service and had no complaints. Consumer feedback is managed well at a local level, however we acknowledge that the organisation does not have a single repository allowing for the trending of information and managerial oversight.

Lyndoch Living was able to identify the primary complaints including home care package statements, specifically the itemisation of statements, cancellation of shifts services secondary to workforce issues, consumers unable to contact support advisors or service delivery, and inclusion exclusion of home care packages. In addition, the organisations previously submitted continuous improvement plan had identified the ongoing work associated with home care package statements. Included in this is an example of the progress made towards this project, Attachment 25.

Lyndoch Living recognises the current complaints and feedback system, riskman, does not reflect the needs of community services. Immediate action has been taken to resolve this situation. All home care package and CHSP programme coordinators and living at home custom solution staff have had orientation to the process changes and completed the Aged Care Living Information Solutions training - standard 6 - complaints of feedback, refer to attachments 21 and 22.

Immediate changes to how information is documented within clinical software (TCM) has been implemented and this now allows for monthly trending reports to be completed. Refer to the example attached. This allows for emailed communications and feedback from both internal and external providers to be immediately logged and tracked this information can be reviewed by the respective department managers providing key information including. This information will also layout for training of data and feed into the existing community services manage meeting full, clinical risk committee, senior leadership meeting and board subcommittees as identified refer attachments 16,17, 26.

Changing policy and procedures related to instance and feedback requires going through our formal approval process. A draft procedure has been developed and will be presented at the April 2023 clinical risk committee meeting for further feedback. It is important to note in this area will affect other organisational policies and is likely risk man will continue to be part of the feedback and complaint system at Lyndoch Living.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. The Guidance states, in part, that the Provider is to have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. I could locate in the Guidance where there is a requirement for this system to be within the one database.

I am of the view that a Provider can still meets its obligations under this Standard through the use of a number of different databases as long as it has sufficient policies, procedures and ongoing training to ensure its workforce is aware of the procedures and is capable of using the system effectively. It is clear that the Provider has identified areas of improvement and implemented strategies to address these issues. It has also placed those areas in its Plan for Continuous Improvement.

Having regard to the Assessment Team’s report, comments made by the Approved Provider at the time of the audit, the Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider is now compliant with the Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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

Findings

The Assessment Team reports that the Approved Provider is ensuring ongoing recruitment processes are in place to enable consumers receive care and services to meet their goals. In addition to this, staff and support workers are kind caring and respectful of consumer needs. The workforce have qualification to perform their roles effectively. Ongoing training is delivered to staff to support the outcomes of their roles. In house staff and support workers are being monitored and have supervision and performance management if necessary. However, the Approved Provider is not monitoring subcontracted support staff in relation to their performance, training and ensuring that their probity checks are current.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Approved Provider has complied with requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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

Findings

The Assessment Team reports that the Approved Provider has implemented a consumer engagement committee and ensuring the Board of governance is provided with reports to make informed decisions about community services delivered. The Provider has a clinical governance processes monitor and manages antimicrobial stewardship and restrictive practices. However, the Provider is not ensuring the service has effective governance systems to manage information, financial accountability, workforce monitoring, regulatory compliance and feedback and complaints. It is not ensuring effective risk management strategies to manage high impact high prevalence risks, elder abuse and incident management.

Requirement 8(3)(c) HCP & CHSP

The service did not demonstrate organisational wide governance systems to monitor processes such as information systems, regulatory compliance, financial management, workforce governance, feedback and complaints.

Information management

The service did not have a consistent approach to monitoring and documenting of consumer information. The community services program consists of the (HCP) home care packages team, (CHSP) Commonwealth home support program team that includes cottage respite, day centre activities, in home respite and the Lyndoch ‘Living at home’ support worker team. Each of the teams document information in a different database or hard copy file. As information about consumers is documented in separate databases staff including HCP support advisors may be unaware of the issues or changes in the consumers who are also receiving CHSP or full cost recovery social support and overnight respite services. Information on assessments and care plans or reviews undertaken in one program may not provide or translate to all programs.

Support worker feedback in deterioration, falls or incidents are recorded in the ‘Living at home’ database and it is not accessible to HCP support advisors or CHSP coordinators and support workers at the day and overnight respite centre unless an email is sent to the staff of the program.

Information in the consumer listing provided to the Assessment Team identified inconsistencies in services provided to consumers. For example, consumer 4’s name is misspelt in the HCP consumer listing. Her changes in diabetes and insulin information at the overnight cottage is not provided to the HCP team by the CHSP team. Complaints, feedback and incidents may or may not be documented in one or more of the consumers files.

Continuous improvement

The service demonstrated continuous improvement currently being undertaken. To support consumers with understanding the new legislation on included and excluded items, support advisors were provided with training and consumers are now being assisted to understand what can and what cannot be delivered through the home care package funding. The service is reviewing its consumer electronic databases and looking at implementing a new user friendly database that will support the capturing of complaints, risks and have all consumer information in one platform. The service has recently implemented a new Home Care Package review process that is currently under trial. The service will review and consider a standardised assessment if feedback suggests it is not capturing consumer needs.

Financial governance

The service was unable to demonstrate that monthly statements provided to consumers are itemised and easy to understand. The service had identified that monthly statements being provided to the consumers are not itemised. The manager finance and risk is reviewing the monthly statements to ensure the consumers are provided with easy to understand itemised statements. Consumer 3’s (HCP L3) monthly for the month of January 2023 shows a summary statement of invoices dated 26 January 2023 for personal care $435.00 and homecare services of $1,102.50. There is a second page that shows a breakdown of services but it does not identify what service was delivered, when it was delivered and for how long. The date for all the 22 services provided is the 26 January 2023 with differing figures that state either homecare services or personal services.

Workforce governance

Due to changes in the fee structure regarding the SCHADS the CFO is reviewing and updating subcontracted provider agreements. The service could not demonstrate that the service is monitoring services delivered by subcontracted services. For example, consumer 3 (HCP L4) was receiving district nursing services and there was a reported falls incident that happened when the nurse was visiting. This was reported by a support worker for ‘Living at home’ who attended the consumer later in the day. However, the support advisors were unable to access any information about the incident from the district nursing service. The support advisors were unaware that nursing services were being provided to consumer 3.

As monitoring of subcontracted services does not take place the service could not confirm consumer satisfaction with subcontracted services. Feedback and reporting on consumer deterioration, incidents, wounds and falls may or may not be reported. Subcontracted staff probity checks including immunisation and access to training is not monitored regularly to ensure the mitigation of risk to consumers.

Regulatory compliance

The service could not demonstrate that changes in legislation and regulatory compliance were consistently actioned to meet regulatory compliance. The Assessment Team identified through consumer and representative interviews and consumer file reviews that when a consumer transitions from one level of a home care package to another level, a new home care agreement is not always completed. Emails from My Aged Care informing of a consumer moving to a higher or lower level home care package (HCP) does not trigger the signing of a new home care package agreement for the new package level assigned. A reassessment of the consumer to capture changes in care needs is not undertaken, however a care plan and budget review is undertaken. Support advisors stated that they were unaware that new agreements are to be completed even though this is identified in the email from My Aged Care. For example, Consumer 8 signed an HCP level 2 agreement and commenced services a 1 November 2021. My Aged Care assigned her an HCP level 4 on 4 October 2022 a new agreement identifying the change in funding was not signed by consumer 8. A reassessment of care and services was not undertaken however, a new care plan and budget were discussed with her.

The Assessment Team was provided with a letter and amended information that has been sent out to consumers informing them of the changes to package management and care management fees. Information on the new Code of Conduct for aged care was also provided to the consumers.

In response to the Assessment Team’s report the Approved Provider states:

Information management

In July 2023, Lyndoch Living has scheduled to commence a significant project to upgrade its current electronics software system. The objective is to transition all community services programmes at Lyndoch Living into one system. At present, the organisation is working across three separate software systems, as well as paper based files within each department. The intention is for all our CHSP and HCP programmes to have transitioned by 1 March 2024. The changes to recording process of incidents, feedback and complaints, will also assist with ensuring consistent approach across the division between programmes. In addition, interim support under development is documentation guidelines for utilisation across the division, with a complimentary audit process.

Financial Governance

Improving consumer statements has been an ongoing joint project between the home care package team and the finance department since September 2021. Attached is an example of the new statement due to go live in the April 2020 three statements. This is not the final product as there will be ongoing refinements and improvements as a result of regulatory changes and consumer feedback. Refer attachment 25.

Workforce Governance

A comprehensive review of all its broken agreements with subcontracted services. The executive leading this project is the CFO. The objective of this process is to improve governance and communication, create a more consistent feedback loop and ensure audit assurance processes are built in. This specific incident referenced is currently under further investigation with the operational lead for the division, which has been delayed by the district nursing manager taking leave.

Regulatory Compliance

In addition to brokered agreements, the consumers individualised home care package agreement is currently under review by the CFO. As an interim measure, when a consumer's package is upgraded, a copy of the My Aged Care email confirming the package upgrade, a copy of the package and care management charges provided by Lyndoch Living are given to the consumer. There is also documentation included on the consumers clinical file and with the finance department. The letter provided to the assessment team and referenced in the report, specifically aligned with the legislative requirement linked to the 1 January 2023 changes to reduced administration and management charges. As per the guidance provided by HCP providers, responsibility was to provide written documentation to the consumer regarding any changes. Feedback provided at the exit meeting, implied the assessors were happy this document was compliant with guidance provided in relation to capped pricing charges. As highlighted in standard 2 and standard 3, there have been recent changes to the review process. This will ensure the re-assessment processes are completed as part of home care package upgrades.

Feedback and Complaints

As outlined in the response to Standard 6, a number of actions have been taken to immediately improve feedback and complaint recording and reporting. This information will be presented monthly to the community services and senior leadership teams, as well as relevant organisational committees for example clinical risk. Training data will also be provided to the board via the different board subcommittees on quarterly basis.

Requirement 8(3)(d) HCP

The Assessment Team reports that while the Approved Provider has a risk framework and risk matrix to support the audit and risk subcommittee to manage and monitor risks in the organisation, the service could not demonstrate processes for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

In relation to managing high impact or high prevalence risks associated with the care of consumers, management said these risks are identified through assessment and care planning processes and through the incident reporting system. However, risks associated with the consumer’s individual condition and health history are not always identified or consistently documented in care/service plans to inform care provision where contracted service providers are involved. For example, Consumer 3, who was receiving district nursing services for wound care, sustained a fall while the district nurse was in attendance. However, the support advisor stated they had no knowledge that district nursing was even attending for wound care until the fall was reported by a ‘Living at home’ support worker. Consumers with insulin dependent diabetes and at potential risk of hypoglycaemia or hyperglycaemia do not always have diabetes management plans in place. In relation to identifying and responding to abuse and neglect of consumers, management could not demonstrate that effective systems are in place to support consumers when suspected abuse and neglect is identified.

While staff inform management of any changes in the consumer’s condition or environment and participate in abuse and neglect training, the services could not demonstrate timely and effective actions were taken to manage the investigation of and response to a serious incident. The complaint regarding support workers treatment of consumer 2 (HCP L4) did not evidence effective actions such as reporting to the police took place and statement of evidence of consumer outcomes.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice and sense of self. Staff described ways they support consumers to live their best life, including asking their preferences for care and services and providing services that meet their goals. Feedback from consumers and representatives was that they can access activities of their choice by attending the social support group and undertaking activities that they enjoy. In relation to managing and preventing incidents, they could not demonstrate that the risk management software system in place for the recording of incidents is effective. The software system is accessed by business manager ‘Living at home’ or support advisors to document incidents including those reported by the support worker providing services to consumers. Support workers report incidents via phone and/or email and staff enter the information into the risk database. Incident data documented in the risk register for consumer 3 (HCP L4) and consumer 2 (HCP L4) could not demonstrate timely and effective actions were taken to manage the investigation of the incidents. Refer Standard 3(3) (b, d) and statement of evidence of consumer outcomes.

In response to the Assessment Team’s report the Approved Provider stated as outlined in the response to Standards 2 and 3, a number of actions have been taken in this space to immediately improve the recording and reporting of incidents and vulnerable consumers. These process changes will allow for monthly reporting at the community services and senior leadership team meetings, as well as relevant organisational committees for example clinical risk. Trending data will also be provided to the board via the different board subcommittees on a quarterly basis.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states that Purpose and Scope of this Standard is, in part, to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Standards.

In relation to requirement 8(3)(c) the Guidance states that the intent of this requirement is ‘Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. In reviewing the evidence in relation to the non-compliances in this requirement, I took a holistic view and considered the Provider’s proactive approaches to the identified non-compliances, where it had taken immediate action to rectify the issues and where it was planning to implement, policies, processes and strategies. In that regard I am of view that the Provider has not complied with the workforce governance and regulatory compliance components of requirement 8(3)(c).

In relation to requirement 8(3)(d) the Guidance states that the intent of this requirement is ‘Organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it’s affecting consumers’. The Standard requires a provider to have ‘effective risk management systems and practices. In its response to Standards 2 and 3 the Provider has already amended the Consumer Directed Care Plan by adding the Home Care Packages Routine Care Plan review, the Home Care Packages Planning Resources Edmonton Frail Scale, Falls Risk Screening for Older People and the Home Care Packages Hospital Discharge Planning Tool.

However, an important aspect of achieving compliance with the requirement is the fact that the Provider needs to have well defined and established lines of communications with all of its workforce includer brokered arrangements with subcontracting organisations. I note that the CFO is currently reviewing all brokered agreements, unfortunately this work does not appear to have been completed. In that regard I am of the view that the Provider has not complied with this requirement 8(3)(d).

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

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the four applicable requirements has been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

1. The preparation of the performance report is in accordance with section: s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)