**Performance**

**Report**

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| Name: | Mackay District Home Care Service |
| Commission ID: | 700731 |
| Address: | 40 Carlyle Street, MACKAY, Queensland, 4740 |
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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.

# Service included in this assessment

Commonwealth Home Support Programme (CHSP) included:  
Provider: 7499 Mackay Hospital and Health Service  
Service: 26063 Mackay Hospital and Health Service - Care Relationships and Carer Support  
Service: 26062 Mackay Hospital and Health Service - Community and Home Support

**This performance report**

This performance report for Mackay District Home Care Service (**the service**) has been prepared by J Durston, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 13 February 2024
* the provider’s response to the request for information under s67 of the Aged Care Quality and Safety Commission Rules 2018 received on 28 May 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **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 | **Not 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.

**Standard 2 Requirements 2(3)(a), 2(3)(b) and 2(3)(e)**

* Ensure care plans are comprehensive, updated and include consumers’ needs goals, preferences, and risks and risk mitigation strategies.
* Ensure care plans contain individualised goals for each consumer.
* Ensure the care and services of consumers are regularly reviewed for effectiveness, and when circumstances change and incidents negatively impact on consumers.

**Standard 3 Requirements 3(3)(b) and 3(3)(e)**

* Ensure there is ongoing monitoring and review of consumers’ care and service needs and staff are educated in the identification, management and escalation of change or deterioration in consumers’ condition.
* Ensure all staff involved in the care of consumers are aware of their current needs, risks, goals and preferences, especially where the staff may be unfamiliar with the consumer.

**Standard 8 Requirement Requirements 8(3)(b) and 8(3)(d)**

* Ensure there is a system to record consumer incident and risk information to ensure trends are monitored by management and accurately reported to the governing body for strategic action and mitigation.
* Ensure there is a system to update care plans with new information identified in clinical review meetings regarding consumer risk, needs and preferences.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard has been assessed as compliant as six of the six specific requirements are compliant for the service.

The Assessment Team found consumers are treated with dignity and respect. All sampled consumers advised they felt valued by staff and staff are kind, gentle, respectful and understand their background, circumstances and preferences. One consumer said staff enable them to take control over the level of domestic assistance provided. Staff interviewed demonstrated how they treat consumers with dignity and their awareness of the unique identity of each consumer. Care and service documentation evidenced the service has a consumer centred approach to delivering services.

The Assessment Team found care and services provided are culturally safe. Consumers said staff understand their needs and preferences and deliver services that make them feel safe and respected. Management and staff provided examples of how services are tailored to meet individual needs and preferences to ensure inclusive care and support. Staff mentioned that during the assessment process, information is collected, including any specific cultural requirements, to tailor services to consumers.

In their response to the Assessment Team report the provider advised the service gathers information related to indigenous status and cultural status at point of entry to the service. The service offers linkage with the Aboriginal and Torres Strait Islander Health Unit, Hospital Liaison Service, Community, Health Workers to consumers identifying as Aboriginal and/or Torres Strait Islander. The Lagoona - First Nation CHSP consumers with complex needs are referred to nurse navigator services who can then link them with services appropriate to their needs. The service also liaises with Footprints Care Finder. The service has a mandatory Cultural Practice Program supported by an organisation-wide training program with 79% compliance, and the organisation also has a Cultural Capability Framework.

The Assessment Team found consumers are supported to exercise choice in their care decisions. Consumers advised the service supports them to make their own decisions about their care, fosters their independence, and encourages them to engage with important people in their lives. Management and staff demonstrated an understanding of each consumer’s communication needs, choices and preferences and how they guide consumers to make informed decisions about their care.

The Assessment Team found the service supports consumers to take risks in order to live their best life. Consumers said staff actively listen to them, understand their priorities and respect the choices they make. Staff and management were able to explain how they support consumers to lead the lives they choose while supporting them to manage risks. One consumer advised the service offered to make their bed because of their bad back, but they declined and insisted on doing it for their independence. The consumer confirmed the service spoke to them regarding the risks involved.

The Assessment Team found consumers stated they receive information that is clear, in a format suitable to their needs and enables them to make choices about their care and services. Consumers advised on commencement they are provided with information including, care planning documentation, complaint procedures and advocacy services, translation services, a service plan, and the Charter of Aged Care Rights; and the information is updated to reflect changes in care and services.

The Assessment Team found consumers’ privacy is respected and their personal information is kept confidential. Consumer information is stored securely in an electronic data base with role specific access protected by passwords and paper documents are securely stored in cabinets. Consumers confirmed care staff respect their personal privacy and staff were able to explain how they ensure they protect the privacy and confidentiality of consumer information. Care documentation included individualised instructions for maintaining consumer privacy while providing personal care.

In their response to the Assessment Team report the provider stated they agreed with the findings for this requirement.

* Accordingly, I find the service compliant in all Requirements in Standard 1.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | Not 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. | Not 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 |
| 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 |
| 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. | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as three of the five specific requirements are non-compliant.

**Findings of non-compliance**

The Assessment Team found the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services for all consumers. Key risks and risk mitigation strategies were not consistently identified and documented in sampled care and service plans. Information captured on some care plans was minimal and did not reflect the breadth of the consumer’s needs and did not consistently include relevant information regarding each consumer’s health conditions. This was evident across several requirements in the report. The My Aged Care assessment for one consumer noted that the consumer stated they had recently ‘passed out’ due to their blood pressure and the consumer often becomes breathless, requiring them to sit and rest frequently while performing tasks. Their care and services plan dated April 2019 did not contain any information about these risks or risk mitigation strategies to support care staff in understanding the consumer’s needs. Nor did the care plan confirm if the risks were current for the consumer.

In their response to the Assessment Team report the provider did not refute the Assessment Team’s findings and supplied a PCI with an action to ensure consumer care and service plans will include wellbeing and risk assessment documents to be reviewed and implemented, and that care plans contain updated information reflecting changes in consumers’ health needs. I acknowledge the actions outlined in the PCI demonstrate the provider’s understanding of the issues to be addressed. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 2(3)(a).

The Assessment Team found the service did not demonstrate assessment and planning identifies and addresses consumers’ current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Staff providing shopping assistance advised they are provided some information on their roster about consumers’ care needs, but it does not include information on consumers’ mobility needs such as requiring a wheeled walker. Staff said they ask each consumer if they require a mobility device prior to leaving their home. The care plan for one consumer did not contain current information about their risks and care needs, including the consumer’s falls risk and balance issues associated with living with Parkinson’s disease. The plan stated the consumer was independent with personal care, which was not consistent with a case note dated more than 6 months earlier that stated the consumer’s representative had contacted the service to advise the consumer’s condition had deteriorated and they required assistance with dressing due to balance issues, hand tremors and a noticeable shuffle. However, the Assessment Team found the care plans for other consumers contained specific information about vegetarian preferences and foods to avoid, and preferences in relation to cleaning tasks to be completed such as sweeping and mopping the veranda.

Management said care staff attend the initial care planning meeting which enables them to be aware of consumer risks and care needs, and they conduct a follow-up phone call to consumers after they have received 3 services to ensure supports are meeting their needs.

In addition, Management said they do not consistently ask CHSP consumers about advance care planning, as they are aware that the hospital service supports people with these matters when they are hospitalised.

In their response to the Assessment Team report the provider agreed with the Assessment Team’s findings and supplied a revised plan for continuous improvement (PCI) with actions to address the key issues identified in its services. I acknowledge the actions outlined in the PCI demonstrate the provider’s understanding of the issues to be addressed. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 2(3)(b).

The Assessment Team found CHSP services did not demonstrate care and services are regularly reviewed for effectiveness, when circumstances change or when incidents impact on consumers’ needs, goals and preferences. The service advised their CHSP care plan reviews were not up to date. Management advised they are in regular contact with consumers and they communicate changes in consumers’ condition impacting service delivery to care staff. However, this information is not consistently reflected in updated care plans. One consumer’s care plan was dated April 2019. Progress notes recorded a review was undertaken in January 2024 and was completed during the current quality audit indicating the review was 4 years overdue.

In their response to the Assessment Team report the provider did not refute the Assessment Team’s findings and supplied a PCI with an action to recruit more care coordinators and care workers to address the backlog of documented reviews. However, I consider it will take time for this improvement to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 2(3)(e).

**Compliant findings**

The Assessment Team found the service demonstrated assessment and planning is based on an ongoing partnership with consumers and representatives, and that input from other care and service providers is consistently acted upon. Consumers advised they participate in the planning and review of the services they receive. Consumers also reported they can choose who they wish to be involved in their care and services, their preferences are respected, and care and service delivery is coordinated accordingly. Management described how they partner with other individuals and services in assessment and planning and communicate regularly regarding consumers’ changing needs.

The Assessment Team found the service did not demonstrate the outcomes of assessment and planning are effectively communicated to consumers, consistently documented in a care and services plan they can access, and where care and services are provided. Consumers confirmed they had received a copy of their care and services plan, and that they are located in their homes.

In their response to the Assessment Team report the provider supplied additional information in relation to this requirement. The provider advised care plans are written in consumers’ language to ensure they can understand their plans. The provider stated a paper version of the care plan document is completed and left with the consumer so they and/or their representative have access. Consumers are encouraged to keep their care plan in an accessible place and to refer to it throughout services delivered.

Having considered the evidence in the Assessment Team report and the provider’s response. I place more weight on the additional information supplied by the provider in relation to translation of care plans into consumers’ language and providing hard copy of the care plan at point of service in the home. Therefore, I have concluded the service is compliant in this requirement.

* Accordingly, I find the service compliant in Requirements 2(3)(c) and 2(3)(d).

# Standard 3

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| Personal care and clinical care | | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard has been assessed as non-compliant as two of the seven specific requirements are non-compliant for the service.

**Findings of non-compliance**

The Assessment Team found the service did not demonstrate how it effectively manages high impact, high prevalence risks associated with the care of each consumer. Each service has a vulnerable consumer list. However, the high impact and high-prevalence risks identified in these documents were not consistently documented on care and service plans, resulting in care provision that was not safe and effective for some consumers.

The Assessment Team found that in the absence of care and service plans containing important risk information the service did not provide timely identification, intervention and effective escalation for a consumer receiving CHSP services, when their condition significantly deteriorated over a three-week period. This resulted in their hospitalisation in September 2023 for ongoing falls and malnutrition. The consumer was later commenced on an HCP L3 in October 2023 (which is beyond the scope of the current audit). The service’s vulnerable consumer register states the consumer had several extended hospital admissions, was frail, lived alone and had no local family support. However, neither the consumer’s service plan dated 16 October 2023 (following the above hospital admission) nor their care documentation at the point of care included these risks or mitigation strategies.

Staff said they would be aware if a person was at risk of falls, due to internal discussions within the team, rather than that information being documented formally in a care and services plan. However, this communication process did not result in the provision of safe effective and timely care and escalation for the above CHSP consumer when their condition deteriorated. Further, I am not convinced new or relief staff would have access to adequate information on consumers’ risks prior to providing their care and services if it is not sufficiently documented in their care and services plan.

The Assessment Team found several examples of consumer care plans that did not contain information on assessed risks and mitigation strategies to effectively manage their health, safety and wellbeing. I have considered those examples in Requirement 2(3)(b).

In their response to the Assessment Team report the provider agreed with the Assessment Team’s findings and supplied a revised plan for continuous improvement (PCI) with actions to address the key issues identified in its CHSP services. I acknowledge the importance of the PCI action regarding the inclusion of risk and mitigation strategies in consumer care plans. However, I note that the PCI actions outlined for Standard 3, do not include review of the effectiveness of the service’s systems and processes for risk escalation and identification and management of deterioration that are also integral to the effective management of high impact high prevalence consumer risk.

* Accordingly, I find the service non-compliant in Requirement 3(3)(b).

The Assessment Team found the service did not demonstrate that information about the consumer’s condition, needs and preferences is effectively documented and communicated within the organisation, and with others who share responsibility for their care. Consumers and staff said care plans were available in consumers’ homes and care staff said they were aware of individual consumers’ needs and preferences. Consumers advised staff work well together to meet their personal and clinical care needs. However, the Assessment Team found gaps in risk information in care documentation at the point of care and inconsistencies in the quality of and how care and risk information is communicated to care staff.

Care staff advised they do not consistently receive a handover of all important information relating to consumer risks and care needs. Staff said they find out about consumer risks through internal discussions within the team, rather than from the care and services plan. I have considered this in Requirement 3(3)(b). The care plan for one consumer receiving CHSP domestic assistance did not include information from their My Aged Care (MAC) assessment regarding identified risks and mitigation strategies associated with their diagnosed high blood pressure. Requirement 2(3)(b) considered gaps in key information in care documentation at the point of care on assessed consumer needs, risks and diagnoses.

In their response to the Assessment Team report the provider agreed with the Assessment Team’s findings and supplied a revised plan for continuous improvement (PCI) with actions to address the key issues identified in relation to increasing accuracy and completeness of point of care consumer documentation and effective handover practices. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 3(3)(e).

**Compliant findings**

The Assessment Team recommended that the service demonstrated each consumer is receiving safe and effective clinical and personal care which is best practice, tailored to their needs, and their health and wellbeing is optimised. This was confirmed by consumers. One CHSP consumer in receipt of social work services through the CHATS service, advised the social worker supported them with grief and loss counselling after the loss of their partner. The consumer provided positive feedback about the social worker’s knowledge and said the support was targeted to their specific needs. Personal care plans are in place for all consumers receiving personal care and clearly outline the supports required by each consumer. Multi-disciplinary team (MDT) meetings between allied health clinicians ensure supports are appropriate to the consumer’s individual needs. Staff demonstrated a good knowledge of the consumer’s needs, goals and preferences and could describe how the service ensures care is tailored to the consumer’s needs. I have considered care and service plans lacking important risk information and the service not providing timely identification, intervention and effective escalation for a consumer receiving CHSP services in Requirement 2(3)(b) and 3(3)(b).

The Assessment Team found the service demonstrated the needs goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised and dignity preserved. Consumers sampled did not discuss palliative care specifically, however, they described how care and services provided to consumers preserve their dignity and maximise their quality of life.

In their response to the Assessment Team report the provider advised the service does not offer specific palliative care or end of life services through their CHSP service, but consumers’ end of life wishes are documented in consumer advanced health directive and enduring power of attorney documents. All registered consumers are provided with information about preparation for end of life wishes and are encouraged to have these documents in place. Consumer-directed service delivery allows for adjustments throughout service delivery relevant to consumer preference. Care Plans do not generally include end of life preference unless the consumer presents with a life-limiting illness (such as Motor Neurone Disease). The service has links with palliative care, voluntary assisted dying and end of life care services to which they can refer consumers.

The Assessment Team found the service demonstrated that deterioration or change in a consumer’s capacity or condition is recognised and responded to in a timely manner. Consumers described instances when care staff noticed, supported them and reported their deteriorated condition to management. All staff demonstrated an understanding of recognising, reporting and responding to consumer deterioration or changes in their health and well-being.

One consumer who receives domestic assistance, and lives with stage 4 emphysema, described how staff recognised they were not well and effectively supported them through a recent period of breathing deterioration. The staff identified the consumer’s shallow breathing and asked if the consumer wanted them to call an ambulance. The consumer said staff know them well and they had spoken with staff before about their condition, and the staff know the consumer would advise them if an ambulance was needed. The consumer advised staff respected their decision that it was not a critical incident and did not require an ambulance, they documented the incident, contacted their manager and sat with and supported the consumer.

The Assessment Team report described an example where the service did not demonstrate an effective identification and management of deterioration for a consumer who receives CHSP services, who was admitted to hospital following multiple falls incidents and weight loss. However, I considered this example in my finding for Requirement 3(3)(b).

While the Assessment Team report described an example where the service did not demonstrate an effective identification and management of deterioration for a consumer, on balance, it did not demonstrate systemic failure with this requirement. There is insufficient evidence to make a finding of non-compliance under this requirement on the basis of a single example.

The Assessment Team found the service demonstrated timely and appropriate referrals are made to individuals, other organisations and other providers of care and services. Consumer care documentation showed referrals to health professionals including, occupational therapists for a falls review and incontinence nursing services. This information is not consistently incorporated into care plans. Progress notes contain referrals and show involvement of other professionals in consumers’ care. Staff advised the service regularly refers consumers to other supports as needed, including vision support and specialist dementia and advisory services.

The Assessment Team found the service demonstrated minimisation of infection related risks through the use of standard and transmission-based precautions to prevent and control infection and practiced appropriate antimicrobial stewardship. Consumers confirmed they informed throughout the pandemic of the service’s COVID-19 infection prevention and control measures and changes as they occurred. Staff were able to describe practical ways to minimise the transmission of infections. Staff have completed COVID-19 training, and training and competency assessment in PPE donning and doffing. The service receives ongoing infection control updates from the Mackay Hospital and Health Service and communicates changes to staff and consumers. The Assessment Team observed staff and management wearing PPE masks when onsite at the 2 services visited.

* Accordingly, I find the service compliant in Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g).

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant as seven of the seven specific requirements are compliant for the service.

The Assessment Team found the service demonstrated each consumer receives safe and effective services and supports for daily living that meet their needs goals and preferences and optimise their independence, health wellbeing and quality of life. All sampled consumers confirmed the services and supports they receive assist them to maintain their independence and quality of life, and care documentation reviewed supported this. Staff were able to describe what is important to individual consumers and how they help consumers to do the things they prefer to do for themselves. Although consumer preferences are not consistently documented in care planning documentation, consumers all provided positive feedback about the service and how staff ensure their care and services optimise their health, well-being and quality of life.

The Assessment Team found the service demonstrated services and supports for daily living promote consumers’ emotional, spiritual and psychological well-being. Consumers confirmed this. Staff demonstrated an understanding of what is important to individual consumers and how they support their preferences. Care staff said if a consumer is feeling down, they take the time to have a conversation with them and listen. Staff said they report any concerns about a consumer’s emotional or psychological well-being to management who take the necessary action to manage the consumer’s health.

In their response to the Assessment Team report the provider advised the service’s consumer-centred goal setting and practice ensures consumer preferences and emotional, psychological and spiritual needs are identified and supported. For example, a consumer returning to attending Church on Sundays may require assistance from a physiotherapist for falls and balance/mobility, speech pathology for voice/communication and/or a psychologist/social worker for adjustment to changes and potential anxiety impacting on returning to these activities. Global clinical assessment by an allied health provider and o/r community nurse ensures assessment and monitoring of the consumer’s emotional and psychosocial status. Onward referral is made to a psychologist or social worker (with consumer consent).

The Assessment Team found the service demonstrated services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. Consumers said they are provided with opportunities for social interaction and social connection through the supports they receive. Management described how they have organised joint transport for one CHSP consumer who lives in a local rural town, to visit a friend on the day their partner who receives HCP services attends the respite day centre, and then transports both back home at the end of the day.

The Assessment Team found the service did not demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation and with others who share responsibility for their care. Care and service plans did not contain sufficient and consistent information about consumers’ condition, needs, background, interests and social activity preferences to inform effective social supports. However, the Assessment Team also found Care and service plans for domestic assistance consistently outline each of the tasks consumers would like to have undertaken and also outline extra tasks consumers would like completed if time allows. In their response to the Assessment Team report the provider agreed with the Assessment Team’s findings. However, the evidence on care planning gaps provided by the Assessment Team for this requirement has already been considered in Requirements 2(3)(a) and 2(3)(b). There is not sufficient additional evidence to substantiate a non-compliant decision for this requirement.

The Assessment Team found the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and their representatives said they are satisfied with the services provided by organisations they have been referred too. Management and staff were able to describe the process for making referrals to other organisations and individuals involved in the consumer’s care. Care documentation for CHSP consumers showed timely referrals made to external services with one consumer referred to a service provider to assist with severe constipation, mental health concerns and medical follow up after hospital discharge post-surgery.

The Assessment Team found the service demonstrated that where meals are provided, they are varied and of suitable quality and quantity. Consumers advised they were satisfied with the meals provided by the service, and those who received meals through brokered services confirmed the meals met their expectations and there was sufficient quantity and variety. Staff advised that consumers who receive meals in their homes have choice over what they receive.

The Assessment Team found the service demonstrated where equipment is provided it is safe and suitable and meets consumer needs. The Assessment Team found the service asks consumers to undertake assessments where there is an identified need for equipment to support their independence, safety and wellbeing. There are processes to ensure consumer owned equipment is clean, safe and suitable for use, and staff were able to explain how they address unsafe or ineffective equipment found in a consumer’s home. Management provided examples of care plans that included equipment cleaning instructions.

In their response to the Assessment Team report the provider stated they agreed with the Summary of Findings.

* Accordingly, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g).

# Standard 5

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| Organisation’s service environment | | 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. | 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard has been assessed as compliant as three of the three specific requirements are compliant for the service.

The Assessment Team found the service environment to be welcoming, easy to understand, and optimises consumers’ sense of belonging, independence, interaction and function. Consumers attend the centre for CHATS allied health services and a range of small group programs, such as balance classes. The Assessment Team observed the service environment to be welcoming. The waiting area has a bulletin board which displays information on sleep hygiene. Management advised each month the consumer education theme is changed.

The Assessment Team found the service was clean, easy to access and enabled consumers to move freely around the environment. There are effective systems and processes to ensure the environment is clean and well maintained, and there is a process to ensure maintenance/safety issues are reported and addressed in a timely manner to minimise risk to consumers, staff and visitors. Management noted recent refurbishments to the psychology consultation room in response to consumer feedback and planned refurbishment of a ‘breezeway’ to reduce the impact of extreme weather conditions to improve consumer comfort while waiting for appointments.

The Assessment Team found the service demonstrated that furniture, fittings and equipment such as exercise equipment in the main therapy room to be safe, clean, well maintained and suitable for consumer use. Management described the process for escalating equipment and hazard concerns, noting that the service utilises the maintenance staff from the Mackay base hospital.

* Accordingly, I find the service compliant in Requirements 5(3)(a), 5(3)(b) and 5(3)(c).

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard has been assessed as compliant as four of the four specific requirements are compliant for the service.

The Assessment Team found consumers, their family, friends and others are encouraged and supported to provide feedback and make complaints. Most sampled consumers said although they had not needed to make a complaint, they felt comfortable to do so if needed and would speak with staff or management directly regarding complaints or feedback. Consumers and representatives receive information about the complaint process on commencement. Management and staff described ways feedback is encouraged, including through welcome packs, surveys and service agreements. The service's feedback and complaints register showed consistent documentation.

The Assessment Team found the service demonstrated consumers are informed about and have access to advocates, language services and other methods for raising and resolving complaints. Consumers expressed they were comfortable to raise concerns or provide feedback to management and are aware of other agencies and advocacy and language services they could contact to assist if needed. Consumers said they received welcome packs on commencement, that contained relevant information on providing feedback and complaints. One CHSP consumer advised they received several brochures from the service about advocacy and language services and alternative methods for raising concerns including to the Commission. Staff also demonstrated an awareness and understanding of services to assist consumers to make complaints.

The Assessment Team found the service demonstrated appropriate actions in response to complaints, and an open disclosure process is used when issues arise. Consumers advised staff and management are responsive when concerns are raised. The service has a feedback and complaints handling process. Staff expressed their commitment to acknowledging, apologising, and resolving consumer concerns while maintaining confidentiality. The feedback and complaints register showed feedback and complaints with responses and outcomes.

The Assessment Team found the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives advised the service actively makes efforts and successfully implements changes to improve care and services based on feedback received. Management advised the service was utilising and incident where a consumer (CHSP) displayed behaviours of concern towards staff, to improve strategies used by the organisation to manage challenging behaviours. Management regularly report to the board and engage in discussions about feedback and complaints. In their response to the Assessment Team report the provider stated they agreed with the Assessment Team report findings

* Accordingly, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant for the service.

The Assessment Team found the service demonstrated effective workforce planning and deployment that enables the delivery of safe and effective services. Consumers reported staff are punctual and service delivery is not rushed. One consumer advised replacement shifts occur frequently but acknowledged the shortage of staff. Management noted there are ongoing challenges in recruiting suitable staff. Management discussed staffing strategies including recruiting some care staff without formal qualifications, with duties limited to domestic assistance. The service seeks consumers’ consent to use care staff without formal qualifications if there is a risk their service will be missed. The Assessment Team acknowledged the potential risk associated with the use of unqualified care staff, but concluded there was no evidence of negative impact for sampled consumers.

The Assessment Team found the service demonstrated that workforce interactions with consumers are kind, caring and respectful for each individual's identity and diversity. One consumer described their care staff as easy to get along with and they felt care staff understood them well. Management and staff were observed to speak with consumers in a respectful and caring manner. They demonstrated an understanding of individual consumers’ backgrounds, the people important to them and what they like to talk about.

The Assessment Team found the service demonstrated the workforce is competent and qualified to effectively perform their roles. Management explained selection criteria are used in the recruitment process including qualifications and knowledge requirements for each role. Staff confirmed they receive education and training and they receive regular prompts to complete mandatory training, renew police checks, insurances and professional registration. Management confirmed monitoring processes are also in place to ensure staff have current vaccination status and driver’s licences.

The Assessment Team found the service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the standards. New staff complete induction, orientation, mandatory training, buddy shifts, and competency assessments to ensure staff readiness for their roles. Both management and staff have access to online training resources, covering areas such as medication management, elder abuse, manual handling, infection control, and dementia awareness. Clinical staff, have completed additional clinical modules, including wound care and pain management. Requirement 7(3)(a) considered strategies the service has used to manage recruitment challenges and that consumers’ care and services have not been adversely affected.

The Assessment Team found the service demonstrated regular assessment, monitoring and review of staff performance. Sampled staff advised they had completed a performance appraisal with their direct manager in the last 12 months. Management use consumer feedback to monitor both staff and subcontractor performance and to address any concerns, and compliments are shared with relevant staff to recognise good performance. Management advised that they monitor brokered staff performance using regular email communications, monitoring processes, reviews and consumer feedback. In their response to the Assessment Team report the provider stated they agreed with the Assessment Team report findings.

* Accordingly, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d), and 7(3)(e).

# Standard 8

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| Organisational governance | | 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 |
| 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. | Not 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. | 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. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard has been assessed as non-compliant as two of the five specific requirements are non-compliant for the service.

**Findings of non-compliance**

The Assessment Team found the service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Sampled consumers expressed their confidence in management and the responsiveness of the service to their needs and preferences. The organisation has systems in place to ensure management oversight of service performance, safety and quality, including monthly reporting and clinical meetings. The CEO provides regular management reports to the governing body to enable effective governance oversight and decision-making, covering areas such as incident data, complaints and feedback, regulatory compliance, and workforce information and training.

In their response, the provider did not refute the findings of the assessment team. However, I am not satisfied there is sufficient evidence to support a finding of compliance with this requirement. While the assessment team was of the view the organisation has effective reporting systems to ensure effective oversight of service safety and quality, this is not consistent with information presented in other requirements. I have considered evidence in the Assessment Team’s report relevant to my finding which demonstrates systemic failure in relation to this requirement.

* Requirement 2(3)(b) referred to care planning documentation that did not consistently include all relevant information on each consumer’s current care needs, risks and mitigation strategies.
* Requirement 3(3)(b) described deficient care planning that negatively impacted clinical and personal care and services and as a result consumers’ health, safety and wellbeing.

There has been no evidence provided to suggest these gaps have been effectively addressed by service management or the governing body. In coming to my finding, I have considered the Assessment Team’s findings, information elsewhere in the Assessment Team’s report and the provider’s response, which does not demonstrate the governing body is effectively equipped and informed to be accountable for the delivery of safe, inclusive and quality care and services.

* Accordingly, I find the service non-compliant in Requirement 8(3)(b).

The Assessment Team found the service demonstrated effective risk management systems and practices. The organisation has a risk management framework to identify, assess and address consumer risks. Staff and management were able to explain the service’s incident management and reporting processes and procedures and training has been delivered to staff on the Serious Incident Response Scheme (SIRS).

In their response to the Assessment Team report the provider stated consumer risk and mitigation strategies are identified by clinical assessment and consumer-centred goal setting and monitored and managed via the care plan and ongoing multi-disciplinary team involvement and discussion. The provider advised that the electronic incident and risk management system used by the organisation is not used to identify risks to CHSP consumers’ care specifically. The provider stated CHSP consumers have care delivered in their homes. Risks associated with this are identified via a full work-place health and safety audit conducted prior to the commencement of services via a risk screen and risks identified are discussed with the consumer and an agreed plan to rectify the risks is developed. The provider also noted the service identifies consumers at risk (such as those at risk of neglect or abuse) in several ways, including through the medical officer/general practitioner, community nursing staff, family/friends and other CHSP staff, and at-risk consumers are discussed at the multidisciplinary meeting and actions are implemented from there. The provider supplied supporting documentation including the work health and safety checklist, a client risk notification form and a report from the risk management system on environmental issues.

Having considered the additional information supplied by the provider, it is clear that at this point its electronic risk management system is not being used to identify and track risks and incidents for its CHSP consumers. It appears that the main risk assessments conducted before the commencement of consumers’ services focus on the identification of work health and safety issues in relation to the consumer’s home environment, rather than health, safety and wellbeing risks for consumers themselves. I acknowledge there is a meeting where CHSP consumer risks are discussed but if consumer risks and incidents are not recorded in a centralised system trend analysis cannot be effectively undertaken and reported to management and the board to inform continuous improvement and strategic risk management and mitigation initiatives to prevent harm to consumers.

* Accordingly, I find the service non-compliant in Requirement 8(3)(d).

**Compliant findings**

The Assessment Team found the service actively engages and supports consumers in the development, delivery and evaluation of care and services. Consumers provided feedback on the methods used, including surveys and direct communication with staff and management, and noted their involvement in shaping service delivery to meet their needs. Management and described how the service consults with consumers and representatives on service delivery. Consumers’ service goals are communicated in their language. Consumers sign a Charter of Rights agreement, sited by the Assessment Team. The service conducts regular consumer and representative surveys, care reviews, and consumer feedback forms are available.

The Assessment Team found the service met 5 of the 5 sub-requirements. Regarding privacy and information management, consumer information, including medical detail and incident reports is only accessible to relevant staff, and all consumer files and data are securely stored on the password protected care management system. The Assessment Team found gaps in consumer care documentation at the point of care indicating there is not an effective system for integrating information on assessment, care planning, risk and incident information to be accessed across the service.

The service demonstrated effective systems to ensure the plan for continuous improvement is informed by consumer and staff suggestions, feedback, complaints. There is still a need for CHSP consumer risks to be entered on the risk management system to track trends, but this was considered in 8(3)(d). The plan contained documented actions taken, completion dates and resulting outcomes, demonstrating effective management and oversight.

The service demonstrated effective financial governance, including transparent reporting procedures for effective board consideration and oversight of financial matters affecting the quality of care and services. Consumers are kept informed about their funding allocation and use of funds.

The service demonstrated effective workforce governance with clearly articulated job roles and responsibilities. Staff members requiring additional assistance participate in regular meetings with their supervisors to discuss workload and current cases.

The service demonstrated effective governance of regulatory compliance updates. The Chief Officer of Allied Health monitors and disseminates information on regulatory changes from the Commission and the Department of Health to the team.

The organisation demonstrated it handles feedback and complaints in a fair, prompt, confidential manner. The service has an established system for logging, escalating, and tracking feedback and complaints on the incident management system, which can be linked with related incident and risk information.

The Assessment Team found the service demonstrated there is an effective clinical governance framework in place. It has an infection prevention team responsible for the management of safety and hygiene. Staff attend mandatory training on hand hygiene and correct use of PPE, and there is regular refresher training. The organisation confirmed it does not use restrictive practices and provides education on restraint to staff. Staff receive training on open disclosure and in instances where things go wrong, there is a commitment to addressing and rectifying issues.

In their response to the Assessment Team report the provider advised in relation to clinical governance, for identified clinicians and practitioners, the service has a system to credential and define the scope of clinical practice, and professional support for allied health professionals. The service also has policies and guidelines on anti-microbial stewardship, restrictive practices, communicable disease, COVID-19 and outbreak preparedness. The organisation-wide mandatory infection prevention and control training has a 92% compliance rate, and PPE donning and doffing training has a 74% completion rate. Regarding open disclosure, the provider advised clinical disclosure occurs in a timely manner, but formal open disclosure only occurs when approved by the Mackay Hospital and Health Services Commissioning Authority

I note that significant gaps in some care documentation regarding consumers’ risks to their health safety and wellbeing at point of care does not reflect a robust clinical oversight of the quality and consistency of care and service plans. However, this issue was considered in Requirements 8(3)(c) and 8(3)(d). On balance there is sufficient evidence to make this requirement compliant.

Accordingly, I find the service compliant in Requirements 8(3)(a), 8(3)(c) and 8(3)(e).

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)