**Performance**

**Report**

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| Name: | Melbcarlton Home Services |
| Commission ID: | 301120 |
| Address: | 161/480 Lygon Street, CARLTON, Victoria, 3053 |
| Activity type: | Quality Audit |
| Activity date: | 8 October 2024 to 10 October 2024 |
| Performance report date: | 21 November 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8729 Melbcarlton Family Day Care Pty Ltd  
Service: 26942 Melbcarlton home and community care

**This performance report**

This performance report has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 9 November 2024

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not assessed as the service does not provide care** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not assessed as the service does not provide activities or communal spaces** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not 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.

Requirement 1(3)(e)

* Ensure specific and accurate information regarding what is included and excluded in consumer HCP is clearly communicated to consumers.

Requirement 2(3)(a)

* Ensure consumer risk assessments are embedded into assessment and planning processes.
* Ensure risk assessment and mitigation strategies are used to inform the delivery of care and services.

Requirement 2(3)(b)

* Implement and embed processes to ensure care documentation demonstrates assessment and planning is undertaken to identify consumer needs, goals and preferences to support the provision of goods and services.

Requirement 2(3)(c)

* Implement and embed processes to ensure assessment, planning and review of care and services occurs, including where other organisations and programs are involved in consumer care.

Requirement 2(3)(d)

* Implement and embed processes to effectively communicate assessment outcomes, ensuring assessment occurs and care plans are sufficiently detailed to inform consumer care.

Requirement 2(3)(e)

* Implement and embed processes to ensure care is reviewed for effectiveness and when consumer needs or goals change.

Requirement 4(3)(a)

* Implement and embed processes to ensure consumers receive effective services, which are based on the consumer’s needs, goals and preferences.

Requirement 4(3)(d)

* Implement and embed processes to ensure information provided by external providers of care and service is communicated and appropriately recorded.

Requirement 4(3)(e)

* Implement and embed policies and procedures in relation to making referrals to external providers of care and services.

Requirement 4(3)(g)

* Provide suitable equipment to meet consumer needs.

Requirement 6(3)(c)

* Implement and embed processes to ensure appropriate action is taken in response to feedback and complaints.
* Implement an open disclosure policy.

Requirement 6(3)(d)

* Implement and embed procedures to ensure feedback and complaints are collated, trended and inform continuous improvement to care and service delivery.

Requirement 7(3)(c)

* Ensure the workforce is competent and suitably qualified to perform effectively.

Requirement 7(3)(d)

* Implement a process to ensure appropriate candidates are recruited.
* Develop and deliver relevant staff training.

Requirement 7(3)(e)

* Implement and embed processes to ensure regular review of staff performance.

Requirement 8(3)(b)

* Develop and embed a governing body to provide oversight and accountability for care and service delivery.

Requirement 8(3)(c)

* Develop, implement and embed effective systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Requirement 8(3)(d)

* Implement and embed effective risk and incident management systems.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team recommended Requirement 1(3)(a) was not met as while the service’s single consumer states the service treats him with respect, the service was unable to demonstrate processes to obtain information in relation to consumer culture, background or identity. In their response to the quality audit report, the approved provider states they have updated the consumer intake form to collect this information, a copy of which is attached to their response. I have considered the quality audit report and the response from the approved provider and have formed a different view to the Assessment Team in relation to this requirement. As this service has a single consumer, I place great weight on their satisfaction that they are treated with respect. I also note that the service has updated the consumer intake form to collect culture and diversity information, and that this intake form has been completed for the consumer. Accordingly, I find Requirement 1(3)(a) is compliant.

The Assessment Team recommended Requirement 1(3)(b) was not met for largely similar reasons as Requirement 1(3)(a). Documentation used when a consumer enters the service does not capture cultural background or what the consumer considers to be culturally safe care. The managing director could not describe what culturally safe care looks like, stating that cultural needs are not considered as part of care and service delivery and that there is no policy to support culturally safe care. The service’s single consumer provided positive feedback generally, but did not describe having any specific cultural needs. In their response to the quality audit report, the approved provider states they have met with the consumer to discuss specific cultural needs and will continue to ensure that the service provided is culturally safe. I have considered all the evidence before me, and I have formed a different view to the Assessment Team in this requirement. I note that the service does not currently provide personal or clinical care to the consumer. Based on the service meeting with the consumer since the quality audit to discuss his cultural needs, and evidence in the quality audit report that the consumer provided generally positive feedback, I find Requirement 1(3)(b) is compliant.

The consumer described having choice over how he utilises his HCP funding and confirmed he is contacted regularly by the service to discuss health updates and the kind of services he requires. The consumer stated he arranges services such as dental work and home renovations himself, then provides invoices to the managing director who pays the invoices out of the consumer’s HCP funding. During these regular discussions, the managing director asks how the service can assist the consumer and described being led by the consumer’s stated preferences. I find Requirement 1(3)(c) is compliant.

The service’s single consumer provided positive feedback in relation to how he is supported to live his best life, as he is not restricted by the service in choosing how to spend his HCP funds. However, there was no evidence processes are in place to identify and manage risk related to consumer choices and this is assessed in Requirement 2(3)(a). The managing director described supporting consumer choice in spending package funds. I find Requirement 1(3)(d) is compliant.

The Assessment Team recommended Requirement 1(3)(e) was not met as the service did not demonstrate it provides up-to-date and accurate information to support the consumer in exercising choice. Information regarding what is included and excluded in the HCP has not been communicated to the consumer, nor did the managing director demonstrate understanding of what is included and excluded under the HCP. The approved provider’s response to the quality audit report does not specifically address Requirement 1(3)(e). I have considered evidence presented in the quality audit report and note that the consumer stated he has not received information from the service which describes the scope of the HCP. I also note that the managing director confirmed he has not discussed HCP funding inclusions and exclusions with the consumer. Accordingly, I find Requirement 1(3)(e) is not compliant.

The consumer said his privacy is respected and his personal information remains confidential. The managing director described processes in place to store private information securely and maintain consumer confidentiality, including storing files in a locked filing cabinet and ensuring electronic information is password protected. I find Requirement 1(3)(f) is compliant.

# Standard 2

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

The Assessment Team recommended Requirement 2(3)(a) was not met as the service did not demonstrate assessment and planning considers risks to consumer health and wellbeing. The service’s consumer could not recall being asked questions specifically related to risk identification, and documentation viewed by the Assessment Team did not include risk assessments or evidence of care planning which considered risk. In their response to the quality audit report, the approved provider states they will improve planning and have completed a risk assessment for the consumer which is attached to their response. I have reviewed all documents submitted with the response and I am unable to locate a risk assessment relating to the consumer. An attached care plan lists three assessed needs, however despite the consumer’s medical history, which includes a history of falls and diabetes, the care plan lacks detail and does not specifically address risks and risk mitigation strategies. In their response the approved provider also states a quote has been obtained to clean and repaint an outdoor area which is slippery, a quote for which, totalling $4,400, is attached to the approved provider’s submission. Given the consumer’s health conditions, there is no evidence before me that risk assessments have adequately informed assessment and planning. Accordingly, I find Requirement 2(3)(a) is not compliant.

The Assessment Team recommended Requirement 2(3)(b) was not met as no documentation was provided to demonstrate assessment and care planning is undertaken to identify consumer needs, goals and preferences to inform the provision of care and services through the HCP. The approved provider’s response to the quality audit report states that the consumer’s daughter will make relevant decisions, that she is authorised to do so, and that a copy of this authorisation is attached to the response. I have considered a care plan submitted by the approved provider and referenced above in Requirement 2(3)(a), however this care plan is very basic and fails to capture sufficient detail in relation to the consumer’s current needs, goals and preferences, as the consumer has a number of serious health conditions. Due to the lack of detail in the care plan submitted, I do not find the service has sufficiently robust assessment and planning processes in place to identify and address consumer needs, goals and preferences. Accordingly, I find Requirement 2(3)(b) is not compliant.

The Assessment Team recommended Requirement 2(3)(c) was not met as while the service demonstrated partnership with the consumer in supporting their choices, the service relies on receiving information from other providers of care and services via verbal reports from the consumer. There are no systems in place to formally include other providers in assessment and care planning. The approved provider’s response to the quality audit report states they will continue completing regular assessment and planning with their client, including making referrals to other providers where needed. I have considered other documents submitted by the approved provider in their response, including the care plan discussed above. However, as noted above, the care plan lacks detail and does not mention any external care or service providers or any planned referrals to external providers. Having considered the evidence before me, the service has not demonstrated adequate assessment, planning and review of care and services occurs, including where other organisations and programs are involved, or should be involved, in consumer care. Accordingly, I find Requirement 2(3)(c) is not compliant.

The Assessment Team recommended Requirement 2(3)(d) was not met as while regular communication between the consumer and the service occurs, the service did not demonstrate that outcomes of assessment and planning are effectively documented. The approved provider’s response to the quality audit report states they have reviewed the consumer’s care plan and have provided a copy of the care plan to him. The provider also documents phone conversations with the consumer and records of these discussions are attached to their response. The provider has proposed more frequent contact with the consumer and will continue to monitor his health. I have considered other documents submitted by the approved provider in their response, including the care plan discussed above, however it does not effectively communicate assessment outcomes, as assessments have not occurred and the plan lacks sufficient detail to direct consumer care. Accordingly, I find Requirement 2(3)(d) is not compliant.

The Assessment Team recommended Requirement 2(3)(e) was not met as while regular communication between the consumer and the service occurs, the service did not demonstrate these regular conversations inform assessment and care planning reviews, or that care and services are effectively reviewed when the consumer’s condition or circumstances change. One example presented in the Assessment Team report relates to the consumer’s deteriorating vision, however the care plan has not been reviewed in light of this change. Progress reports provide evidence of communication, but these are limited to verbal self-reporting from the consumer. In addition, the Assessment Team sighted an application for increased HCP funding, however care documentation did not reflect a review of assessment and care planning had occurred to support this application. The approved provider’s response to the quality audit report does not specifically address Requirement 2(3)(e). As such, I rely on evidence presented by the Assessment Team summarised above and find that the service does not regularly review care and services for effectiveness. Accordingly, I find Requirement 2(3)(e) is not compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not 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. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not assessed as the service does not provide meals |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(a) was not met as while the consumer was satisfied with the services and support he receives, the service did not demonstrate provision of effective services based on the consumer’s needs, goals and preferences. The Assessment Team noted that despite the consumer reporting deteriorating vision and decreasing function due to back pain, his care plan did not address these concerns. The updated care plan submitted by the approved provider in their response to the quality audit report also fails to address these concerns. The approved provider states that the consumer chooses to be assisted by his wife and stated they respond to the consumer’s needs as directed by him and will continue updating his care plan as the need arises. The service has not demonstrated it understands and delivers the services and supports required by the consumer. Given the current status of the consumer’s health, multiple health care providers and supports could be engaged by the service to support the consumer, however there is no evidence this has occurred. Accordingly, I find Requirement 4(3)(a) is not compliant.

The managing director provided an example of supporting the consumer by suggesting he attend a medical centre for counselling support. The managing director also regularly checks in with the consumer and the consumer believed the service would recognise if he was feeling low. I find Requirement 4(3)(b) is compliant.

The service’s only consumer lives with his wife and provided feedback that he is satisfied with not having goals related to community participation or maintaining social or personal relationships. I find Requirement 4(3)(c) is compliant.

The Assessment Team recommended Requirement 4(3)(d) was not met as while information about the consumer’s condition, needs and preferences is shared verbally, the service did not demonstrate they communicate information directly with providers of care and services. The consumer has advised they see a cardiac specialist, diabetes nurse and vascular surgeon, however, no oversight has been provided by the service. In its response to the quality audit report, the approved provider states they have improved recording communication notes and will continue to do so. Recording verbal advice received from the consumer does not demonstrate the service communicates sufficiently with other organisations. Accordingly, I find Requirement 4(3)(d) is not compliant.

The Assessment Team recommended Requirement 4(3)(e) was not met as no referrals have been made by the service to external providers, and the service does not have a referral process or policies and procedures to guide work practices in relation to external referrals. In addition, the service has not followed up in relation to the consumer’s deteriorating vision. The approved provider’s response indicates they will apply for the consumer to use a cab charge service, and that the consumer declined purchasing an electronic tablet to assist his vision on the basis of cost. There is no evidence before me that the service has made appropriate referrals for transport, vision and medical support services. Accordingly, I find Requirement 4(3)(e) is not compliant.

Requirement 4(3)(f) was not assessed as the service does not provide meals.

The Assessment Team recommended Requirement 4(3)(g) was not met as the service did not act upon multiple consumer requests to consider purchasing a recliner to assist pain management. In addition, the managing director did not demonstrate he understood regulations governing approved purchase orders for consumer equipment. They stated the service has capacity to provide equipment when instructed by the consumer and referenced the consumer’s purchase of security lights, window shutters and footwear. The approved provider’s response does not directly address equipment provision. As such, I rely on evidence presented by the Assessment Team in the quality audit report and find that the service has not provided suitable equipment. Accordingly, I find Requirement 4(3)(g) is not compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Feedback is sought from the consumer on a regular basis and supporting documentation demonstrated a consumer satisfaction survey has been completed three times in 2024. The consumer stated he felt comfortable raising complaints and issues with the managing director. I find Requirement 6(3)(a) is compliant.

The Assessment Team recommended Requirement 6(3)(b) was not met as while the consumer has been provided with information relating to the availability of advocacy services and interpreters, consumer information regarding accessing external complaint supports is inaccurate. Since the quality audit, the approved provider has updated this information in the client’s care agreement and I note evidence from the quality audit report that the consumer stated he knew how to access support from the Commission. Accordingly, I find Requirement 6(3)(b) is compliant.

The Assessment Team recommended Requirement 6(3)(c) was not met as the service does not maintain a complaints and feedback register and complaints are not documented with complaint details, actions taken, evaluation of satisfaction or open disclosure. In addition, the service does not have an open disclosure procedure. In its response to the quality audit report, the approved provider states they have updated the feedback form and have attached a copy to their response. While noting the approved provider states they have never received an internal complaint, the service has not demonstrated it has a system to ensure appropriate action is taken in response to complaints, or that the service understands the principles of open disclosure. Accordingly, I find Requirement 6(3)(c) is not compliant.

The Assessment Team recommended Requirement 6(3)(d) was not met as the service did not demonstrate how feedback and complaints are reviewed to identify improvement opportunities. The service’s case manager said she had provided feedback related to improving documentation to increase efficiency. However, the managing director did not recall these discussions, and the Assessment Team did not find them to be documented. In their response to the quality audit report, the approved provider states they have improved the feedback form and have received suggestions from the client. I am mindful of evidence in the quality audit report that the consumer stated he had not reported any suggestions for improvement, and that he expressed satisfaction with how the service performs. However, the approved provider has not provided any evidence that the service has a system or procedure in place to ensure future feedback or complaints are collated, trended and used to improve care and service delivery. Accordingly, I find Requirement 6(3)(d) is not compliant.

# Standard 7

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| Human resources | | HCP |
| 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The service has a managing director and employs a part-time case manager. Staff engage with the consumer on a fortnightly basis at pre-arranged times. Staff and management described their current work processes and workload in relation to providing care and services for the service’s consumer and did not express any issues with the number and mix of staff. The consumer provided feedback that they are satisfied with the service’s reliability and timeliness in contacting him at regular pre-determined intervals. I find Requirement 7(3)(a) is compliant.

The Assessment Team recommended Requirement 7(3)(b) was not met as while the consumer expressed satisfaction with staff interactions, the Assessment Team found that the managing director used disrespectful language towards a former consumer. While I am mindful of these concerns, I have formed a different view to the Assessment Team. I have considered other evidence presented in the quality audit report, namely that the service’s single consumer expressed satisfaction with staff interactions and felt staff demonstrate respect and concern for his health and welfare. I also note evidence the managing director and case manager demonstrated respectful language when speaking of the current consumer and his wife. Accordingly, I find Requirement 7(3)(b) is compliant.

The Assessment Team recommended Requirement 7(3)(c) was not met as while the consumer provided positive feedback and was satisfied with the service’s ability to manage his HCP, the Assessment Team found staff qualifications and competencies were inconsistently documented and lacked relevance to aged care. In their response to the quality audit report, the approved provider states they have rectified the job description document and will keep future training records on file. I have reflected on my findings of non-compliance for each requirement in Standard 2, in which it is evident the service is unable to identify consumer needs, consider and mitigate risks posed to the consumer, include other providers of care and services, communicate and record consumer needs, and review care and services regularly for effectiveness. Based on the deficits found in Standard 2, I am not satisfied that the workforce is competent and suitably qualified to perform their roles effectively. Accordingly, I find Requirement 7(3)(c) is not compliant.

The Assessment Team recommended Requirement 7(3)(d) was not met as training relevant to delivering outcomes is not planned or delivered by the service, nor is the workforce recruited, trained and supported to deliver required outcomes. Additionally, the managing director did not understand mandatory reporting obligations. In their response to the quality audit report, the approved provider states relevant qualifications and experience are required for staff and ongoing training is provided. However, the response does not demonstrate what recruitment practices the service uses, nor training provided to support staff. Accordingly, I find Requirement 7(3)(d) is not compliant.

The Assessment Team recommended Requirement 7(3)(e) was not met as the managing director did not initially demonstrate an understanding of this requirement, and after receiving an explanation, stated an informal process of staff evaluation occurs. The managing director does not have avenues for peer review or that of an oversight body to evaluate his performance. In their response to the quality audit report, the approved provider states they have updated the staff appraisal form and will undertake appraisals in future. While noting these planned improvements, they are yet to be embedded. Accordingly, I find Requirement 7(3)(e) is not compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Not 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. | Not assessed |

Findings

The consumer is encouraged to provide feedback and input into service improvement regularly through surveys and discussions. The managing director has implemented a new governance meeting to occur bi-monthly with the consumer and their representative. I find Requirement 8(3)(a) is compliant.

The Assessment Team recommended Requirement 8(3)(b) was not met as they found limited evidence to demonstrate how the safety and quality of care and services delivered to the consumer is monitored, or how the managing director maintains oversight and accountability for the delivery of care and services. All goods and services delivered through the HCP are chosen at the consumer’s discretion without assessment of his needs or goals. The Assessment Team found that the service has consumers sign an ‘authority to act as an advocate’ form giving the managing director access to their My Aged Care profile. This allows the managing director to make decisions and recommendations on behalf of the consumer in relation to their HCP. In addition, documentation sighted by the Assessment Team in the consumer’s file included a submission by the service for a high priority referral to My Aged Care to increase his HCP funding to level 4. There was no assessment or care planning documentation sighted by the Assessment Team which supported the consumer’s need for increased funding. In response to the quality audit report, the approved provider summarises the process used for obtaining multiple quotes for planned work and services. In assessing this requirement, I give considerable weight to evidence presented by the Assessment Team in relation to the lack of oversight and accountability at the service – the consumer chooses services and the managing director has requested additional funding without justification. Accordingly, I find Requirement 8(3)(b) is not compliant.

The Assessment Team recommended Requirement 8(3)(c) was not met as the service does not have effective organisation wide governance systems in place.

Information management

The Assessment Team found information was not accessible or accurate. Documentation errors included contradictory dates, out-of-date information, references to irrelevant legislation, and references to the provider’s former family day care business. In addition, outcomes and information are not effectively communicated, and regular review of care and services does not occur. In response to the quality audit report the approved provider states they have resumed using electronic software and commenced new record keeping arrangements in October 2024. The approved provider’s response does not detail what steps have been taken to remedy issues identified in the quality audit report, consequently I find the service does not have effective information management systems.

Continuous improvement

The Assessment Team found the service has a Plan for Continuous Improvement, however the actions and evaluations documented are generic and do not clearly state actions taken, the progress of these actions or how their effectiveness has, or will, be evaluated. The Assessment Team identified that no processes are in place to guide complaints handling, however when advised of this, the managing director did not recognise a need for improvement. The approved provider’s response states they will maintain continuous improvement to the standard required, however no additional information or supporting documents are provided. I find that the service does not have effective systems for continuous improvement.

Financial governance

The Assessment Team found the service has funded purchases and services with home care funds that are not approved by legislation. Despite possessing the approved provider manual for home care services which outlines acceptable purchases, the managing director was not aware of which care and services can be funded. The consumer used HCP funds for home renovations that are not ageing-related modifications, including security lights, roller shutters, down lights and plumbing repairs. The approved provider’s response states they have now advised the consumer which purchases are authorised and written information to this effect has been provided. While I note these actions taken by the approved provider, these measures are yet to be embedded and tested. I find that the service does not have effective financial management systems.

Workforce governance

The service did not demonstrate the workforce is competent and suitably qualified and supported to perform their roles effectively, or that regular assessment and monitoring of their performance occurs. The managing director could not provide supporting documents or records to substantiate that reference checks had occurred when hiring a part-time case manager. The approved provider’s response states they are attempting to honour all legislative requirements and attach job descriptions to their response. While I note the approved provider’s response, the actions taken, or planned, do not demonstrate identified issues with workforce governance have been addressed. Therefore, I find that the service does not have effective workforce management systems.

Regulatory compliance

The service is run solely by the managing director with no governing body. The managing director did not demonstrate they understand their regulatory obligations. Specific examples identified by the Assessment Team demonstrated deficits in understanding the scope of care and services available through HCP funding, management of unspent funds, continuous improvement and ensuring that care and services provided under HCP are safe, effective and meet the outcomes required by the Quality Standards. The approved provider’s response to the quality audit report does not specifically address the deficits in regulatory compliance identified by the Assessment Team. Given the service has funded purchases and services with home care funds that are not approved under HCP legislation, and did not report the unexpected death of a former consumer as required under mandatory reporting legislation, I find that the service does not have effective systems relating to regulatory compliance.

Feedback and complaints

The Assessment Team found that while the service demonstrated feedback is sought from the consumer it did not demonstrate how that information is reviewed, analysed and trended, how it informs continuous improvement, or if appropriate action is taken in response to complaints. The approved provider’s response states the feedback form has been updated and that the service will improve complaints handling in the future. I find that the service does not have effective systems relating to feedback and complaints.

The service does not have effective organisation wide governance systems in place. I find Requirement 8(3)(c) is not compliant.

The Assessment Team recommended Requirement 8(3)(d) was not met as the service did not demonstrate it recognised high-impact or high-prevalence risks to consumers or that it implements mitigation strategies. The consumer did not have any identified risks related to care and service delivery nor any care planning strategies related to risk management, despite information in the consumer care file indicating he has a significant medical history and is currently under the care of specialist medical providers. In addition, information indicating a decline in some aspects of the consumer’s physical health such as his vision were not considered a risk to the consumer’s independence and wellbeing. In response to the quality audit report, the approved provider reiterates that the consumer has nominated his wife and daughter to manage his health, and that risk information is contained in the consumer’s care plan. While I note the service’s consumer describes being supported to live his best life, the goods and services provided to him through HCP funding are not within guidelines nor demonstrated as assessed age-related needs. The service did not demonstrate it has systems in place to effectively identify, document, respond to and prevent incidents, and in relation to a former consumer who is now deceased, did not demonstrate it understands and complies with mandatory reporting obligations. Accordingly, I find Requirement 8(3)(d) is not compliant.

Requirement 8(3)(e) was not assessed as the service does not provide clinical care.

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-2)