Mercy Health - Gippsland

Performance Report

241 Princes Drive
MORWELL VIC 3840
Phone number: 03 8564 1800

**Commission ID:** 300138

**Provider name:** Mercy Aged and Community Care Ltd

**Quality Audit date:** 6 April 2022 to 8 April 2022

**Date of Performance Report:** 15 June 2022

# Performance report prepared by

G. McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

**Home Care:**

* Mercy Health Home Care Services - Your care, your home, your choice, 27070, 241 Princes Drive, MORWELL VIC 3840
* Mercy Health Home Care Services - Your care, your home, your choice, 27088, 241 Princes Drive, MORWELL VIC 3840
* Mercy Health Home Care Services - Your care, your home, your choice, 27072, 241 Princes Drive, MORWELL VIC 3840

**CHSP:**

* Domestic Assistance, 4-BACC1ZE, 241 Princes Drive, MORWELL VIC 3840
* Personal Care, 4-BACPXTN, 241 Princes Drive, MORWELL VIC 3840
* Goods, equipment and Assistive Technology, 4-CHNEV5E, 241 Princes Drive, MORWELL VIC 3840

#  Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 1(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(d)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(f)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 2 Ongoing assessment and planning with consumers |
|  | HCP  | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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

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| Standard 4 Services and supports for daily living |
|  | HCP  | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Standard 5 Organisation’s service environment |
|  | HCP  | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Standard 6 Feedback and complaints | HCP  | Not Compliant |
|   | CHSP | Not Compliant |
| Requirement 6(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(c)  | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 6(3)(d)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 7 Human resources | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 7(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(c)  | HCP | Compliant |
|  | CHSP | Compliant |

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| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |
| Standard 8 Organisational governance | HCP  | Not Compliant |
|   | CHSP | Not Compliant |
| Requirement 8(3)(a) | HCP  | Compliant |
|   | CHSP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(c)  | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(e)  | HCP | Compliant |
|  | CHSP | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 5 May 2022.

# STANDARD 1 Consumer dignity and choice

#  HCP Compliant CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers described home care workers as kind, caring and respectful, care plans were personalised and staff were able to describe consumer’s history and their care needs. Home care workers were aware of consumers’ individual preferences for service delivery.

Consumers and representatives interviewed said that staff know their individual backgrounds and culture, what is important to them, understand their needs and preferences.

While some consumers and representatives stated they did not always have a choice in the home care worker they prefer to support them, allied health clinicians or home modification builders, the approved provider could generally demonstrate that such consumers were supported to exercise choice and independence in their care, decision making and communication to the extent possible, and that when issues were identified they were rectified. However, the approved provider is encouraged to continue to review its processes for communicating ways consumers can retain their preferred suppliers.

The service demonstrated consumers are supported to take risks to enable them to live their best life.

While consumers and representatives sampled said they are provided with information initially which assists them in making decisions about consumers’ services, including services available, the approved provider demonstrated that appropriate information is given to consumers and that the responsibility for this is centrally managed.

Consumers and representatives interviewed provided feedback that staff respect their privacy and their personal information is kept confidential.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

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

**Assessment of Standard 1 Requirements**

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

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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

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

Findings

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

Findings

The Assessment Team found that the service did not demonstrate that consumers were supported to exercise choice and independence in their care, decision making and communication in relation to Home Care Package (HCP) consumers. No concerns were identified in relation to Commonwealth Support Program (CHSP) consumers.

The Assessment Team reported that consumers and representatives who were asked whether their choice and independence were supported indicated they did not always have a choice in the home care worker they wanted to support them, including allied health clinicians, their preferred staff member or home modification builders.

In its written response the approved provider clarified aspects of the Assessment Team’s findings, including a consumer being advised of the organisation’s arrangements and the organisation’s support when circumstances changed. A miscommunication was rectified when discovered. While this issue has been rectified, as a continuous improvement exercise the approved provider is encouraged to continue to review its processes for communicating similar matters to consumers.

For another consumer it detailed the extent to which it had supported use of a preferred care worker. For another consumer it acknowledged improvements required and gave some additional information on this consumer and its engagement with them

I find this requirement Compliant.

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

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Findings

The Assessment Team found that the service did not demonstrate that each consumer is provided with accurate and timely information on an ongoing basis. While consumers and representatives sampled said they are provided with information initially which assists them in making decisions about consumers’ services, including services available, other consumers who had been in the service for an extended period of time stated they do not get updated information.

Consumers said following changes to a new provider they have not received any updated information on complaints processes; internal or external. Consumers said the only information they have received is a letter about the changes in fees and pricing of services. Consumers further advised that been provided with information on changes in home care package included and excluded items.

In its written response the approved provider demonstrated that appropriate information is given to consumers and that the responsibility for this is centrally managed. information is provided to consumers centrally. I have considered the issue of complaints under Standard 6.

I find this requirement Compliant.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives were satisfied with assessment and care planning processes. Assessment and care planning covered a broad range of topics related to the consumer’s health and wellbeing. However, when a risk is identified this does not always include strategies to manage or mitigate the risk in relation to CHSP services.

While consumers and/or their representatives interviewed confirmed taking part in assessments which identified consumers’ needs, goals and preferences, none confirmed being given supported opportunities to talk about advanced care planning and end of life wishes

Assessment and care planning is completed in partnership with consumers and others they wish to have involved in their care. Consumers and representatives were satisfied with assessment and care planning and a copy of the care plan has been provided to the consumer. Home care workers provided mixed feedback around information provision in relation to the consumer.

The service demonstrated that care and services are generally reviewed for effectiveness when consumers’ circumstances change and when incidents occur, with plans to continue this process for CHSP consumers.

The Quality Standard for the Home care packages services is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

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

**Assessment of Standard 2 Requirements**

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

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

Findings

The Assessment Team found that consumers and representatives were satisfied with assessment and care planning processes. Assessment and care planning covers a broad range of topics related to the consumer’s health and wellbeing. An assessment and care planning policy is available to guide care advisors and commonwealth home support programme staff.

The Assessment Team also found also found that the service was able to demonstrate home safety assessments and emergency plans consistently occur and these inform the delivery of safe care and services.

However, the Assessment Team stated that while risks to the consumer are identified during assessment, further assessment and strategies to manage risks were not consistently evidenced. It stated that for one consumer a falls risk assessment was not undertaken following a fall, and for another there was no epilepsy plan in place. For another a safety assessment including use of a shower chair was not available in their care documents. For a named consumer with back pain, their representative could not recall the service asking about their pain. For another, an assessment on 7 May 2020 included 6 falls in the last 12 months. However, their latest assessment on 8 June 2020 had ‘no’ for falls. The Assessment Team stated there was no further investigation or risk mitigation strategies in place.

In its written response the approved provider clarified what action had been taken, at the time of the incident, in relation to the consumer following their fall, as well as demonstrating that the medication prescribed for a consumer did not relate to epilepsy and that consumer did not have epilepsy. I am satisfied with that information.

However, in relation to the consumer with back pain, the approved provider indicated a review had taken place in in September 2021 and stated that the consumer declined a reassessment and a Home Care Package. I am not satisfied this demonstrated consideration of that consumer’s condition within the confines of their care provision. In addition, for the consumer with 6 falls in the last 12 months the approved provider acknowledged that their falls history was not accurately captured but stated that information about his use of mobility aides was on his file. I do not consider this demonstrated that an awareness of their falls risk or measures to mitigate it.

While I have not identified any concerns in relation to HCP services, in relation to CHSP services I find this requirement Not Compliant.

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

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

Findings

The Assessment Team found that while consumers and/or their representatives interviewed confirmed taking part in assessments which identified consumers’ needs, goals and preferences, none confirmed being given supported opportunities to talk about advanced care planning and end of life wishes. Assessment documents do include a tick box for advanced care planning, however the majority of assessments sampled were incomplete.

Care advisors indicated differences in understanding of the requirements in relation to advanced care planning and end of life planning. Some care advisors said they ask consumers if they want to talk about advanced care planning and direct consumers to discuss with their medical practitioner. One care advisor did not see this as their role to discuss advanced care planning or end of life wishes.

Management indicated training on advanced care planning is yet to be completed and will be scheduled in the future.

In its written response the approved provider stated that relevant training had been provided and indicated how it had significant palliative resources and services available. However, it acknowledged that a number of records did not evidence that the topic of advance care planning had been raised with consumers and stated it was addressing this. It also noted that a segment about advance care planning was being added to its most recent handbook which would be available shortly.

I acknowledge these improvements, and while I am satisfied that assessment and planning mostly identified and addressed consumer’s current needs, goals and preferences, at the time of the Quality Audit the approved provider could not demonstrate that assessment and planning always identified and addressed advance care planning and end of life planning if the consumer’s wished.

I find the Requirement Non-Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

# STANDARD 3 Personal care and clinical care

#  HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers’ and representatives’ feedback were positive in relation to clinical care and personal care services. The service utilises specialist medical supports to ensure safe and effective clinical care, including external nursing services.

Management of high impact or high prevalent risks such as consumers’ falls generally include strategies and referrals to allied health to mitigate further risk to the consumer.

Consumers who are nearing the end of life are supported in a way that ensures their needs, goals and preferences are known and comfort is maintained. Consumers and representatives were confident staff would know if their health changed and act accordingly.

Consumers and representatives expressed, in various ways, their confidence that information about their personal and clinical needs and preferences is generally communicated within the organisation and with others.

The service demonstrated referrals to other health services occur when there is an identified consumer need. The service demonstrated that they understand, apply, monitor and review the requirement to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infections.

However, the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, particularly in relation to the assessment and management of pain needs. In addition, consumer files did not always contain up to date and relevant nursing and medical practitioner summaries.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

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

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

Findings

The Assessment Team found that the majority of consumers sampled were receiving safe care and services that meet the needs of consumers, is tailored and optimises their health and wellbeing, and that consumers’ and representatives’ feedback were positive in relation to clinical care and personal care services. The service utilises specialist medical supports to ensure safe and effective clinical care, including external nursing services.

However, it identified that for one consumer who receives a HCP service that an assessment on 28 January 2022 reported pain in their back and shoulder and they take no medications. However, the consumer stated their spine was not good, that the pain was getting worse and that they were on a heavy dose of medication.’ The Assessment Team stated that the service does not complete pain reviews to monitor pain status.

In its written response to this issue the approved provider stated that a comprehensive assessment undertaken by myagedcare did not identify pain management as a care need, that pain management was discussed at the initial home visit and not identified as a care need, and that community nursing services had not identified any pain management concerns. No documentation was submitted to support these statements. I am not satisfied this demonstrated that pain was reviewed, and I have given weight to the consumer’s statements.

In relation to requirement 2(3)(b), I identified another consumer who receives a CHSP service with back pain for whom the approved provider could not demonstrate consideration of their condition. The consumers representative stated the service does not ask the consumer about their pain and any impact for them. In its written response to this issue the approved provider stated that consumer has an emergency plan that shows long-term back and neck pain to inform care needs and that the consumer had not communicated a change in pain management or care needs. I am not satisfied that this demonstrates an adequate and holistic understanding of that consumer’s need and provision of care tailored to those needs.

The Assessment team also found that, while Allied health recommendation such as podiatry, occupational therapy and physiotherapy reports were supplied and evidenced in consumers’ files, nursing and medical practitioner summaries were not evidenced in consumers’ files sampled. In its written response to this issue the approved provider stated that, especially for CHSP consumers receiving only domestic assistance services, consent to to get a medical summary was not always given. It stated it recognised the importance of this and noted it is working with consumers and healthcare practitioners to get this information.

I find this requirement Non-Compliant.

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 Services and supports for daily living

#  HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives provided feedback about how they receive services and supports that allow them to do the things they want to do. Consumers described how services optimise their health, wellbeing and quality of life.

The majority of consumers and representatives sampled indicated in various ways that they were satisfied services and supports promoted the consumer’s emotional, spiritual and psychological wellbeing.

Consumers care files generally captured the interests, preferences and background of consumers. While this information was inconsistently shared with home care workers, they were familiar with the consumer’s interests and social needs.

Referrals to other organisations occur for consumers to support their social connections and wellbeing.

Home care package consumers and representatives were satisfied with the equipment provided to the consumer through their home care package.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as five of the five applicable requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant |
|  | CHSP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP  | Compliant |
|  | CHSP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP  | Compliant |
|  | CHSP  | Compliant |

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

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

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

The organisation does not provide meals therefore this requirement is Not Applicable.

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

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

The organisation does not provide equipment for the CHSP service meals therefore that part of this requirement is Not Applicable.

# STANDARD 5 Organisation’s service environment

#  HCP Not Applicable CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

The organisation does not provide a physical service environment therefore this Standard is Not Applicable.

# STANDARD 6 Feedback and complaints

#  HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service demonstrated that generally consumers were supported and encouraged to provide feedback and make complaints.

Consumers and representatives demonstrated awareness of advocacy groups and the availability of language services and referenced information brochures that are provided as part of the information pack when they are initially assessed by the service.

While open disclosure is generally practiced for those complaints recorded, the service did not demonstrate that appropriate action is taken in response to complaints as not all complaints were recorded or their resolution documented. Management advised that they had implemented an organisational wide improvement as a result of consumer feedback.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the four specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one (1) of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

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

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Findings

The Assessment Team found that service did not demonstrate that consumers were supported and encouraged to provide feedback and make complaints. Some consumers indicated they did not believe the services is interested in supporting them as some consumers.

In its written response the approved provider submitted information on how it managed the concerns identified in relation to named consumers, and indicated how consumers know how to provide feedback.

I find this requirement Compliant.

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

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

Findings

The Assessment Team found that the service did not demonstrate that action is consistently taken when complaints and feedback is provided to the service.

While management could demonstrate that an open disclosure process was used for complaints documented in its system, feedback from consumers interviews identified that not all feedback and complaints are captured by the service. Complaints are not always documented, with a review of the complaints register indicating that complaints and feedback received were not logged in the complaints register or reflected in documentation.

In its written response the approved provider gave some context on some of the individual concerns raised, but stated that contrary to its policies and procedures a senior staff member had not been following the required process regarding recording all complaints. It has taken steps to address this. It also stated it was rolling out an improved complaints process.

While I acknowledge these improvements and the circumstances in which feedback and complaints were not being recorded, I consider that improvements are required to demonstrate appropriate action is taken in response to complaints, by recording complaints and documenting their resolution.

I find this requirement Non-Compliant.

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

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

# STANDARD 7 Human resources

#  HCP Compliant CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers were satisfied with the services delivered however, some stated that in recent times there has been a constant change of home care staff coming to provide services.

Consumers stated home care workers are kind, caring and respectful of them as an individual. They are aware of their personal preferences and support them with appropriate services. Home care workers were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences, including cultural needs.

Consumers and representative provided feedback that home care workers including sub-contracted home care workers are competent and know what they are doing when they are delivering services. Home care workers have qualifications to perform assigned tasks.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to perform their roles.

Consumers and representatives advised they provide feedback on staff performance and the delivery of care and services. The service has systems for the regular assessment, monitoring and review of the performance of each member of the workforce.

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

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

## Assessment of Standard 7 Requirements

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

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

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

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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

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

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

# STANDARD 8 Organisational governance

#  HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Management described the way the new systems being implemented to engage and involve consumer/representative participation in the development, delivery and evaluation of the care and services.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service provides results of audits, quality indicator information, complaints and feedback information to the organisation. The organisation uses this information to oversee the delivery of safe, inclusive and quality care.

The service demonstrated that the organisation has effective governance systems including information management, continuous improvement, financial governance, workforce governance and regulatory compliance. However, the service did not demonstrate effective feedback and complaints systems and processes.

The organisation has a risk management framework and policies and procedures for managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The service has a clinical governance framework, effectively incorporating policies relating to open disclosure, antimicrobial stewardship and the clinical and governance group have reviewed restraint reporting and assessment processes in the home care delivery under legislative requirements.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements *.*

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

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

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

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The Assessment Team found that the service demonstrated that the organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. However, it found that the service did not demonstrate effective feedback and complaints systems and processes. I agree with all these findings and set out below my reasons in relation to feedback and complaints systems and processes.

While I am satisfied that service generally demonstrated that consumers were supported and encouraged to provide feedback and make complaints, and that open disclosure was practiced when complaints were recorded, I find that not all feedback and complaints are captured by the service. Complaints are not always documented, with a review of the complaints register indicating that complaints and feedback received were not logged in the complaints register or reflected in documentation.

In its written response the approved provider indicated how it considered it had demonstrated what action was taken in response to complaints. I have considered that information under requirement 6(3)(c), and concluded that improvements are required to demonstrate appropriate action is taken in response to complaints, by recording complaints and documenting their resolution.

The approved provider also stated it was rolling out a new feedback management system.

While I acknowledge these improvements and the circumstances in which feedback and complaints were not being recorded, I consider that for these reasons stated above the approved provider was unable to demonstrate appropriate action is taken in response to complaints

I find this requirement Non-Compliant.

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

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

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

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.

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| Requirement 2(3)(a) |  |  |
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*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.*

* Ensure that, particularly for CHSP consumers, that assessment and planning includes consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services, including but not limited to pain and falls risk.

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

* For both HCP and CHSP consumers, ensure that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences in relation to advance care planning and end of life planning to an appropriate extent and if the consumer wishes.

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

*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.*
* Ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care by demonstrating that, including but not limited to, that pain needs are assessed, identified and managed in service provision, and that consumer files contains up to date and relevant nursing and medical practitioner summaries.

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| Requirement 6(3)(c) |  |  |
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*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

* Demonstrate that appropriate action is taken in response to complaints by ensuring all complaints are recorded and the resolution documented.

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| --- | --- | --- |
| 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.*
* Embed the implementation of current system improvements to ensure that all feedback and complaints to demonstrate that appropriate action is taken in response to complaints