M&I Home Care Pty Ltd

Performance Report

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| **Address:** | 1 Corfu Avenue TARNEIT VIC 3029 |
| **Phone:** | 1300 911 139 |
| **Commission ID:** | 301072 |
| **Provider name:** | M&I Home Care Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 3 June 2022 to 7 June 2022 |
| **Performance report date:** | 26 July 2022 |

# Performance report prepared by

M Murray, 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:**

* M&I Home Care Pty Ltd, 26650, 1 Corfu Avenue, TARNEIT VIC 3029

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
| Requirement 1(3)(e) | HCP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| Requirement 3(3)(a) | HCP | Compliant |
| Requirement 3(3)(b) | HCP | Compliant |
| Requirement 3(3)(c) | HCP | Compliant |
| Requirement 3(3)(d) | HCP | Compliant |
| Requirement 3(3)(e) | HCP | Not Compliant |
| Requirement 3(3)(f) | HCP | Compliant |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Not Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Not Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c) | HCP | Compliant |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Not Compliant |
| Requirement 7(3)(a) | HCP | Not Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c) | HCP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
| Requirement 7(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| Requirement 8(3)(a) | HCP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e) | HCP | 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; 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 Quality Audit report received 15 July 2022. The approved provider was granted an extension to submit their response.

# STANDARD 1 Consumer dignity and choice

# HCP 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/ representatives interviewed said consumers are treated with dignity and respect by staff. Support workers know the consumers and their feedback was respectful.

Consumers/representatives interviewed said that staff know their individual backgrounds and culture, what is important to them, understand their needs and preferences. This information informs the way care is delivered.

Consumers/representatives were satisfied with the support consumers receive to exercise choice, retain independence and maintain relationships important to them.

Consumers/representatives sampled said they are provided with information which assists them in making decisions about consumer’s services, including services available, and updates on what changes are happening at the service.

Consumers/representatives interviewed provided feedback that staff respect their privacy and their personal information is kept confidential. Staff said they maintain consumers’ privacy when delivering services to consumers who may feel vulnerable by explaining what they are doing in a private environment.

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

**Assessment of Standard 1 Requirements**

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | 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.*

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

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

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

Consumers/representatives sampled said consumers are provided with information which assists them in making decisions about consumers’ services, including services available, and updates on what changes are happening at the service.

The Assessment Team identified that invoices had not been issued for a number of months. Management had sent a communication to consumers regarding delays which involved complex technical issues.

The approved provider’s response notes that the relevant case manager has spoken to consumers individually. Monthly statements were issued for the month of April 2022, and are running one month in arrears while the service engages with My Aged Care and their software provider.

I am satisfied that the service self-identified the issue of inaccurate statements and has taken reasonable steps to communicate the issue and to progress its resolution. I am satisfied that all other information is being conveyed to consumers.

Based on the evidence (summarised above) the approved provider complies with this requirement.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP 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

Assessment and care planning processes do not effectively support the delivery of safe and effective care and services for consumers. While consumers and representatives interviewed are satisfied overall with the delivery of care and services, assessment and care planning do not always identify and address risks to the consumer’s health and wellbeing.

Consumers/representatives interviewed are satisfied discussion of the consumer’s needs, goals and preferences occurs. Staff involved in assessment and care planning described ways they plan consumer directed care to meet consumer needs and preferences. Support workers showed a good understanding of consumer needs and preferences. While not all consumer assessment documentation sampled was complete and care plans contain only basic details of services, all care planning documentation included consumer clinical goals and strategies to meet identified goals. An advanced care planning form is provided on service entry and is completed according to the consumer’s wishes.

The service demonstrated that assessment, planning and review of the consumer’s care and services are based on ongoing partnership with the consumers and generally include other organisations or individuals involved in the provision of consumer care and services. Management and staff described a consumer directed care approach and ways they partner with consumers, representatives and others involved in consumer care.

Care and services are reviewed regularly according to service processes and are reviewed when incidents occur. However, reviews are not always undertaken when circumstances change.

The Quality Standard for the Home care packages service is assessed as Non-compliant as two of the requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | 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 identified that the service does not use validated risk assessment tools in assessment and planning and assessments are not always fully completed or reflective of current needs. Staff interviewed said they do not receive information about consumer risks and risk management strategies. Consumer documentation showed risks, such as falls, are not effectively considered and individual risk management strategies are not evident. Staff said they ask the consumer what their needs are.

The approved provider’s response states that due to part of the audit not being held at their premises the team did not have full visibility to all their assessment and planning documents. The approved provider was provided an extension to respond to the audit findings and submitted additional information in the form of progress notes, care plans and invoices, which have been considered.

On a review of all the available evidence, I am satisfied validated assessment tools are not being used, and that a replacement worker, such as an agency staff member, would have insufficient information from reading the care plan to deliver safe care.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

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| Requirement 2(3)(b) | HCP | 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.*

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| --- | --- | --- |
| Requirement 2(3)(c) | HCP | 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.*

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| Requirement 2(3)(d) | HCP | 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.*

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| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not 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.*

Findings

The Assessment Team noted care and services are reviewed regularly according to service processes and are reviewed when incidents occur. However, reviews are not always undertaken when circumstances change. For example, a consumer’s package level changed to the highest level without a care plan review occurring. A consumer’s living situation changed and a care plan review did not occur.

The approved provider’s response notes management and staff undertake three-month reviews of care plan and ask several questions to ensure the consumers’ needs are met on an ongoing basis.

The approved provider submitted additional information in the form of progress notes, care plans and invoices, however, the care plan dates for the relevant consumers do not align with the change in circumstance that occurred for the consumer.

On a review of all the available evidence, I am satisfied that care plans are not consistently reviewed at the time a change in circumstance is occurring for the consumer.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

# STANDARD 3 Personal care and clinical care

# HCP 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

Consumer/representatives are satisfied with personal care and clinical care services and said in different ways that the care meets consumer needs and supports their health and wellbeing. Support workers described how they provide safe care that meets consumer care needs and preferences. A registered nurse provides clinical care to a small number of consumers, however care documentation for other consumers did not always evidence clinical oversight to ensure the care delivered was best practice, meeting the needs of consumers and optimising consumers’ health and wellbeing.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | 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.*

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

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

Findings

The Assessment Team noted care documentation and assessments did not provide strategies to manage high impact or high prevalence risks. I have considered this evidence in Standard 2. The Assessment team noted one consumer’s representative said the consumer experiences pain. The Assessment Team did not find deficits with how incidents had been managed.

The approved provider noted one of the incidents the Assessment Team raised occurred prior to the consumer joining the service.

I ackowledge the report of a consumer experiencing pain, however the context of the pain and current level of pain is unknown, as a result I do not find this sufficient evidence to find a failure of Requirement 3(3)(b).

Based on the evidence (summarised above) the approved provider complies with this requirement.

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

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

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| --- | --- | --- |
| Requirement 3(3)(d) | HCP | 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.*

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| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Not 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.*

Findings

The Assessment Team’s report outlines the service does not effectively document and communicate information about the consumer’s condition, needs and preferences. Staff said in various ways they receive minimal information about their duties and they rely on the consumer or representative to provide guidance on the consumer’s needs. Staff were unclear about what and when to report to case managers in terms of information.

Management said the service had various information and communication systems and case managers used a variety of process to record information and communication. This results in not all communication being recorded in care documentation. Management said they are supporting workers to build their confidence in recording information. Futher at the time of the audit several staff were not available and the Assessment Team did not have a clear understanding of the service’s information system.

The approved provider submitted evidence that case managers do provide feedback to consumers to support them to write progress notes.

On balance I am satisfied that relevant information is not always shared between relevant parties, including third party providers such as palliative care providers. I also note through progress notes submitted, that a carer concerns on a consumer’s skin integrity and brusing were not followed up by the case manager which is supportive of the Assessment Team’s findings.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | 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 Not 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/representatives said the services and supports consumers receive maintain their independence, wellbeing and quality of life. Staff described how they support consumers to continue to be as independent as possible. While some care planning and related documentation was inconsistently completed and/or lacked detail regarding consumers’ needs, preferences and supports for daily living, it was evident from feedback that consumers are receiving safe and effective supports for daily living.

The service did not demonstrate that information about the consumer’s needs are effectively communicated amongst staff and others.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | 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 | Not Compliant |

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

Findings

The Assessment Team found care documentation generally included only basic details of the consumer’s social history, family background and some matters of importance to them. A consumer who had suffered the loss of their partner did not have any social goals identified or strateges to support the consumer to cope with the loss.

Support workers said as they get to know consumers’ interests, likes and dislikes they document these in case notes The Assessment Team found the case note information is not effectively communicated to other care workers where care is shared.

The approved provider submitted care plans in response to the Assessment Team’s report. The care plans have minimal information in relation to lifestyle support.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Compliant |

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

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| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |

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

# STANDARD 5 Organisation’s service environment

# HCP 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.

## Assessment of Standard 5

This Quality Standard does not apply to the organisation, as the organisation does not operate a premises where consumers receive services.

## Assessment of Standard 5 Requirements

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| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

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| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP 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

Consumers/representatives demonstrated an awareness of how to raise any concerns with management. Staff are aware of feedback processes and support consumers to provide feedback.

Consumers/representatives are provided with written information about advocacy services at commencement of their service.

Management discussed open disclosure and the process to ensure complaints are promptly addressed and open disclosure is practiced when things go wrong.

Consumers/representatives are satisfied the service listens to their concerns and acts as necessary.

The Quality Standard for Home care packages service is assessed as Compliant as all requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |

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

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

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

# STANDARD 7 Human resources

# HCP Not 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/representatives expressed satisfaction with the way staff interact. Management and staff were familiar with consumers and spoke about them in a respectful way. Consumers/representatives said staff know what they are doing.

Consumers/representatives are satisfied with management’s responsiveness to feedback on staff performance. Staff performance is monitored and reviewed with action taken.

The service was not able to demonstrate that the workforce is planned to enable the number and mix of staff to deliver safe and quality care and services. Consumers/representatives said staff were not always available to provide services.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Not 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.*

Findings

Consumers/representatives sampled told the Assessment Team that staff were not always available to provide services. The service also advised that they had a number of unfilled shifts in previous month..

Management advised the workforce has been impacted by COVID, general leave and staff undertaking placements in aged care facilities. They also stated that recruitment of staff for their home care package program is challenging.

The Approved provider’s response acknowledges that the service has experienced difficulties filling shifts for consumers. A replacement staff member is sometimes declined by the consumer when their regular staff member is unavailable, which is out of the approved provider’s control.

I acknowledge that the Approved provider has had challenges with staffing level in general due to Covid-19 impacts, however the Approved provider did not have sufficient number and mix of members of the workforce deployed that enabled the delivery and management of safe quality care and services.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

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

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

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

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

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

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

# STANDARD 8 Organisational governance

# HCP 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

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

The provider is a small organisation which is overseen by a sole director. The current governance framework does not cover key aspects required by the Quality Standards.

The organisation has a risk management framework including a risk management policy and procedure for identifying high impact and high prevalence risks. However, the governing body has not taken action when deficits in systems and processes have led to ineffective assessment of risk.

The organisations policies and procedures are in place that include reference to open disclosure. The organisations care and assessment procedure has reference to clinical governance.

The Quality Standard for the Home care packages service is assessed as Non-Compliant as two requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

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

*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 |

*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’s report outlines the provider is a small organisation which is overseen by a sole director. The assessment team found Information management, workforce, financial governance and regulatory compliance do not have effective systems in place. The organisation does have governance systems in place for monitoring continuous improvement, feedback and complaints.

The approved provider’s response accepted the Assessment Team’s evidence to a degree and provided further evidence of police clearances being undertaken which I accept in preference to the Assessment Team’s evidence in regulatory compliance.

Further I do not find a failure in financial governance, I accept the approved provider self-identified an issue with invoicing and is working with government and other parties to resolve the issue.

I find the extent of the failure of workforce governance is not limited to challenges with staffing due to COVID-19, it also extends to coordination staff who do not have a clear understanding of their accountabilities in relation to the maintenance of accurate health records and clinical assessment.

Based on all the evidence (summarised above) I am satisfied that the approved provider does not comply with sub-requirement (i) and (iv) and as a result does not comply with this requirement. The approved provider complies with sub requirements (ii) (iii) (v) and (vi).

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not 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.*

Findings

The Assessment Team provided evidence that staff are not assessing care needs effectively and not using validated assessment tools. Staff have failed to develop strategies to minimise risk and inform all carers who support an individual consumer of the consumer’s current care needs. Care plans are brief. The lack of assessment has resulted in the governing body not having a clear understanding of the high impact or high prevalence risks consumers are living with in order that the governing body can fulfil its responsibilities in directing the service in how trends in risks or emerging risks should be managed / mitigated.

The approved provider submitted progress notes, care plans and invoices as further evidence, which have been considered.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | 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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| --- | --- | --- |
| Standard 2 Ongoing assessment and planning with consumers |  |  |
| Requirement 2(3)(a) |  |  |
| Requirement 2(3)(e) |  |  |
|  |  |  |
| Standard 3 Personal care and clinical care |  |  |
| Requirement 3(3)(e) |  |  |
|  |  |  |
| Standard 4 Services and supports for daily living |  |  |
| Requirement 4(3)(d) |  |  |
| Standard 7 Human resources |  |  |
| Requirement 7(3)(a) |  |  |
|  |  |  |
| Standard 8 Organisational governance |  |  |
| Requirement 8(3)(c) |  |  |
| Requirement 8(3)(d) |  |  |
|  |  |  |