**Performance**

**Report**

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| Name: | MiCare Home Care (Thuiszorg) |
| Commission ID: | 300120 |
| Address: | 736 Mt Dandenong Road, KILSYTH, Victoria, 3137 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 October 2023 to 19 October 2023 |
| Performance report date: | 11 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 818 MiCare Ltd  
Service: 18787 MiCare Home Care Services Eastern Region  
Service: 22824 MiCare Home Care Services Gippsland  
Service: 23536 MiCare Home Care services NMR  
Service: 18779 MiCare Home Care services South East  
Service: 18778 MiCare Home Care services Southern Metro  
Service: 23537 MiCare Home Care services WMR  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8549 MiCare Ltd  
Service: 27398 MiCare Ltd - Care Relationships and Carer Support  
Service: 25451 MiCare Ltd - Community and Home Support

**This performance report**

This performance report for MiCare Home Care (Thuiszorg) (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 9 January 2023 in relation to the Quality Audit undertaken from 22 November 2022 to 25 November 2022
* the provider’s response to the Assessment Team’s report received 15 November 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

Standard 2 Requirement (3)(a) and (3)(e) - CHSP

* Ensure validated risk assessments are conducted for all consumers.
* Ensure all services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, with up to date care plans available for consumers and staff.

Standard 3 Requirement (3)(e) – CHSP

* Ensure 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 by improving communication processes to share information about the CHSP consumer’s condition, needs and preferences.

Standard 8 Requirement (3)(b) and (3)(d) – HCP and CHSP

* Ensure there are systems and processes in place to monitor and manage the performance of subcontracted services.
* Ensure feedback and complaints about subcontracted staff are included in the service’s complaint management system and reviewed and analysed to identify possible improvements to services.
* Ensure assessment and planning processes for CHSP consumers includes assessment of risk and this assessment is documented, with mitigating strategies included.
* Ensure all incidents or near misses are recorded in the incident management system and incidents are investigated, assessed and analysed to identify possible improvements to services.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |

Findings

Requirement (3)(e) was found non-compliant for HCP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. Following the Social, Community, Home Care and Disability Services industry award changes, the service increased HCP consumers’ services to 2-hour windows. This occurred without evidence of an assessed need and minimal negotiation with HCP consumers in relation to these changes to their services.

The Assessment Team’s report for the Assessment Contact undertaken between 18 October 2023 and 20 October 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, providing consumers with information to ensure consumers can make an informed choice about receiving care and services and removing the expectation that all services delivered are mandated to a 2‑hour timeframe. Documentation showed fee schedules clearly identify pricing for services delivered. The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(e) met.

Consumers and representatives said they were satisfied with the clear and accurate information they receive. Staff and management described how they provide information to consumers starting from the commencement of services and demonstrated strengthened processes to communicate information to consumers. Documentation showed consumers and representatives have information to make informed choices about care and services. For example, consumers requested a change from subcontracted staff to directly employed staff because of communication that a 2-hour service minimum only applies to subcontracted staff.

For CHSP subsidised services, consumers and representatives reported information to be current, timely and accurate.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Not Compliant |

Findings

Requirement (3)(a)

Requirement (3)(a) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* assessment and planning processes were considering risks to CHSP consumers’ health and well-being to inform the delivery of safe and effective care and services, specifically where consumers transitioned to the service.

The Assessment Team’s report for the Assessment Contact undertaken from 18 October 2023 to 19 October 2023 did not include any evidence of actions taken to address the non-compliance. The Assessment Team was not satisfied the non-compliance has been addressed and recommended Requirement (3)(a) not met in relation to CHSP subsidised services.

The Assessment Team provided the following evidence in relation to my finding:

* HCP consumers and representatives said assessment and care plans are discussed on entry to the service. Care managers discussed and documentation confirmed assessment and care planning for HCP consumers, including use of validated risk assessments.
* For CHSP consumers, assessment and planning does not assess risks through validated risk assessments or consider consumer risks to inform care delivery. For example:
  + Four consumers have not been assessed for falls risks or mobility support needs despite falls history and/or mobility decline related to neurodegenerative diseases.
  + Six consumers stated they could not remember having an assessment with the service.
* While the CHSP care coordinator stated the initial assessment is undertaken over the telephone and an occupational safety (home) risk assessment is undertaken, management advised of planned improvements to conduct face-to-face CHSP consumer assessments to capture relevant risk information.
* Support workers interviewed provided information about most task lists being generic, not clear and not current. For example:
  + A CHSP consumer has deteriorated, and more time is needed to meet the consumer’s needs. This CHSP consumer receives personal care and respite services. Documentation states support workers are to engage the consumer in activities the consumer may enjoy but, there is no information about what activities the consumer enjoys.

The provider’s response included the following additional information:

* Explanation that CHSP consumers are not funded for care coordination and there is limited capacity to provide this level of support under social support group services.
* Evidence of the service’s quality improvement plan which includes activities to develop an improved client assessment and review tool for all HCP and CHSP funded services to update all consumer files using the updated tool.
* Explanation of completing a face-to-face assessment for the consumer receiving respite services, with the consumer now awaiting HCP funding approval and the service increasing service hours to accommodate increased personal care needs.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate that assessment and planning considers risks to the consumer’s health and wellbeing to inform safe and effective care delivery.

I have considered information relating to reassessment following a fall of a consumer under Requirement (3)(e) and the suitability of a consumer’s mobility equipment under Requirement (3)(b) in this Standard, as the core deficits better relate to its intent.

While I acknowledge the provider finds care coordination does not fall within the scope of CHSP services, assessment and planning does not relate to care coordination. The intent of this Requirement expects organisations ensure relevant risks to a consumer’s safety, health and well-being are assessed, discussed with the consumer and included in planning a consumer’s care. This supports the consumer to receive the best possible care and services and makes sure their safety, health and well-being are not compromised. I find this did not occur as assessment and planning did not capture risks to guide staff in the safe and effective care delivered for consumers with a history of falls and/or a risk of falls due to a decline in mobility.

I have placed weight on feedback from consumers and representatives who could not remember having an assessment conducted by the service or who said they had not had an assessment or care plan review since the initial contact by the service several years ago. I have also placed weight on the Assessment Team’s review of documentation which showed validated risk assessments were not included on reviewed CHSP consumer files. This has the potential for consumers to not receive safe and effective care and services. During the Quality Audit, management acknowledged that processes could be strengthened and advised the service was working to undertake face-to-face CHSP assessments that capture relevant information about CHSP consumers.

I acknowledge the service’s quality improvement plan includes activities to address the identified deficits. However, at the time of my finding, all actions have not yet been implemented and there was no evidence of these actions being effectively embedded.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(b)

Requirement (3)(b) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* assessment and planning processes identify and address the CHSP consumers’ current needs, goals and preferences including advance care planning and end of life planning, specifically where consumers transition to the service.

The Assessment Team’s report for the Assessment Contact undertaken from 18 October 2023 to 19 October 2023 did not include any evidence of actions taken to address the non-compliance. The Assessment Team was not satisfied the non-compliance has been addressed and recommended Requirement (3)(b) not met in relation to both HCP and CHSP subsidised services.

The Assessment Team provided the following evidence in relation to my finding:

* Three of 10 consumers receiving HCP and CHSP services and their representatives stated while needs, goals and preferences have been listened to, the service cannot always meet consumers’ needs. All HCP and CHSP consumers and representatives interviewed said they do not remember any discussion about advance care planning.
* Staff responsible for assessment and planning stated they discuss and document each consumer’s needs, goals and preferences but, do not document outcomes of advance care discussions if consumers do not want to discuss the topic. Staff were not aware of advance care planning resources which could be provided to consumers.
* Consumer documentation did not identify if consumers have an advance care plan or if advance care planning and end of life planning information was discussed with consumers.

The provider’s response included the following additional information:

* Explanation that a new assessment tool is being developed and it is in final trial to identify and address specific consumer needs, to assist the service to provide less generic and more consumer specific care plans and task lists. Staff are being provided training to implement the new tool.
* Explanation that staff are being provided mandatory training to reinforce expectations around advance care planning and documentation.
* Explanation that the service will include advance care planning information in the consumer information kit.
* Evidence of the service’s quality improvement plan which includes information about the new assessment tool for HCP and CHSP funded services and advance care planning improvements.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response.

I have considered the intent of this Requirement, which expects organisations do everything they can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences, including advance care planning and end of life planning in line with the consumer’s preference. This was not occurring at the time of the Quality Audit, however, I am satisfied the service has implemented actions to address the advance care planning deficit and needs, goals and preferences are discussed with consumers and documented in care plans. This is supported by the organisation’s quality improvement plan, which shows all improvements were scheduled to be implemented by the time of my decision.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(c)

Requirement (3)(c) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* assessment and planning processes are based on ongoing partnership with the consumer and others the consumer wishes to be involved or other organisations and individuals and providers of other care and services, specifically CHSP consumers new to the service requiring domestic care not being involved in any assessment process.

The Assessment Team’s report for the Assessment contact undertaken on 18 October 2023 to 19 October 2023 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service demonstrated assessment and planning is undertaken in partnership with the consumer and with others the consumer wishes to be involved. The Assessment Team recommended Requirement (3)(c) met.

The Assessment Team provided the following evidence in relation to my finding:

* HCP and CHSP consumers and representatives said assessment and planning occurs with the consumer and those they wish to be involved in their care.
* Care managers (HCP) and program coordinators (CHSP) discussed how they encourage consumers to involve their representatives and others they wish to support them to plan their care.
* Documentation reviewed showed records of consumer choice on who the consumer wishes to be involved and who they wish not to be involved.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report. The provider did not provide a response against this Requirement.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(d)

Requirement (3)(d) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* outcomes of assessment and planning are effectively communicated with CHSP consumers and documented in a care and services plan which is readily available to the CHSP consumer and where care and services are provided, with care plans not provided for all CHSP consumers.

The Assessment Team’s report for the Assessment Contact undertaken from 18 October 2023 to 19 October 2023 did not include any evidence of actions taken to address the non-compliance. The Assessment Team was not satisfied the non-compliance has been addressed and recommended Requirement (3)(d) not met in relation to CHSP subsidised services.

The Assessment Team provided the following evidence in relation to my finding:

* HCP consumers and representatives confirmed the consumers receive care plans that include task lists and care supports. Staff stated they have enough information to support the consumers with the activities of their choice. The HCP consumer home folder has information on care plans, task lists, communication notes and other information for consumers and/or representatives to understand and make decisions about care and services.
* CHSP consumers receiving personal care, domestic assistance, social support individual (shopping) and flexible respite programs are not provided with care plans to ensure and support their quality of life, with 10 of 10 CHSP consumers receiving one or multiple services stating they have never been provided with care plans since they commenced services. The CHSP care coordinator stated care plans are not provided to CHSP consumers. Staff interviewed said care and services information is not effectively communicated and changes in consumer needs are not updated even when feedback has been provided by them to the office. CHSP consumer files reviewed did not provide clear directives to support CHSP consumers during care and services.
* Support workers interviewed provided information about most task lists being generic, not clear and not current.
* Management discussed the new consumer management database to be implemented and stated this should capture information uniformly across all programs. Management also advised that the service is undergoing a pilot to get consistency of information across all programs. However, documentation of the pilot forms viewed identified that staff were still not capturing adequate information to assist and support staff providing care and services.

The provider’s response included the following additional information:

* Explanation that a new assessment tool is being developed and it is in final trial to identify and address specific consumer needs, to assist the service to provide less generic and more consumer specific care plans and task lists. Staff are being provided training to implement the new tool.
* Explanation that all CHSP consumers have now been provided with care plans.
* Explanation that support worker information about care directives and task lists will be addressed through activities included in the quality improvement plan.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response.

I have considered the intent of this Requirement, which expects a care and services plan is be documented and reflects the outcomes of assessment and planning for each consumer and it should be available to the consumer and to those providing care and services for the consumer. This was not occurring at the time of the Quality Audit, however, I am satisfied the service has taken corrective actions to provide care plans to CHSP consumers and has implemented improvements to assessment to ensure information is shared and effectively communicated.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team found the service demonstrated each HCP consumer’s care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. However, the Assessment Team was not satisfied the service demonstrated the same for CHSP consumers.

The Assessment Team provided the following evidence relevant to my finding:

* HCP consumers and representatives interviewed confirmed assessment and review of the care and services takes place at least annually or if their needs change. Management and case managers stated all reassessments for HCP consumers are current and up to date. Documentation reviewed evidenced assessment and care planning is reviewed at least annually or if needs change.
* CHSP consumers and representatives stated they could not remember any contact for assessment or care plan review since they commenced receiving care and services from the service.
* Staff stated the service has commenced undertaking face-to-face reviews of CHSP consumers. However, the reassessments completed to date are mainly for consumers receiving domestic assistance.
* Although CHSP coordinators said the process is to undertake a review of consumers annually or if their care needs and circumstances changed, no reassessments or reviews for CHSP consumers discharged from hospital were available for review.
* Care documentation showed regular and as needed reviews and changes to care plans do not occur annually or as needed when circumstances change, or incidents occur. Ten of 13 files reviewed for CHSP personal care, domestic assistance, social support individual (shopping) and flexible respite showed reassessment had not been undertaken for over a year or more. For example:
  + One CHSP consumer’s care plan has not been updated to reflect the passing of the consumer’s husband or after the consumer was discharged from hospital following an operation.
* When the deficit about reassessment for CHSP consumers was raised with management, management stated they had identified the backlog of reassessments and reviews and they are working to address the backlog which occurred when over 1000 consumers transitioned to the service from other providers.
* Management stated around 75% of about 646 CHSP consumers have not received reassessment or review in the last 12 months or more.
* Management said the service has recruited a staff member to undertake the reassessments and clear the backlog and bring all assessment, reassessment and care plan reviews up to date for CHSP consumers.

The provider’s response included the following additional information:

* Explanation about the service developing an improved consumer assessment and review tool.
* Explanation that all consumer files will be completed using the updated tool to ensure more consumer specific detail is gathered and recorded.
* Explanation that goal directed care planning training will be delivered to staff.
* Explanation that improved tasks lists will be developed.
* Explanation of an improved alignment between HCP and CHSP services.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response.

I have considered the intent of this Requirement, which expects regular reviews of care and services for consumers. I find this did not occur because many CHSP consumers have not had up to date reviews and reassessments. I acknowledge lack of regular reviews may be a result of the many consumers who transitioned to the service. However, reviews have not been completed when circumstances change, or incidents occur for CHSP consumers.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not Compliant |

Findings

Requirement (3)(a)

Requirement (3)(a) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* each CHSP consumer receives safe and effective personal care, clinical care or both personal and clinical care that is best practice, tailored to the consumer’s needs and optimises the consumer’s health and well-being.

The Assessment Team’s report for the Assessment contact undertaken from 18 October 2023 to 19 October 2023 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service demonstrated each consumer receives safe and effective personal care, clinical care or both personal and clinical care, which is best practice, tailored to the consumer’s needs and optimises the consumer’s health and well-being, for both HCP and CHSP consumers. The Assessment Team recommended Requirement (3)(a) met.

The Assessment Team provided the following evidence relevant to my finding:

* Consumers described overall satisfaction with the personal care received.
* Documentation reviewed showed the service has recently enhanced documentation to ensure assessment and care plans capture clear directives for the provision of personal care services.
* Support workers said they provide personal care to meet each consumer’s needs, ensuring the services delivered support the safety of the consumer receiving care.
* Management discussed the initiative to undertake face to face assessments and care plan reviews and provide staff with clear directives to assist consumers to receive the care that meets their needs.

The provider did not provide a response to this Requirement.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report. The service is providing safe personal and clinical care which is tailored to the consumer’s needs and optimises their health and well-being.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

Requirement (3)(e)

Requirement (3)(e) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* information about the consumer’s condition, needs and preferences is documented and communicated within the organisation and with others where responsibility is shared. Consumer care needs were not consistently assessed and therefore the consumer’s needs and any risks could not be communicated with others involved in the consumer’s care, including dementia service agencies or other specialist support.

The Assessment Team’s report for the Assessment contact undertaken from 18 October 2023 to 19 October 2023 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found the service did not demonstrate 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 for CHSP consumers.

The Assessment Team provided the following evidence relevant to my finding:

* Support workers interviewed stated task lists are not detailed or up to date, and provided examples including not knowing about changes in consumers' family circumstances, deterioration, needs and preferences.
* As CHSP consumers do not have a care manager, feedback goes to the service (rostering) coordinator and the support workers do not receive a response from the CHSP care coordinators on what actions, if any, have been taken to support the consumer.
* Care documentation showed the service is aware of other organisations involved in the care of CHSP consumers. However, documentation did not show that information is shared consistently with the other organisations providing care and services. A review of HCP files showed that information about the consumer is shared with nursing and allied health clinicians when needs arise.
* Management advised a new staff member has been recruited to clear the backlog of reassessments and reviews. Once this is completed, information for support workers on supporting consumers should be clear and up to date.

The provider’s response included information about actions implemented to address the non-compliance, including: identifying the need to strengthen incident reporting, communication, escalation and compliance processes; improving consumer assessments and reviews; improving staff communication processes; and aligning and streamlining HCP and CHSP processes to ensure any changes to consumer circumstances are addressed using the same approach.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response which demonstrates information about the consumer’s condition needs and preferences is not documented and communicated within the organisation or with others where responsibility for care is shared.

I have placed weight on statements by staff indicating they do not have access to sufficient information about each consumer in order to provide safe and effective care, and understand the consumer’s condition, needs, goals and preferences. I acknowledge actions taken by the provider to address deficits identified by the Assessment Team, however, these have not been fully implemented at the time of my finding.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

# Standard 6

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

Findings

Requirement (3)(c) was found non-compliant for CHSP and HCP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* appropriate action was taken in response to complaints and an open disclosure process used when things go wrong, specifically consumers were dissatisfied with how the service implemented service changes based on changes to the staff award and consumers were dissatisfied with action taken by the service to address consumer concerns.

The Assessment Team’s report for the Assessment Contact undertaken between 18 October 2023 and 20 October 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, reversing the mandate of a 2-hour minimum service delivery and apologising to consumers for inconvenience and distress which may have been caused, and open disclosure training completed by all care managers in December 2022 and January 2023. The Assessment Team recommended Requirement (3)(c) met.

Most consumers and representatives said they were happy with the service, and they feel safe to provide feedback but, have not had cause to complain. Three consumers who were asked about response to their complaints said they were satisfied their complaints had been actioned. They could not recall whether any apology occurred. Management and staff described the service’s processes for managing complaints and demonstrated the number of complaints had reduced in 2023. Management demonstrated a complaint management system that enables complaints to be registered, actioned and analysed for trends. Documentation showed complaints are actioned and open disclosure occurs. The service has a feedback, comments and complaints procedure to guide staff to acknowledge a complaint and achieve timely resolution, including the use of open disclosure.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |

Findings

Requirement (3)(a) was found non-compliant for CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* the workforce is planned to enable enough staff to meet the number of consumers in the CHSP.

The Assessment Team’s report for the Assessment Contact undertaken between 18 October 2023 and 20 October 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, recruitment of 20 new support workers, finalising the recruitment of an additional Human Resources staff member and upscaling workforce engagement and retention processes. The Assessment Team recommended Requirement (3)(a) met.

Consumers receiving HCP or CHSP services and/or their representatives were satisfied with the number and mix of staff to deliver their services. Staff said there are enough staff to effectively complete their roles and said recruitment had increased. Management described the actions taken to address the previously assessed deficits, including increased and ongoing recruitment processes, 8 staff have completed traineeships in cleaning operations, a new workforce structure to support HCP services with an additional senior care manager appointed, and recruitment of a new care coordinator to assist with CHSP assessments and triage. Documentation reviewed confirmed there are enough staff and appropriate skills mix to deliver care and services.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 7 Human resources.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 7 Human resources.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | 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 | Not Compliant |

Findings

Requirement (3)(b)

Requirement (3)(b) was found non-compliant for HCP and CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery, as there were deficits in relation to information management, workforce governance and complaints which translated into a failure in oversight by the governing body.

The Assessment Team’s report for the Assessment Contact undertaken from 18 October 2023 to 19 October 2023 did not include any evidence of actions taken to address the non-compliance. The Assessment Team was not satisfied the non-compliance has been addressed and recommended Requirement (3)(b) not met in relation to both HCP and CHSP subsidised services.

The Assessment Team provided the following evidence in relation to my finding:

* The service has ineffective oversight of subcontracted services putting consumers at risk of receiving poor quality services, with no effective system in place to monitor and manage performance of subcontracted providers and care delivered by support workers.
* Management and service coordination staff described a reactive subcontractor monitoring system that addresses individual complaints about subcontracted workers as they arise. There is no formal process to monitor subcontractors, their performance and issues arising on a regular basis.
* Feedback and complaints about subcontracted staff performance are addressed initially by service coordinators from the rostering team. Issues are not escalated to management. There is no system for addressing non-performance by subcontracted support workers.
* Documentation review showed not all complaints about subcontracted staff are recorded on the complaint register.

The provider’s response included the following additional information:

* Explanation that the issues identified in the Assessment Team report were isolated to the consumers identified. Other consumers receiving care from subcontracted providers had not reported similar issues.
* Explanation that the provider is implementing improvements to brokered service engagement, including identifying and implementing key performance indicator benchmarks for contracted/brokered services, reviewing and strengthening processes for visibility of contracted staff feedback and increasing internal workforce to reduce reliance on brokered services.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response.

I have considered the intent of this Requirement, which states the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality care and services. The governing body is also responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. I find this did not occur because there continues to be deficits in relation to information management, workforce governance and complaints which translate into a failure in oversight by the governing body. There is a deficit in systems and processes to ensure quality of services through subcontracted providers.

I acknowledge the service’s planned improvements to address the identified deficits. However, at the time of my finding, all actions had not commenced and there was no evidence of these actions being effectively embedded.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 8 Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 8 Organisational governance.

Requirement (3)(c)

Requirement (3)(c) was found non-compliant for HCP and CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* effective organisation wide governance systems relating to information management, workforce governance and feedback and complaints, namely not being able to provide the governing body with relevant and timely information, data or trending to allow the governing body to fully discharge its responsibilities to monitor and evaluate performance against the delivery of safe and quality care and services, as well as not having informed consent of each consumer who was impacted by changes implemented as a result of the staff award changes to 2-hour minimum shifts.

The Assessment Team’s report for the Assessment Contact undertaken between 18 October 2023 and 20 October 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, strengthening of information management systems through communication and consultation with individual consumers, strengthened systems and processes to oversight workforce governance and reports relevant workforce matters to the governing body. The Assessment Team recommended Requirement (3)(c) met.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information is analysed for trends and reported to the governing body. The service has purchased a new electronic information management system to improve information management. This will be implemented in January/February 2024. The service communicated and consulted with all HCP consumers to advise them of the reversal of the decision to implement a 2-hour minimum service for all consumers.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance.

Requirement (3)(d)

Requirement (3)(d) was found non-compliant for HCP and CHSP subsidised services following a Quality Audit undertaken from 22 November 2022 to 25 November 2022. The service did not demonstrate:

* effective risk management systems and practices for CHSP consumers transitioning to the service from other providers, which placed consumers at risk of poor outcomes as continuity of care was not consistently occurring in relation to managing high-impact and high-prevalence risks and in supporting consumers to live their best life.

The Assessment Team’s report for the Assessment Contact undertaken from 18 October 2023 to 19 October 2023 did not include any evidence of actions taken to address the non-compliance. The Assessment Team was not satisfied the non-compliance has been addressed and recommended Requirement (3)(d) not met in relation to both HCP and CHSP subsidised services.

The Assessment Team provided the following evidence in relation to my finding:

* The service has a risk management framework that includes a risk register, risk management policies and procedures including for managing high-impact and high-prevalence risks.
* The organisation’s risk management system failed to identify that CHSP consumers’ risks had not been identified or assessed.
* The service does not always follow up when risks are identified to ensure high-impact risks are managed and consumers are living in a safe environment, for both HCP and CHSP consumers.
* The service has policies and processes in place to guide staff in identifying and responding to abuse and neglect, with staff completing relevant training.
* The service has policies and processes in place to guide staff to support consumers to live the best life they can.
* The service has an incident management system in place, including processes to manage and prevent incidents and reports about incidents regularly to the governing body. However, the system does not always ensure effective escalation and management of incidents to prevent recurrence. Incidents are not always actioned and escalated appropriately in a timely manner according to the service’s policies and procedures.

The provider’s response included the following additional information:

* Explanation the service has identified actions to improve communication, reporting escalation and compliance activities, including increased monitoring and investigation of incidents to ensure compliance.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response.

I have considered the intent of this Requirement, which expects organisations to have systems and processes in place that help to identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it is affecting consumers. I find this did not occur because the assessment and planning system for CHSP consumers does not identify potential consumer risks or include referrals for risk assessments and the service’s incident management system does not always ensure effective escalation and management of incidents to prevent recurrence. Incidents are not always actioned and escalated appropriately in a timely manner according to the service’s policies and procedures.

I acknowledge the service’s planned improvements to address the identified deficits. However, at the time of my finding, all actions had not been implemented and there was no evidence of these actions being effectively embedded.

The impacted care types are HCP and CHSP subsidised services.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)