**Performance**

**Report**

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| Name: | My Guardian Home Services |
| Commission ID: | 201521 |
| Address: | Level 1, 2 Macarthur Avenue, REVESBY, New South Wales, 2212 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9837 My Guardian Group Pty Ltd  
Service: 27896 My Guardian

**This performance report**

This performance report has been prepared by Gill Jones, 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 services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 19 September 2024 and 26 September 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

*Requirement 2(3)(a)*

* Ensure assessment and planning processes are comprehensive and include consideration of risks to the consumer’s health and well-being to informs the delivery of safe and effective care and services.
* Ensure when risks are identified these are appropriately escalated to trigger re-assessment.

*Requirement 2(3)(d)*

* Ensure the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan.
* Ensure consumers and representatives are informed of how they can access their assessment and care planning information.
* Ensure HCW’s are accessing the care planning information they need to guide their practice.

*Requirement 3(3)(b)*

* Effectively manage of high impact or high prevalence risks associated with the care of each consumer.
* Ensure staff are aware of their responsibilities to escalate concerns to ensure effective risk management.

*Requirement 3(3)(d)*

* Ensure effective processes and sufficient clinical oversight to ensure when a consumer’s condition changes or deteriorates this is recognised and responded to ensure consumers receive timely and appropriate medical review and intervention.

*Requirement 3(3)(e)*

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

*Requirement 4(3)(b)*

* Ensure assessment and planning process capture information about consumer’s emotional, spiritual and psychological health to ensure service and supports provided promote well-being.

*Requirement 4(3)(d)*

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

*Requirement 6(3)(c)*

* Ensure staff are appropriately trained to identify complaints and complaints are escalated to management to ensure appropriate action is taken in response and open disclosure is used.

*Requirement 6(3)(d)*

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

*Requirement 7(3)(a)*

* Ensure issues with staff retention and client rostering are addressed to ensure 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)(c)*

* Ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles.

*Requirement 7(3)(d)*

* Ensure staff are trained and equipped to deliver the outcomes required by the standards by ensuring they are adequately supervised and supported.

*Requirement 7(3)(e)*

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

*Requirement 8(3)(b)*

* Ensure the governing body promotes a culture of safe, inclusive and quality care and services and are accountable for their delivery by overseeing the organisation’s strategic direction, their policies for delivering care and monitoring the performance of the organisation.

*Requirement 8(3)(c)*

* Ensure the organisation is able to demonstrate effective organisation wide governance systems in relation to continuous improvement, workforce governance and feedback and complaints.

*Requirement 8(3)(d)*

* Ensure effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

*Requirement 8(3)(e)*

* Ensure a clinical governance framework is in place to improve the reliability, safety and quality of clinical care to improve outcomes for consumers.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Most consumers and representatives interviewed were satisfied the service treats

them with dignity and respect and values their identity, culture and diversity. Whilst most consumers were satisfied, two consumer representatives identified occasions where they felt disrespected. Home care workers (HCW’s) were able to describe the culture and diversity of their consumers when interviewed and described the ways they showed respect. Consumers interviewed who identified as from diverse cultural background confirmed the service is supportive and respectful of their cultural identity despite care plans containing limited information highlighting consumer cultural diversity or personal identity. The Assessment Team found specific policies related to cultural diversity, dignity and individuality that directed staff behaviour.

All consumers and representatives interviewed were satisfied the care and services offered were culturally safe. All consumers interviewed who identified having culturally diverse needs confirmed care and services took these needs into account and services were provided to ensure their cultural needs were met. Staff and management interviewed confirmed the cultural needs of consumers were known to staff and management and where necessary services were adapted to take account of different cultural needs. Staff confirmed the service was able to provide consumers with literature that supported cultural differences including offering different languages options and translation services in the initial welcome pack.

Most consumers and representatives interviewed felt the service supported them to exercise choice and independence in the delivery of their care and services. Consumers said they were supported to include family and friends they wanted involved in their care, their decisions are communicated and the service supports them to make the connections and relationships they want. The Assessment Team observed policies and procedures that directed staff to ensure consumers were supported to exercise choice in how their care and services are delivered.

Consumers and representatives interviewed confirmed they believed the service would support them to take risks if they wanted to. Management noted they would always discuss all aspects of such requests with the consumers including alternatives and ways of reducing or mitigating risk. The Assessment Team observed the service has policies and procedures to guide staff when dealing with personal choice and risk-taking behaviours and dignity of risk forms are in use.

All consumers and representatives interviewed confirmed the information they are provided by the service is current, accurate and timely and is easy to read and understand. Consumers and representatives receive the service’s regular newsletter and the information it contained was useful, accurate and up to date. All consumers spoken to who had difficulties reading English said the service always ensured that information was available to them in their own language either through a friend or family member or by translations provided by a staff member. Most consumers/representatives who were asked said their monthly statements were clear, easy to read and accurate. Staff confirmed that information provided to each consumer is accurate and delivered with time to ensure consumers have the opportunity and time to understand and exercise choice. However, some consumers raised issues regarding sudden short notice changes to the rostering of services and in several cases services were cancelled without prior notice. Some consumers said that this had a significant and detrimental effect on their ability to plan their days and make the choices needed to support them to live their best life.

I find Standard 1 compliant as six of the six requirements are compliant.

# Standard 2

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

Findings

Some consumers and representatives interviewed were not satisfied the assessment and care planning process was comprehensive and felt staff did not listen to their needs or discussed ways to reduce risk and support their health and wellbeing. Review of care planning and clinical documentation identified individual consumers have not been assessed properly and risks to them not identified. For example, risks associated with self-administered medications, falls and changed behaviours were not assessed when identified. Assessment and care planning documentation did not contain information to guide staff in the delivery of safe and effective care and services. Management advised registered staff undertake reviews for Home Care Packages (HCP) Level 3 and 4 and maintain oversight of assessment and planning in consultation with relevant staff when consumers enter the service and when changes occur. Review of assessment and care planning documentation confirmed this has not been happening, particularly when risks to the consumer’s health and well being have been identified either by HCW’s or the consumer themselves or their representative. The Assessment Team identified a lack of clinical governance when reviewing consumer assessment and planning to ensure delivery of individualised optimal care.

In their response to the Assessment Team’s report the provider confirmed that the consumers cited in the report had been reassessed and their care plans amended to reflect their current needs with strategies implemented to address the risks identified. The provider argued that an episode where a consumer was found outside their home by a HCW was not reportable through the Serious Incident Response Scheme as the threshold had not been met. I find I do not have sufficient information to make a judgement on that but find it most concerning that a consumer with a history of wandering was found outside their home twice by HCW’s and this was not escalated to management, the consumer’s representative or through incident reporting when these events occurred. The provider identified areas for staff training in their training plan in May 2024 to address and has reminded staff of their responsibilities to escalate concerns about consumers and when incidents occur. I find this requirement not compliant as assessment and planning processes are not sufficiently including consideration of risks to the consumer’s health and well-being to informs the delivery of safe and effective care and services.

Most consumers and representatives confirmed information about their needs, goals and preferences is kept up to date through regular communication with staff and management. Clinical care coordinators (CCCs) described how conversations with consumers/representatives identify what is important to them and inform delivery of services, and how this is reflected in care planning documents. Management stated advance care planning (ACP) is discussed at the commencement of services and consumers are provided with information on ACP in their welcome pack. End of life care is provided, and care documentation showed consumers’ needs and preferences were captured, and advance care planning had been raised upon entry to the service. A procedure is available to guide staff in end-of-life planning, however, deficiencies were identified in staff practice in that a review of consumer documentation indicated discussions about EOL care is only undertaken at the initial care planning stage with no evidence of discussions being undertaken at follow up care reviews or when consumers deteriorated.

Most consumers and representatives said assessment and planning is based on ongoing partnership with them and those they wish to be involved in their care. However, some consumers and representatives said they could not recall being involved in assessment and planning since entering the service and do not feel partnered with by the service. Care documentation reflected the involvement of external medical and allied health providers and other organisations who provide services to meet the needs of the consumer. Registered staff described how they work in partnership with other organisations, individuals and service providers in assessment and care planning and communicate regularly regarding changing needs of consumers.

Some consumers and representatives said they were unaware they had a care and services plan containing their needs, goals and preferences and had not been offered a copy. Consumers/representatives were unaware they were able to access care plans and that care planning reviews occur at least 12 monthly and/or when changes impact the care and services consumers receive. Some registered staff were not aware that consumers/representatives should be offered/provided a copy of the care plan if they choose. Some HCW’s indicated they were unaware they could access the consumer’s care plan at the point of care delivery to guide them. A consumer’s care plan was identified to lack details regarding a specialist’s recommendations. The consumer’s representative did not feel the specialist’s recommendations had been fully communicated with them with regard to changes to the consumer’s care plan.

In their response to the Assessment Team’s report the provider provided further clarification around the care offered to this consumers and were able to show communication had occurred with a consumer’s representative but agreed that the service had not communicated sufficiently well with the representative to confirm the specialists’ recommendations would now form part of the care plan. The provider stated that the consumer’s care plan had now been updated to include this information. Regarding consumers and their representatives having access to their care plans, the provider was able to show that one out the three consumers identified in the Assessment Team’s report has been provided with their care plan and they agreed to send the remaining two consumers their care plans. The provider also responded that HCW’s are informed they can access the care plan during induction and reminded of this through regular SMS.

I find the service does not have an embedded process to ensure the outcomes of assessment and planning are effectively communicated to the consumer/their representative and documented in a care and services plan that is accessible to the consumer/their representative. Some registered staff were not aware that consumers/representatives should be offered/provided a copy of the care plan if they choose. In their response the provider indicated that consumers can access their care schedule and care plan through a client portal but did not indicate if this is the preferred way for consumers and representatives to access this information and how this is communicated to consumers and representatives. The provider agreed to send care plans to those consumers/representatives identified by the Assessment team as not having access indicating there is no clear process for providing consumers/their representatives access to their care planning documentation. I find this requirement not compliant as the outcomes of assessment and planning are not 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.

Some consumers and representatives said the service regularly communicates with them and implements changes to the consumer’s care plan to meet the consumer’s current needs. However, some consumer/representatives said this was not occurring following hospitalisation or incidents including urinary tract infections (UTI’s), falls and changed behaviours. Care documentation demonstrated risks to consumers are not consistently identified and strategies are not implemented or reviewed for effectiveness. Overall, care plans reviewed were not updated when circumstances changed that impacted the needs, goals and preferences of consumers. The Assessment Team identified a lack of clinical oversight and review of consumer services resulting in impact for the consumer.

In their response to the Assessment Team’s report the provider provided clarification around the care offered to consumers cited in the report. Whilst the care plan for one consumer with changed behaviour had not been updated immediately following an incident the provider was able to explain why. The provider was able to show that assessment and follow-up had been provided to the consumer who had fallen and was able to show the consumer with the UTI was being treated at home, not in hospital hence there was no need for a post hospital visit to review. I find this requirement compliant.

I find Standard 2 not compliant as two out of the five requirements are not compliant.

# Standard 3

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

Findings

Most consumers and representatives spoke positively about the care and clinical services they receive and could describe how it assists them to maximise their health and wellbeing. Staff demonstrated knowledge of consumers’ needs, goals and preferences and described how the service ensures care is best practice and tailored to the consumers’ needs. Management advised how the service subcontracts to nursing agencies to ensure consumer needs are met. Care plans reviewed accurately describe the consumer’s personal and clinical care needs in adequate detail to guide staff in the delivery of care and services. The service has policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care.

Consumers and representatives confirmed risk assessments are not always completed following an incident. Strategies to minimise risks are not routinely documented in the consumer’s care and service plan and care plans are not reflective of current needs. HCW’s were able to describe strategies to minimise the impact of identified risks for some consumers, however, could not demonstrate awareness of individualised actions identified to minimise risks for some consumers. The Assessment Team identified a lack of clinical oversight when reviewing consumers with high impact or high prevalence risks including falls, changed behaviours, continence management and nutrition and hydration.

In their response to the Assessment Team’s report the provider submitted information in relation to a consumer who sustained a fall causing injury who was found by the HCW during a service. The HCW was aware the consumer was experiencing declining mobility and had sustained several previous falls outside service times but had not reported these. The provider defended the actions of the HCW in not escalating this information arguing that falls that occur outside service times ‘fall outside their scope due to the limited amount of information provided’ and regarded the information as ‘remarks only’. The failure to escalate this information by the HCW resulting in delays to conducting a further falls risk assessment with the consumer. The HCW was also aware of the consumer’s worsening condition and this information was not escalated to management resulted in the consumer’s behaviour and continence not being reassessed. For a second consumer at risk of weight loss the provider claimed they were unaware of the risk as not communicated to them by the consumer’s representative. The consumer’s weight loss and poor appetite however was known to the HCW and not reported. The provider acknowledged delays in communicating and reporting information had resulted in delays in the consumer being reviewed. The provider stated they have taken steps to address this including scheduling care plans reviews with consumers to ensure care plans align with the consumer’s needs and educating staff about escalating concerns and incidents they become aware of. Additionally, the high risk register would be updated. I find this requirement not compliant as high impact high prevalence risk for each consumer are not being effectively managed to provide safe quality care.

Consumers/representatives interviewed said the service was providing individualised care and services based on their needs and preferences to maximise comfort and preserve privacy and dignity. Management and CCCs advised how they facilitate access to multidisciplinary and specialist palliative care and services for consumers. A number of consumers were identified by management as palliative but no consumers were actively nearing the EOL at the time of the Quality Audit. Policies and procedures are available to guide staff in providing EOL care including having discussions with consumers and/or representatives about goals and preferences.

Some consumers/representatives said they did not feel confident that staff would recognise deterioration in a consumer’s health or wellbeing. Some staff were unable to provide examples of how they responded to changes in a consumer’s condition and what actions they took, including escalation and incident reporting. Changes in consumer’s physical or cognitive function was not always recognised in a timely manner resulting in worsening continence with cognitive decline for one consumer and a falls and unreported pain for another. Effective processes and sufficient clinical oversight are not in place to ensure when a consumer’s condition changes or deteriorates this information is escalated to ensure consumers receive timely and appropriate review.

In their response to the Assessment Team’s report the provider responded by acknowledging gaps in the communication of information had resulted in delays in responding to deterioration in the consumer. The provider agreed to undertake staff education and improve clinical outcomes for consumers through more robust clinical oversight of consumer care and improved recording and reporting of information. I find this requirement not compliant as deterioration or changes in a consumer’s mental health, cognitive or physical function, capacity or condition are not recognised and responded to in a timely manner.

Feedback from consumers and representatives, staff and management identified information about consumer’s care needs are not consistently shared. Review of care documentation indicated deficiencies in the sharing of information that impacted the clinical oversight provided by the service to consumers where responsibility for care is shared. The failure to communicate information resulted in one consumer’s pain not being escalated for review and another not receiving personal care as not reported by the staff member. For another consumer their care plan did not reflect the name they like to be called, their current care needs and consent for information to be shared with other health professionals. In their response to the Assessment Team’s report the provider responded by stating they have taken action to ensure the care worker who did not provide personal care is now no longer scheduled and a SIRS report has been completed. The provider stated they will continue to re-educate staff on the importance of sharing information. I find this requirement not compliant as information about the consumer’s condition, needs and preferences is not documented and communicated within the organisation, and with others where responsibility for care is shared.

Consumers/representatives interviewed said they are satisfied the service does or would assist with making timely referrals to appropriate providers. Staff described how they inform management if they identify a need for a consumer that may require a referral. Management advised where a need is identified, consumers are referred to other organisations to provide care and services to meet the consumers’ assessed needs. Where input from other organisations and providers of care is sought, their recommendations are incorporated into consumers’ care and service plans. Care documentation showed evidence of referrals to providers such as physiotherapists, occupational therapists, speech pathologists, dietitians, podiatrists, equipment suppliers, and medical practitioners. Timely referrals are submitted to My Aged Care for HCP upgrades.

The service demonstrated the minimisation of infection related risks to prevent and control infection and practices in line with the principles of antimicrobial stewardship (AMS). Consumers/representatives confirmed staff follow standard infection control protocols, including handwashing and the appropriate use of personal protective equipment (PPE). Management and staff described practical ways to minimise the transmission of infections including the risks associated with influenza and COVID-19. Staff reported they have received infection control training and have access to sufficient supplies of PPE. The service has policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

I find Standard 3 not compliant as three out of the seven requirements are not compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers reported that they were able to receive supports and services that enabled them to remain at home and maintain independence. Management advised that services and supports are tailored to the consumer and goals, and HCW’s discussed how consumers are supported to maintain their independence and well-being. A review of care planning documentation reflected information provided by consumers and representatives with regard to their needs, goals and preferences.

Some consumers and representatives said the service was excellent however some consumers and representatives said that the service would not recognise changes in their emotional and psychological wellbeing. Assessment and care planning documentation did not show that information about consumer’s spiritual, emotional and psychological well-being was collected to inform care provision and manage psychological well-being. While the service has a Supporting Wellbeing policy that states the service identifies consumer’s emotional, spiritual, cultural, and psychological needs and preferences this information is not included in the consumer’s initial assessment or care plan.

In their response to the Assessment Team’s report the provider stated they had recently identified this as a quality improvement in their continuous improvement plan and had commenced collecting information about consumer’s emotional, spiritual, cultural, and psychological needs and preferences. I find this requirement not compliant as services and supports for daily living do not promote each consumer’s emotional, spiritual and psychological well-being.

All consumers and representatives interviewed said the service enables them to participate in their community and do things of interest to them. Staff could describe how consumers were connected to their friends, family and community. Documentary review showed bookings of transport to social groups for consumers.

Consumers and representatives said information about their conditions, needs and preferences is not communicated well within the organisation and with others providing care and services. Staff said the consumer’s condition, needs and preferences are not always communicated with others where care is shared. The service has systems to enable the sharing of consumers’ information within the organisation and with others who share care responsibilities, however, information is not always actioned by relevant staff in a timely manner to ensure the needs and preferences of consumers are met. For one consumer information about pain was not shared with family members and escalated within the service and neither was information about their care plan updated shared with the representative. For another consumer information known about use of their preferred name was not listed in their care plan, information about their behaviour and falls risk had not been shared and permission to share information with others was not consented to. For a further consumer, personal care was not provided by a brokered agency and this was not reported.

In their response to the Assessment Team’s report the provider acknowledged that whilst their policies supported information sharing this was not always adhered to by staff and was therefore an area requiring continuous improvement. The provider acknowledged that for one consumer information to update to the consumer’s care plan was not shared with their representative. This is an action in their continuous improvement plan. For another consumer the provider acknowledged that information known about the consumer’s preferred name was not well documented and information known about their behaviour had not resulted in a care plan to assist staff should the consumer’s behaviour escalate during service delivery. The provider demonstrated that the consumer’s high falls risk and permission to share information with others was being managed by respecting the consumer’s right to choose. The provider recognised the gaps in information transfer and sharing and an action item is in their continuous improvement plan to address. I find this requirement not compliant as information about the consumer’s condition, needs and preferences is not communicated within the organisation, and with others where responsibility for care is shared.

Consumers and representatives were satisfied that timely and appropriate referrals to other organisations and providers of care and services are made. Management reported that when required, consumers are referred to other organisations and providers of care and services, including lawn maintenance, cleaning services, and transportation to attend social events and activities in the community.

No concerns were raised by consumers in relation to the safety and suitability of equipment. Staff said the service does not provide equipment, but purchases through reputable external providers, after an OT assessment has been undertaken. The service could demonstrate that where equipment has been purchased for consumers, invoices and maintenance schedules are kept ensuring equipment is regularly maintained or serviced, or repaired under warranty.

I find Standard 4 not compliant as two out of the six requirements are not compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

All consumers and representatives interviewed said that if they had issues, they would have no hesitation in contacting the service; and several consumers provided examples of when they had contacted the service to make complaints. Some consumers interviewed reported that they have never made or needed to make a complaint, but said they knew that they could contact the service if they did have one.

Consumers and representatives interviewed said that they had not required the need of a language service. Consumers interviewed had been provided information on how to make a complaint to the Commission or use an advocacy service if required.

Most consumers were dissatisfied with how complaints made were dealt with. Several consumers and representatives said they had contacted the service regarding issues around staff not turning up, leaving early, or not having the necessary skills to undertake the service. Consumers/representatives said their complaints were handled badly. A consumer representative reported that they were very unhappy about how their complaint about the theft of money was handled. A review of documentation showed inconsistencies in how complaints were received and categorised with a lack of open disclosure. The service has an open disclosure policy and some staff knew what open disclosure is but many did not. Staff are not provided with training or instruction on how to manage complaints either in the staff handbook or during induction. Management advised that when contact is made with the service, all contact is recorded into the ECPS and allocated a category such as a complaint. It was noted however that issues reported by consumers were often not categorised as complaints and were not handled as such. Most staff said they never dealt with complaints. Furthermore, the service could not demonstrate subcontractors had been advised on how complaints are to be managed.

In their response to the Assessment Team’s report the provider submitted detailed information on how various complaints in the report were managed. The allegation of theft was dealt was fully investigated and escalated both to the SIRS and the Police. One complaint around staff not having the necessary skills to undertake personal care resulted in an apology to the representative, the worker being blocked from attending the consumer again at the representative’s request, the service being rescheduled for a later time but no explanation provided to the consumer’s representative about why the worker was scheduled for a personal care service. Information submitted by the provider about another complaint about a worker not providing personal care and leaving early showed the worker had provided the care required and left early with permission from a family member. This worker was also blocked from attending the consumer again. The actions taken by the provider were largely appropriate, and there was evidence that an apology was provided to at least one consumer. Complainants remained overall unhappy with the response from the service. An analysis of the information in the Assessment Teams report and the response by the provider demonstrates complaints about services are largely not recorded as complaints and are not escalated to management. There is a lack of follow up by senior staff to ensure consumer satisfaction and no evidence that open disclosure was used. A review of the training plan summary July 2024 - June 2025 does not include training in complaints or open disclosure. The provider outlining their complaints process explaining complaints are not necessarily categorised as such by the booking staff who are the primary point of contact. They determine whether issues are escalated to more senior staff and management or not. Only issues categorised as a complaints are added to the complaints register. The provider acknowledged that staff may need retraining as many new staff have commenced recently and may not be sufficiently familiar with the policy. The provider stated re-education of staff is required to ensure complaints are identified and processed as such and that greater management oversight is provided. I find this requirement not compliant. Whilst individual complaints are handled and individual solutions found there is a lack of management oversight demonstrating appropriate action is taken in response to complaints, including complaints about subcontracted services, and that open disclosure is used.

The service currently does not capture all feedback and complaints into a complaints or feedback register. Consumer and representative complaints are documented and categorised in the consumer’s electronic record, however, the Assessment Team noted inconsistencies with categorisation of entries, preventing the service to extrapolate all feedback and complaints received based on entry type. Currently complaints information is not collected from subcontracting agencies providing care. The contractor agreements does not include provision on how they must respond to feedback, complaints, and open disclosure. There is no evidence of discussion regarding continuous improvement needed as a result of the review of consumer feedback and complaints. Furthermore, there is no evidence that these matters are discussed by the Board or any of the other subcommittee to improve the quality of care and services.

The provider acknowledged these deficits and has raised a continuous improvement item their improvement plan in relation to complaint recording and trending and data will be presented to the Board. I find this requirement not compliant as the service is unable to demonstrate complaints are captured and reviewed to inform continuous improvement. Complaints are not trended and reported to the Board and do not appear in the services plan for continuous improvement.

I find Standard 6 not compliant as two out of the four requirements are not compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Most consumers and representatives interviewed said they were dissatisfied about the rostering of services provided by HCW’s. Consumers said the HCW often turned up late, didn’t turn up at all or did not stay the whole allotted time. A representative complained about the number of different workers coming to deliver services. Several complaints were about staff attending to do personal care who were not trained to do so. Representatives interviewed reported experiencing a high level of stress and frustration about the impact this had on both the consumer and themselves. Many consumers had made complaints about these issues to the service. In the previous three months there had been a high turnover of staff with 73 missed shifts for the period mid July to mid August 2024. Staff, however, did not raise concerns about the way the workforce is deployed.

In their response to the Assessment Team’s report the provider submitted additional information in relation to the missed shifts and was able to demonstrate only 4% of shifts could not be filled. The provider disputed that workers had not arrived, or arrived late, to provide services and provided documentary evidence to support that claim. The provider’s response however demonstrate that one consumer was subject to multiple shift changes and workers, often at late notice with workers running late repeatedly. The provider stated they identified in June 2024 that high turnover of staff was leading to inconsistencies in care delivery and they were attempting to improve the retention of HCW staff, most of whom are casual. The provider stated that an item has been entered into their continuous improvement plan to address staff retention and client rostering. In their response the provider acknowledged consumer dissatisfaction and frustration around multiple different workers attending, multiple changes to shift times, workers not arriving or arriving late or leaving early. The provider denied being aware of these issues previously stating consumers had not reporting these issues to them. By the same token, neither had staff. I have reviewed both the Assessment Teams report and the response from the provider and consider that services are not being deployed to enable the delivery and management of safe and quality care and services. Consumers do not appear to have not been placed at risk due to missed services, however this does not negate or lessen the impact on consumers of multiple shift changes and multiple workers attending who are arriving late or seeking to leave early or whom are not trained to provide the care required. There is a considerable amount of instability in the workforce caused by the provider being unable to retain staff which is impacting consumer satisfaction and the delivery of safe, quality care. I find this requirement not compliant as the workforce is not planned to enable, and the number and mix of members of the workforce deployed does not provide the delivery and management of safe, quality care and services.

Most consumers and representatives interviewed said staff are kind, caring and respectful of each consumers identity, culture and diversity. Two consumer representatives however commented on being spoken by staff in appropriate manner. HCW’s could describe the culture and diversity of consumers when interviewed and described the ways they showed respect. The service coordinators demonstrated how the rostering system identifies consumers who have particular needs such as workers with specific language skills such as Arabic, Greek or Tagalog. Consumer care plans also identify this. Staff were observed to be speaking to consumers and representatives in a courteous and respectful manner.

Many consumers and representatives said they were not satisfied the workforce was competent nor had the qualifications and knowledge to effectively perform their roles. Positive feedback was received regarding nursing services when this was provided. Some staff said they did not have the knowledge to effectively perform their role. Many HCW’s do not have to have a certificate qualification and some staff do not have any experience in the aged care sector. In their response to the Assessment Team’s report the provider stated that they have recruited 211 staff in the last 12 months with 29 HCW’s leaving their employment in the last six months. The provider stated all new HCW’s undergo buddy shifts on commencement and provided evidence pertaining to one worker recently recruited. This is at odds with the information provided on site that HCW’s are not routinely offered buddy shifts. The provider responded to the issue of staff not having appropriate qualifications by stating they employ around 50 staff with Certificate III or IV in Aged Care and/or Disability, the others being people interested in providing aged care with or without any prior experience. As the provider employs around 400 HCW’s across their different programs only a small percentage of staff possess a certificate qualification. The provider stated that all new employees participate in a half day face to face training program which covers 19 topics including dementia care, infection control, Code of Conduct, the Quality Standards, manual handling, changes in consumers conditions, SIRS and incident reporting etc. The provider did not provide evidence to demonstrate the effectiveness of covering 19 topics in a half day training session or how the organisation ensured new employees felt sufficiently knowledgeable to perform their roles safely following induction. The provider confirmed that there is no practical component to the manual handling training currently offered. The provider stated in August 2024 a continuous improvement item was raised to include open disclosure, consumer feedback and complaints handling, understanding dementia, SIRS and incident reporting and money handling to the induction training. I have considered the information in the Assessment Team’s report, particularly feedback from consumers who felt staff were not sufficiently knowledge to perform their job. Notable is feedback from one representative who stated she complained to the service that staff did not know how to move and handle consumers and ‘they did not care’. Several representatives raised issues about staff not being trained to provide personal care. Another consumer complained about the standard of cleaning and was told ‘it is home help, not a cleaning service’. The provider’s response to this complaint was to replace the worker but there was no mention in their response that the worker was provided with feedback on their performance or was offered further training. I note that some staff said they had not received enough education. Having evaluated the information before me I consider that not all HCW’s have the appropriate qualifications and are sufficiently knowledgeable and competent to perform their roles.

The provider is facing challenges in retaining staff resulting in large numbers of new staff being recruited in a relatively short time frame. Induction processes do not cover all that new workers need to know to competently perform their roles with some staff said they did not have the knowledge to effectively perform their role. This combined with consumer dissatisfaction with staff competence suggests there is insufficient attention being given to ensuring the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. I find this requirement not compliant.

Consumers had differing opinions on whether satisfied with the training and recruitment the HCW received. Evidence was sighted of the onboarding and induction process as well as attendance at mandatory education sessions. A review of employee files showed Australia Health Practitioners Registration Agency (AHPRA) registrations, criminal checks, working with children checks and qualifications for staff that possess them were obtained as part of the onboarding process and competencies of staff on induction are recorded. In their response to the Assessment Teams report the provider stated in June 2024 they revised their training plan to ensure all staff complete mandatory training online each year. This training covers topics related to the Quality Standards. The Assessment Team found most staff had completed the mandatory training except most HCW’s had not completed for WHS training. However, the Assessment Team identified that staff did not appear knowledgeable of the complaints handling processes or have an understanding of open disclosure. The Assessment Team also identified staff also appeared not to understand the importance of incident reporting and reporting when a consumer’s condition was changed/ was deteriorating and how to manage high impact high prevalent risk effectively placing consumers at risk. In their response to the Assessment Teams report the provider stated that in August 2024, post the Quality Audit, induction training was expanded to include open disclosure, consumer feedback and complaints handling, understanding dementia, SIRS and incident reporting. The provider stated that in June 2024 another new initiative was introduced to undertake performance appraisals with new HCW’s at 2 weekly, 3 monthly and 5 monthly intervals to monitor whether staff are sufficiently supported to deliver the outcomes required by these standards. No evidence was provided that this has actually commenced either to the Assessment Team or in the provider’s response. The provider stated that they are enhancing their communication with HCW’s to increase feedback in relation to their performance and identify any training needs but provided no further details.

The organisation appears to have robust recruitment practices in terms of ensuring staff have the relevant probity checks but, without education pertaining to the Quality Standards included in induction and on an ongoing basis, staff are not being sufficiently supported to protect consumers against risk, improve their care outcomes and deliver the outcomes required by the Standards. The provider has been unable to demonstrate that staff are adequately trained, equipped and supported to deliver the outcomes required by the standards. This is particularly so give the large number of new staff being recruited and the lack of monitoring and support being provided to them. It is noted that the provider plans to address but it will take time to implement. I find this requirement not compliant as staff are not recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Many staff interviewed said they had not received regular assessment nor a formal annual appraisal of their performance. Casual staff do not receive regular annual performance appraisals. There was no evidence of a system in place to assess, monitor and review the performance of the many new staff who had been recently onboarded. All HCW’s interviewed said they had not received a performance appraisal. In their response to the Assessment Team’s report the provider was silent on how the performance of casual staff who make up a proportion of the workforce, are regularly assessed, monitored and reviewed. The provider stated that performance appraisals with new HCW’s will be conducted to monitor their performance (prior to their annual appraisal) at 2 weekly, 3 monthly and 5 monthly intervals but did not provide evidence either in their response or to the Assessment Team this has commenced. The provider stated they employ 448 HCW’s and have recruited 211 staff within the last 12 months. On that basis 50% of staff were due an appraisal and have not had one. The provider stated that 10 performance appraisals had been conducted at the time of the audit and they have completed further ones since the audit but did not provide numbers.

Given the large influx of new staff and lack of evidence that their performance is being assessed, monitored and reviewed at regular intervals along with evidence that existing staff employed for more than one year have not had a performance appraisal. I find this requirement not compliant as staff performance is not regularly assessed, monitored and reviewed.

I find Standard 7 not compliant as four out of the five requirements are not compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The organisation engages consumers in the evaluation of their care and services through daily contact on the phone with service coordinators, regular newsletters, and surveys. Senior coordinators work with consumers and their representatives to identify opportunities for improvement in care and services. Consumers and representatives confirmed they contacted the service regarding the delivery of their care. The organisation has conducted the first meeting of the Consumer Advisory Board (CAB) on 19 June 2024 and has indigenous consumer representation. Meeting minutes show the concept of co–design was introduced and presented at the meeting.

The organisation’s mission statement promotes a culture of safe care for consumers. Staff are required to follow a code of conduct. The safety of consumers is ensured by strict onboarding checks and references for all staff. The Board of Directors consists of 5 members, 3 providing independent membership. The first Quality Care Advisory Board (QCAB) meeting was conducted on 15 August 2024 and meeting minutes show the purpose of the advisory board was discussed. The first Board of Directors meeting occurred on 7 August 2024, however, meeting minutes provided show no discussion regarding the quality of care provided to consumers. Quality indicators are not collected and therefore have not been presented to the Board. Information has not been provided to the Board in relation to the analysis of incidents, feedback and complaints for continuous improvement, or workforce upskilling. There are no written reports to the governing body or a response from the governing body. In their response to the Assessment Team’s report the provider agreed with the findings of the Assessment Team. As part of the organisations continuous improvement quality indicators will be collected and incorporated into the organisations month and quarterly reporting and will be reported to the Board along with high prevalence high impact risks, SIRS, incidents, feedback and complaints and education. I find this requirement not compliant as the organisation is not able to demonstrate it promotes a culture of safe quality care and is accountable for the delivery of quality of care provided to consumers.

The organisation was not able to demonstrate effective organisation wide governance systems in relation to continuous improvement, workforce governance and feedback and complaints. With regard to information management the storage of consumer information was fragmented as not all stored within the consumer file (for example allied health reports are not in consumers files) posing a possible risk to consumer’s quality care and services. In their response to the Assessment Team’s report the provider stated that they have a system for maintaining all consumer information including assessments and care plans and a shared drive which contains additional consumer information from allied health professionals. Office based staff have access to both. The provider stated that whilst they are always seeking information enhancements they do not agree that the current system poses a threat to consumer care and services but upgrades are planned to improve the functionality.

With regard to continuous improvement, whilst the continuous improvement plan in place identified a range of improvement measures including improving the information management system and workforce planning and education, it did not contain improvement items arising from consumer feedback, incident data, or board meetings. In their response to the Assessment Team’s report the provider stated they have added to their continuous improvement plan improvements regarding governance measures and risk management initiatives as well as assessment and planning, dignity of risk and medication management.

With regard to financial governance, the organisation provided evidence of financial processes in place. Consumers and representatives said they received their monthly statements and had no difficulty in understanding their budgets. Unspent funds are monitored, and consumers are offered and encouraged to accept other services.

With regard to workforce governance, consumers and representatives complained about a lack of competency of HCW’s. HCW’s did not necessarily possess a relevant qualification in aged care and/or disability or experience and are not provided with sufficient support on commencement. Neither are staff receiving regular review of their performance. In their response to the Assessment Team’s report the provider stated they plan to build competency of staff through further training and enhanced delivery of policies and procedures to staff at induction with progress reported to the Board. This is in addition to introducing better supervision of new starters through regular performance appraisals during their first few months and progressing outstanding appraisals for other staff.

With regard to regulatory compliance, the organisation has systems to ensure they are up to date with regulatory changes.

With regard to feedback and complaints, many consumers/representatives were dissatisfied with complaints management. Complaints were not captured appropriately and there was a lack of follow up by senior staff and open disclosure was not used. In their response to the Assessment Team’s report the provider agreed that the collation of complaints needs improvement and they continue to re-educate staff on the importance of the identification of complaints, the management and processing of them including an apology to the complainant. Open Disclosure training has commenced. Complaints will receive greater oversight by the leadership team and will be reported to the organisation’s various committees and Board.

The provider has acknowledged the issues particularly in relation to workforce governance, continuous improvement, and feedback and complaints and has identified numerous continuous improvement measures which will take time to implement. I find this requirement not compliant as effective organisation wide governance systems are not in place.

The organisation was not able to demonstrate effective risk management systems through oversight of risk for consumers at a governance level. Risk assessments and individualised risk management plans were found to not have been completed for consumers who self-administer medications, have changed behaviours and are at risk of falls. Consumers with high impact risks impacting consumers such as experiencing falls and resulting in hospitalisation, medication management and changed behaviours are not identified, addressed, monitored or actioned by the service to minimise risk in a timely manner. Clinical meetings, committee and and board meeting minutes lacked any specific evidence regarding the management of consumers with high impact high prevalence risks and actions taken to mitigate the risk. There was no documentation to demonstrate the analysis or trending of incidents, including SIRS, or improvements planned in relation to these at a governance level. In their response to the Assessment Team’s report the provider stated they intend to review their processes including thoroughly reviewing their high risk register and improving their communication with both staff and consumers. The Dignity of Risk assessment tool has been reviewed to better support consumers wishing to take risks. The provider argued that they currently engage appropriate risk assessment tools when undertaking consumer assessments but this is not supported by the evidence in Standard 2. The provider, however, indicated they understood the risk of HCW’s not reporting changes in consumer’ conditions resulting in potential harm to consumers and they are seeking to improve reporting to trigger a care plan review. The provider plans to ensure the various committees have visibility of the high risk high impact risks identified for individual consumers as well as the management of incidents and SIRS to provide organisational governance.

The organisation was not able to demonstrate effective clinical governance. Whilst the organisation has policies on open disclosure, restrictive practices and antimicrobial stewardship clinical and leadership meetings showed no documentary evidence that consumer’s clinical outcomes are being reviewed. Clinical performance indicators are not collected and staff training needs not identified.

In their response to the Assessment Team’s report the provider recognised that whilst they have a policy on open disclosure there is a need to ensure staff know how to apply open disclosure principles in their role when they commence and this will be included in induction. The provider argued that incidents are currently reviewed at the fortnightly clinical meeting but this could not be verified as information was not provided. The incident register supplied does not describe the incident so difficult to utilise the information contained in it to trend incidents and identify staff training needs etc. The provider recognised that they need to ensure where services are being contracted out the service provider needs to understand their obligations to report all incidents and complaints and utilise open disclosure where appropriate. Improvements are planned to ensure high impact high prevalence risks, clinical indicators and trends are reported to ensure effective clinical governance. As this work has only just commenced and it will take time to fully implement these changes I find this requirement not compliant.

I find Standard 8 not compliant as four out of the five requirements are not compliant.

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