**Performance**

**Report**

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| Name of service: | My Home Care Choices |
| Service address: | 14 Classic Court DEER PARK VIC 3023 |
| Commission ID: | 301069 |
| Home Service Provider: | My Home Care Choices Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 13 February 2023 to 15 February 2023 |
| Performance report date: | 3 April 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.

**This performance report**

This performance report for My Home Care Choices (**the service**) has been prepared by M Abjorensen, 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.

# Services included in this assessment

**Home Care:**

* My Home Care Choices, 26940, 14 Classic Court, DEER PARK VIC 3023

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 20 March 2023

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| 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. | Non-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. | Non-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. | Non-compliant |
| 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   optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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. | Non-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;   feedback and complaints. | Non-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   managing and preventing incidents, including the use of an incident management system. | Non-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;   open disclosure. | Non-compliant |

# 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

Through evidence collected by the Assessment Team, the Decision Maker finds the service is compliant in relation to this Standard. For example:

* In relation to consumer dignity, respect and cultural safety -

Through interviews, consumers and representatives described support workers treat them with dignity and respect and value them as individuals with their own individual identities and culture.

While care documentation was inconsistent, the Assessment Team found there was evidence of what is important to each consumer in relation to their identity, culture and background recorded.

The service provides delivers specialised cultural and linguistic services in accordance with the needs of consumers. The Assessment Team found the service has equip the workforce to deliver culturally safe care supported through cultural awareness training and a skilled workforce that takes the time to understand the consumers receiving care.

Staff gave the Assessment Team examples of ways they implement dignity and respect in practice, including knowledge of the cultural needs of individual consumers. For example: a support worker described learning about the heritage of a sampled consumer to discuss topics of interest during services.

* In relation to support consumer’s to consumer choice and independence -

Consumers and representatives confirmed the service understands their individual needs and preferences and they can independently make and communicate choices and decisions about how services are delivered, including when to include family or others involved in their care. Staff stated consumers, and their chosen representatives, are supported to communicate how their care and services are delivered and are encouraged to maintain relationships of choice. For example: consumers, in a married partnership, stated they both make decisions about their own care, however, one prefers for their husband to make decisions regarding home modifications such as handrails, while they prefer to order their own meals.

* In relation to supporting consumers to live the best life they can –

Consumers and representatives described the ways the service supports consumers to live their best life. Staff described the importance of discussing any potential risks with consumers and then allowing them the freedom to continue taking those risks if they choose. For example: a consumer refuses shower assistance, despite being assessed as a high falls risk, instead a support worker waits outside of the bathroom during showers.

* In relation to clear, current timely and accurate information provide to consumers -

Consumers and representatives confirmed information regarding the supports and services they received was timely and easily understood, including monthly statements. On entry to the service, they received information about the service, rights and responsibilities and how to provide feedback.

The Assessment Team reviewed examples of monthly consumer statements. Statements included services billed and the relevant date and cost. However, services were pooled together. In response, the service advised a planned improvement to manually enter services into consumer statements which do not pre-populate from consumer care plans.

* In relation to respecting consumer privacy and keeping information confidential -

Consumers and representatives were satisfied consumers’ privacy and confidentiality are respected. Consumer information is secured confidentially with password protected computers and locked filing cabinets. Staff interviewed acknowledged the importance of respecting consumers’ privacy and confidentiality. The induction process for staff includes a privacy and confidentiality policy.

# 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. | Non-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. | Non-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. | 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. | Non-compliant |

Findings

The Decision Maker finds the service is Non-Compliant in relation to the above Requirements

The Decision Maker notes the service demonstrates an engaged, proactive and responsive posture to the findings of the Assessment Team. The service evidenced prioritisation of corrective actions for consumers sampled by Assessment Team, and others identified as having high care needs.

The service response included planned improvements, and evidence of completed corrective actions, to assessment and planning. However, the test of time and further assessment is required to demonstrate the effectiveness of planned actions to result in sustainable, systemic improvements for each consumer.

* In relation to the consideration of risks to inform care delivery –

At the time of the Quality Audit, the service did not use validated assessment tools or undertake assessments to inform care delivery through consideration of risks to consumer health or wellbeing.

For sampled consumers living with cognitive impairment, chronic pain, mobility decline, respiratory conditions, wounds, insulin-dependent diabetes and limited mobility at risk of pressure injury, strategies to identify, and consider risks to inform care delivery, were not evident in care documentation.

Staff interviewed demonstrated a general understanding and familiarity with consumers. However, support workers were not consistently made aware of consumers’ risks including any potential risks in relation to epilepsy, breathing difficulties, mobility risk and behavioural changes. Staff confirmed validated assessment tools are not used during assessment and planning.

The approved provider response shows planned improvements to address assessment and planning, including, the implementation of a comprehensive clinical assessment for all consumers. The provider advised consumers living with high care needs will be prioritised for reassessment.

The service provided an example of the comprehensive clinical assessment completed for a consumer sampled by the Assessment Team. The document records where the consumer declines medication assistance and other supports offered, the service records discussion. The tool evidenced validated assessment tools for falls and cognitive function, assessment for skin integrity was not evident.

The provider’s response advised care directives for consumers with relevant risks such as falls, diabetes and cognitive decline will be informed through clinical assessment, due for completion by April 2023.

* In relation to assessment and planning identifying current needs, goals, preferences, including discussions of advanced care planning or end of life wishes –

While the majority of consumers and representative were satisfied with care and services, other consumers’ needs, goals and preferences were not known or accommodated by the service where current health needs, medication goals and general preferences.

In response the service advised, clinical assessments have been completed to inform care directives and identify current needs, goals and preferences, for consumers identified in the report.

Evidence of updated care directives for sampled consumers identified key health and support needs to alert support workers. While care directives do not capture the extent of the concerns related to this consumer outlined in the report, the Decision Maker notes staff are informed through verbal handovers and demonstrated familiarity with consumers.

For advanced care planning, the provider advised the assessment now prompts for these discussions and will record where consumers have declined to have these discussions.

While the response identifies planned actions to improve assessment of current needs, goals and preferences for services and advanced care planning discussions, evidenced supplied does not show policies, procedures or evidence to show implementation has commenced or will effectively meet the outcome for this Requirement.

* In relation to ongoing partnership with consumers, and others, for assessment and planning –

Consumers and representatives confirmed the service involves them and others they wish to be involved during assessments, care planning and decisions regarding the care and services the consumer receives. Management and a care manager described contact with other organisations involved in the care of consumers such as hospital staff, community groups and palliative care. However, were unable to evidence this occurs as care documentation is not always completed and records of contact with other organisations are left in the memory of staff or staff emails. The service was able to evidence paper copies of reports from medical practitioners and allied health, supplying paper copies of medical health summaries and allied health reports. When reports are received, any recommendations were not always referenced in the consumer’s care file documentation.

* In relation to effective communication with consumers, and documented in a care plan, available to consumers and other providers –

While all consumers and representatives confirmed they have access to assessment and care planning information and that assessment outcomes are shared. While the Assessment Team found care information does not consistently reflect current needs, goals or preferences, with inaccurate and limited details about the consumers’ care needs, support workers demonstrated familiarity with the consumers’ care needs. Through interviews, staff reported they learn what the consumer prefers during care and services and access consumer information through electronic care plans. Management advised they provide a verbal handover to support workers to discuss the detail of care delivery. While the Assessment Team reported, management could not evidence verbal instructions given, the Decision Maker considers the consumer feedback, workforce interviews and proactive actions to address deficiencies relating to documentation as indicators that the service effectively communicates to consumers, and others, the outcomes of assessment and planning.

* In relation to the review of services regularly, or in response to a change in consumer condition or circumstance,

The Assessment Team found care and services are not consistently reviewed when circumstances change or when incidents occur. For example:

A representative told the Assessment Team that in response to a reported fall (without injury), the service advised there was nothing else they could do. The incident was not recorded and the service did not follow up.

The service did not review a consumer discharged from hospital with changed care needs due to wound care requirements and reduced mobility. The consumer advised previously they had only required domestic assistance and now receive personal care for showering three times per week. A support worker advised care directives are received from the consumer or representative, as the consumer cannot walk properly, has a swollen leg and a plastic bag covers the leg during showering.

A support worker described a small wound and falls not always reported to the service because the responsibility relies with the representative notify the provider. However, they would report falls that occur during their shifts.

In response, the service advised the following corrective actions, revise procedures for care and assessments, with comprehensive clinical assessments require for consumers with a high level of care at six monthly intervals or in response to a change in condition or circumstance; incorporate summaries from hospital discharge teams, medical practitioners and allied health assessments; Internal audits, currently commenced, to determine consumers with high care needs are prioritised for comprehensive clinical assessments

The service provided evidence of an assessment schedule which showed 23 consumers with planned reassessments, of 64 consumers receiving services at the time of the Quality Review.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-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. | Non-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

The Decision Maker finds the service is Non-Compliant in relation to the above Requirements.

The Decision Maker notes the service evidenced prioritisation of corrective actions for consumers sampled by Assessment Team. However, the response relies on the effective implementation of planned improvements for assessment and planning. For this reason, the test of time and additional assessment is required to determine whether the actions will return the service to compliance.

* In relation to the safe effective personal/clinical care delivery for each consumer –

The Assessment Team provided examples care delivery for consumers relating to pain management, depression/mental health concerns, medication support, falls prevision, continence needs, cognitive decline, epilepsy, respiratory and cardiovascular conditions which did not demonstrate best practice care delivery to optimise wellbeing.

Through interviews with consumers, staff, management and consumer file reviews, the Assessment Team found personal and clinical care delivered to consumers is not best practice, tailored to consumers’ needs or optimising health and wellbeing.

In forming a compliance decision, the Decision Maker considers deficits in care documentation, related to assessment and planning care, does not always translate to deficits in best practice, individualised care for the health and wellbeing of consumers. For that reason, interviews with consumers and staff weight considerably to determine whether the delivery meets the Requirement. For example:

A representative advised they cannot manage the care needs and the service had not responded to a request for assistance with medication prompting, for a consumer with suspected cognitive decline, resistant to medication regimes.

The support worker told the Assessment Team the consumer shows signs they have not taken medications and the webster pack shows weekend medications were not taken. Care documentation did not contain behavioural support strategies to manage medication resistance. Additionally, care files show the representative raised concerns relating to the consumer’s emotional state, which were not followed up on by the service.

For this consumer, the provider’s response advised, following a clinical assessment of this consumer, morning and evening medication support is provided, however, evidence of the clinical assessment and change to services was not provided.

* In relation to effective management of high impact and high prevalent risks for each consumer –

The service could not evidence how they assess for risk and put in preventative care strategies to monitor and mitigate any potential harm to consumers. Management said if they identify risk, this is managed by allied health and medical practitioner referrals and also through home risk assessments, however, preventative risk management actions were not evident. For example:

When a potentially serious event occurs, such as reported suicide risk, an allegation of elder abuse or risk to consumer health is reported, the service response demonstrates a lack of understanding of risk and potential harm for consumers.

Not all falls and hospital discharges initiate a review of care and services, at the time of the Quality Audit, management said only witnessed falls during a care service are recorded as incidents. When an incident such as a consumer fall occurs, management indicated the risk is managed through a referral to an occupational therapist, physiotherapist and medical practitioners to monitor and guide them on care.

In contrast to consumers sampled by the Assessment Team, management reported there are not consumers living with dementia, wounds or living with significant mobility limitations (at risk of a pressure injury).

The Decision Maker notes information not included in the report does demonstrate some risk management strategies occur, including the personal alarms provided to consumers who live alone which alert their chosen representative in an emergency.

The provider’s response referred to assessment and planning improvements to manage risks; updated care directives; communications to staff to report incidents; planned training on incident management and develop guidance for support workers to reference in case of an incident, specific to consumer’s with identified risks, due for completion by March 2023.

Updated care directives, while simple, rely on staff familiarity with consumers and the support information was insufficient to demonstrate how planned, and completed, improvements translate to immediate effective management of consumer risks.

* In relation to preserving dignity, maximising comfort and the needs, goals and preferences for consumers nearing the end of life –

The Assessment Team identified an actively palliating consumer which did not evidence how the service has considered the needs, goals and preferences of consumers nearing the end of life are not recognised and addressed and their comfort is not monitored.

The service responded to advise the consumer is no longer palliating and the representative declined further assistance and will contact the service, if needed. Additionally, the service advised they have engaged a palliative care provider through a subcontract agreement while the workforce receives training and the organisation develops relevant policies and procedures.

* In relation to the identification and response to the deterioration or change in the condition of consumers –

The Assessment Team reported consumers living with changes relating to cognitive and/or behavioural changes, there are no mental health care strategies to guide safe care and services. Consumer deterioration and change such as falls or hospitalisation does not always prompt a review of services. Support workers do not always report deterioration such as a consumer fall and wounds. Management told the Assessment Team, if they notice any kind of deterioration the service will try to support with an assessment but consumers ‘often say no and we can’t force them’.

The service response referred to the revised clinical assessment tool, prompts for support worker progress notes for management oversight and communication with support workers to report changes in consumer conditions and incidents, including those that occur outside of scheduled services.

* In relation to communication and documentation about consumer condition, needs and preferences within the organisation, and with others –

While consumers and representatives said they were satisfied the staff provide their care and know their care needs it was not evident whether this familiarity was gained through the support worker’s ongoing work with the consumer or whether relevant care information had been provided verbally to the care staff. While support workers said they receive enough information about consumers, information provided in documentation did not evidence relevant care information for staff, such as risk considerations and care strategies. For example:

A support worker for was not that a consumer they deliver care to lives with epilepsy or how this may impact safe, care and services.

The service response referred to planned improvements in assessment and planning to improve communication and documentation of information relating to consumer conditions, needs and preferences.

* In relation to timely and appropriate referrals for consumers –

Consumers and representatives were satisfied referrals can be arranged by the service and described home visits by occupational therapy and physiotherapy services. Consumers are assisted to attend medical practitioners’ clinics if they request, and support workers can transport them to the appointment.

* In relation to the minimisation of infection related risks through implementing -

The service has actions to assess and minimise infection related risks to consumers through infection control practices. Consumers and representatives expressed general satisfaction with COVID-19 information provision during the pandemic and ongoing supports.

Consumers and representatives confirmed staff wore masks and ask if they (consumers) are well prior to entering the consumer’s home. Staff discussed using PPE, health screening of consumers prior to shifts and COVID safe practices. Staff have completed the Department of Health infection control training.

The service response advised policies and procedures for infection control are being revised and staff have received relevant infection control training.

# 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. | 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. | 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

The Decision Maker finds the service is Complaint in relation to this standard, in accordance with the Assessment Team recommendations.

* In relation to supports to optimise independence, health, well-being and quality of life

Consumers and representatives provided examples of how the service provides supports for their daily living while helping to maintain their independence and quality of life. Staff demonstrated an understanding of what is important to individual consumers and were able to elaborate on how they help the consumer achieve their goals whilst maintaining their independence, well-being and quality of life.

* In relation to supports for each consumer’s emotional, spiritual and psychological wellbeing –

Consumers and representatives provided examples of how the supports provided by staff promote emotional, spiritual and psychological well-being. For example: a representative stated that the support worker knows the consumer’s background and asks what they can do when ‘having a rough day’.

Staff demonstrated an understanding of what is important to the consumer’s well-being and gave examples of how they have supported consumers when they were feeling low. For example: Support workers described how they cheer consumers up by encouraging their connection with family or friends.

* In relation to how the service support consumers to participate in the community and do things of interest to them -

Consumers and representatives advised they are supported by the service to maintain contact with the people who are important to them and engage in activities that are of interest to them. Management advised consumer feedback is taken into consideration when planning social events to cater for consumers and care documentation provides information on each consumer’s background and their social activity preferences.

* In relation to lifestyle support information shared within the service and others involved in consumer care -

Consumers and representatives were satisfied that information about their care and services for daily living is shared within the service and with others involved in their care. Staff demonstrated familiarity with the needs and backgrounds of consumers, often learnt from consumers and/or their representative. Staff were satisfied with information about consumers available from a mobile phone application. Care documentation did capture general background information of the consumer in relation to their country of birth, past interests and occasionally work background.

* In relation to referrals regarding lifestyle supports -

Consumers and representatives advised they are satisfied with the services and supports delivered by those the consumer has been referred to. The service can network with other organisations to meet the lifestyle requirements of consumers such as linking a consumer with a Maltese community group. Care documentation review demonstrated that timely referrals occur for home maintenance, gardening, equipment supplies and supports from other organisations through brokered arrangements.

* In relation to suitable equipment provided to consumers, according to needs –

Consumers and representatives gave examples of the service organising regular cleaning and urgent replacement of their equipment, where appropriate. Staff were able to describe the process for identifying and reporting risks regarding the safe use and cleaning of equipment. For example: a support worker reported the importance of using brakes on consumers’ wheelchairs and walkers when consumers sat in or approached the equipment for use and communicated how regular cleaning and safe placement of equipment within a consumer’s home was achieved.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The organisation does not have a service environment, the standard was Not Applicable.

# 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. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Decision Maker notes feedback from consumers showed they are comfortable raising concerns with the service, which are resolved promptly. However, at the time of the Quality Audit, the feedback register was not used to record complaints or feedback from consumers.

The service responded to the Assessment Team report to advise of corrective actions, including, communication to staff to record consumer feedback in consumer records, complaints training delivered to staff and commencement of recording consumer feedback.

As additional time is required to demonstrate whether the feedback system has been effectively implemented to record and review feedback to improve quality care and services, the Decision Maker finds the service is Non-Compliant in relation to the above Requirement.

* In relation to supports for consumers to make complaints -

Consumers and representatives reported they would provide feedback directly to service by speaking with the manager, usually via a telephone call and some described having a feedback from, received in the information pack. Management described how they actively encourage consumers to contact them directly by telephone or face to face with any concerns, which are then usually resolved at the initial point of contact. The Assessment Team reported not recorded on the feedback register and management advised they establish an electronic feedback register.

* In relation to service supports for advocacy, interpreter services and other methods for raising complaints -

Consumers and representatives interviewed felt they would be supported by support workers and management to help them raise complaints.

Management told the Assessment Team if they are unable to help resolve a complaint to the consumer’s satisfaction, the consumer would be referred to external organisations such as My Aged Care for further resolution.

Organisational documentation such as the consumer information handbook includes details on external complaints processes, alternative methods to raise complaints an, including details on advocacy services. . The service has an Advocacy policy which directs staff to assist consumers to access an advocate and access culturally specific interpreters.

* In relation to appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong -

Two representatives who had made complaints were satisfied that appropriate action and open disclosure occurred. Management advised that concerns raised by consumers are usually verbal and included feedback such as dissatisfaction about services provided or requests to change support workers and that any informal feedback or minor issues are immediately resolved. During the Quality Audit, the service demonstrated timely action is taken in response to feedback, where the service took action to resolve a concern raised by a consumer in relation to support worker shift changes. The actions taken were evidenced in care documentation.

* In relation to feedback reviewed to inform care and service improvements -

Management advised the service does not receive many formal complaints, complaints received are resolved immediately and verbal feedback provided by consumers is not reviewed by the service from a complaint and/or feedback perspective.

The service has complaints register however it is not in use. Management acknowledged that ‘more work is required’ with staff to establish a process to identify and capture all forms of feedback and complaints.

The Assessment Team found, where feedback was recorded, there was evidence of actions taken to review the data and action improvements. However, feedback records do not capture all feedback and could show how this information is currently being reviewed to improve the provision of quality care and services. Management said in response to Assessment Team feedback that they will begin to use feedback and complaints data to inform the services’ continuous improvement plan.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team found, overall, consumers are satisfied with the workforce planning, interactions, competency, training and quality of performance. However, the Assessment Team found training was not always recorded or delivered, relevant to staff roles. Deficits in care , planning, consumer risk management, including how incidents are recorded, evidenced the workforce has not been supported through training, or the required knowledge, to effectively perform their roles deliver or the outcomes required by these standards.

The service responded to the Assessment Team report with planned, and completed, corrective actions, including:

* Planned workforce training for falls management, duty of care, risk assessment, serious incident response scheme (SIRS), elder abuse and understanding dementia.
* Specialised training for medication assistance
* Clinical assessment training, supported through the clinical assessment tool
* Quarterly staff meetings, commencing April 2023.
* Onboarding processes to monitor, then assess, performance over four weeks and;
* Commencement of performance assessments for the workforce, in partnership with consumers and to identify staff training needs.

While the Decision Maker acknowledges the proactive response by the service, the Decision Maker finds the service is Non-Compliant in the above requirements. While the planned, and completed actions, serve to rectify deficiencies, at this point in time they do not demonstrate the workforce is competent and equip with knowledge and relevant training.

* In relation to workforce planning -

Consumers and representatives generally believed there are enough staff available to provide their care and services. Consumer reported staff do not rush, do their job well and if a shift is rescheduled, consumers report being advised of changes. Staff said they had enough time to complete required tasks during their shifts. Management described supporting consumers to attend medical appointments and shopping needs as prioritised services, stating that personal care can usually be rescheduled to another day if necessary. Management report there were no unfilled shifts for January 2023. Members of the administration and management team (including a registered nurse) are on call to fill a shift if required. The service has workforce planning policies and procedures.

* In relation to respectful workforce interactions with consumers -

Consumers and representatives feedback reported interactions with staff are kind, caring and respectful. Consumers and representatives described having trust in their support workers and feel supported in the ways they need.

* In relation to workforce competency, skill, experience, knowledge to meet the outcomes required by these standards -

While consumers and representatives spoke positively about staff, the Assessment Team found management have not monitored, reviewed or evaluated staff competency, instead placing responsibility on consumers and representatives to do this and provide the service with feedback.

Management advised the Assessment Team; staff are required to have a minimum qualification in Aged Care and former work experience in the aged care sector to be considered during recruitment processes. However, deficiencies in care planning and care delivery to manage consumer risks evidenced deficits in workforce knowledge, experience and skill. For example, the registered nurse and care managers do not conduct assessments using validated clinical assessments to monitor, evaluate and deliver best practice consumer care. Assessment, care planning processes are not effectively completed to ensure safe care and services for consumers, specifically in relation to pain management, mobility, falls risks, medication management, continence needs and cognitive decline.

* In relation to support and training for the workforce to deliver the outcomes required by the standards –

The Assessment Team reported, staff feedback showed they felt supported by the service, however, workforce training, onboarding or supervision for staff and the identification of training needs, was not evident.

Management reported key performance indicators have been developed to assist with implementing staff coaching and supervision. Indicators include log in times, completion of assigned shifts, updating progress notes incident reporting including near misses and feedback from consumers. However, these have not shown to identify training needs, with examples of training/knowledge deficiencies identified by the Assessment Team, such as, incident management, including reportable incidents, and the management of consumer risks, including, wounds, medication support and communication protocol related to consumer care provisions.

Management told the Assessment Team they are currently filling roles as a care manager and support worker and acknowledged that this has impacted on effectively managing and supporting staff with ongoing performance monitoring and training needs. Management reported they would aim to consider recruitment of additional to effectively meet management responsibilities and alleviate the time constraints due to the multiple roles they are undertaking.

The staff handbook outlines role expectations and mandatory training requirements include manual handling, first aid and cardiopulmonary resuscitation and Aged Care Quality Standards training. A review of sampled staff files showed qualification certifications, recruitment documentation and training completion certificates.

* In relation to regular monitoring and review of all staff performance -

Management said they do not conduct annual performance appraisals or reviews and advised they rely on consumer-initiated feedback to identify whether there are concerns relation to staff and subcontracted staff performance. Management reported they have not had to coach or address any staff members in relation to performance concerns and stated any identified matters would be immediately addressed and monitored.

Staff performance matters may include concerns relating to attendance and timeliness, completing assigned shifts, appropriate communication with the consumer and the service, incidents and near misses and inappropriate behaviours.

The service’s human services policy outlines the service’s process for ongoing formal and informal supervision and support to ensure workforce skills and capabilities. This includes a three month mentoring process with scheduled regular follow up meetings following induction. However, this process has not been implemented.

Management accepted the feedback by the Assessment Team and said conducting staff performance reviews will encourage staff to be ‘positive and interactive’ in relation to their own professional development.

The Decision Maker notes staff, and consumer feedback, indicate performance concerns are addressed promptly, evidenced through actions taken in response to consumer feedback. While formal processes have not been adhered to, the service has demonstrated planned actions to improve how performance monitoring is recorded. The Decision Maker is satisfied the completed, and planned actions, demonstrate the service monitors the workforce performance.

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The Decision Maker finds the service is Non-Compliant in relation to the above Requirements.

The Decision Maker notes the service response detailed how planned improvements will address deficiencies, however, most corrective actions are yet to be implemented. For this reason, the Decision Maker cannot determine the actions are sufficient to demonstrate compliance.

The provider’s response predominately referred to workforce training and care planning actions outlined in other standards. While governance specific actions relate to improved systems to collect and streamline information for trending and oversight; quarterly staff meetings; workforce key performance indicators; greater consumer engagement to inform continuous improvements; revision of policies and procedures. The service plans to monitor actions, once implemented, through internal audits.

* In relation to consumer engagement to evaluate, design and develop services -

The Decision Maker takes into account surveys are not the only method to engage consumers, and consumer feedback shows they provide feedback through direct conversations with management and evidence participation in consumer surveys. Additionally, consumer surveys occurred in the previous 12 months. The service response evidenced continued consumer engagement actions which will be strengthened through improved information management systems. The Decision Maker is satisfied the combination of previous consumer engagement activities, and current improvement plans, the service is compliant.

* In relation to the governing body promotes and is accountable for the delivery of a culture of safe, inclusive, quality care –

The governing arrangement is through the sole director with the support of the care and services manager (a registered nurse). The sole director of operations oversees the management of the service and is directly involved in consumers’ care management and service delivery. However, the Assessment Team found information provided to the governing body was insufficient to demonstrate accountability for the delivery of safe, inclusive and quality services. For example: Incident data is not collected or analysed to understand safety related issues; feedback systems do not capture all consumer feedback; all strategic and operational decisions are made by the sole director of operations; staff meetings do not occur regularly; the service does not have a strategic plan.

The Decision Maker acknowledges the Assessment Team reported the service provides specialised cultural and language specific services to consumers and the sole director is highly engaged in the quality of services delivered. However, until the corrective actions are completed, the Decision Maker finds the service is Non-Compliant.

* In relation to effective governance systems –

The service demonstrated effective governance systems for continuous improvement, regulatory compliance and financial governance. However, the service did not demonstrate effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

**Information management**

At the time of the Quality Audit, information management systems were spread across electronic software, paper formats and staff memory. Information management systems at the service does not effectively provide members of the workforce information relevant to their roles. Consumers’ care information is not consistently collated, communicated and recorded to reflect consumers’ care requirements including individualised care strategies to support workers at the point of care.

The service is planning to streamline how information is recorded and stored, with internal audits to monitor effectiveness.

**Continuous improvement**

The service has a ‘continuous improvement register’ to log quality improvement activities in response to complaints, suggestion and any feedback provided on ‘have your say’ forms.

There are nine entries on the register which evidenced that improvements had been identified and completed. One of the entries related to consumer feedback that led to improvements to the format of the monthly consumer statement.

The Decision Maker finds the service has evidenced the commencement of a detailed continuous improvement plan, which will be strengthened through planned improvements for information management.

**Financial governance**

The director of operations maintains financial oversight and is responsible for financial governance systems and processes. Management described utilising software to capture reports in relation to financial performance and an external accountant audits the service’s finances.

Management demonstrated how they use monthly reports to identify consumers with high levels of unspent funds. Care managers discuss unspent funds with consumers on receipt of the monthly report.

**Workforce governance**

The organisation has workforce governance processes which include workforce planning, recruitment and reference checks. Position descriptions reviewed included specified responsibilities and accountabilities. Management reported the challenges in recruiting appropriate staff to meet the specific language needs of consumers however they advise no unfilled shifts. The management team (including a registered nurse) will fill shifts in the absence of support workers.

The Decision Maker acknowledges planned improvements to formalise staff training, performance reviews and quarterly staff meetings.

**Regulatory compliance**

The service has ongoing support services agreement with sub-contracted providers outlining minimum expectations for contracted staff. Management demonstrated processes to ensure that they meet probity and compliance checks.

All staff and support workers have current police checks, statutory declarations and have followed infection control processes with immunisations.

Documentation sampled showed at least one consumer is currently being reimbursed for items that are not covered under their home care package.

Management advised they will always refer to documented exclusions and inclusions guidelines to determine the use of consumer funds to purchase equipment and items. However, each consumers’ circumstances are considered according to their situation and if a ‘clear cut’ decision cannot be made, management will approach My Aged Care (MAC) for advice. Management said they sought advice from MAC for the unapproved items.

**Feedback and complaints**

Management said no key areas of complaint have been identified as the service does not receive many formal complaints. The service has a feedback and complaint policy and process that refers to open disclosure to guide management and staff response.

The Decision Maker notes the service has planned improvements to record consumer feedback on a feedback register to inform continuous improvement activities.

* In relation to risk management systems -

The service could not demonstrate an effective system to assess risks to the health, safety and well-being of consumers. While there is a risk management framework in the service’s policy manual, there is no risk management plan or incident reporting system. The service did not demonstrate an understanding or routine consideration of consumer risk or taking appropriate action to support consumers at risk of harm.

In relation to identifying and responding to abuse and neglect, management discussed how elder abuse will not be tolerated and advised that processes are in place to identify and respond to the abuse and neglect of consumers. They said that staff training in elder abuse has been delivered however this could not be evidenced in staff training records. Staff reported they would immediately report suspected abuse and neglect to management. However, the service did not demonstrate that appropriate is action is taken to support consumers who may be at potential risk of elder abuse.

In relation to consumers supported to live the best life they can, consumer and representative feedback was generally positive and described in various ways how services assisted consumers to remain as independent as possible in their homes.

In relation to management and prevention of incidents, the service did not demonstrate that incidents are recorded, managed and analysed for trends. An incident management system is in place, however the incidents are not recorded and effectively managed to mitigate further risk. For example, management advised that witnessed falls during the delivery of care are recorded as incidents. However, this did not occur for a sampled consumer who had a fall during a scheduled service.

The Decision Maker accepts that the service has commenced corrective actions relating to care planning, workforce training and improvements to incident management systems will contribute to effective governance of risk management systems. However, until these actions have been completed to demonstrate effective implementation, the Decision Maker finds the service is Non-Compliant.

* In relation to clinical governance framework –

The organisation has a basic clinical governance framework which includes incident management, antimicrobial stewardship and open disclosure. However, the service does not capture incidents including clinical or other consumer incidents, unless they are directly witnessed by a staff member. The service did not demonstrate a consistent best practice approach to clinical assessments, and the assessment process does not always identify clinical issues (such as mobility risk and behavioural changes) which might indicate clinical care requirements.

The Decision Maker acknowledges the improvements in assessment and planning; workforce training and revised policies and procedures, will support the service to return to compliance. Without further evidence of the effectiveness of these planned improvements, the Decision Maker finds the service is Non-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)