Myvista Community Care

Performance Report

3 Doncaster Road
MIRRABOOKA WA 6061
Phone number: 08 6393 1000

**Commission ID:** 500085

**Provider name:** Stirling Ethnic Aged Home Association (Inc)

**Quality Audit date:** 10 May 2022 to 12 May 2022

**Date of Performance Report:** 8 June 2022

# Performance report prepared by

J Taylor, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Services included in this assessment

**Home Care:**

* Myvista Community Care, 19169, 3 Doncaster Road, MIRRABOOKA WA 6061

# Overall assessment of Service/s

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

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| --- | --- | --- |
| Standard 3 Personal care and clinical care | HCP  | Not Compliant |
| Requirement 3(3)(a) | HCP  | Not Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
| Requirement 3(3)(c)  | HCP | Not Compliant |
| Requirement 3(3)(d)  | HCP | Not Compliant |
| Requirement 3(3)(e)  | HCP | Not Compliant |
| Requirement 3(3)(f)  | HCP | Compliant |
| Requirement 3(3)(g)  | HCP | Compliant |
| Standard 4 Services and supports for daily living |
|  | HCP  | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
| Standard 5 Organisation’s service environment |
|  | HCP  | Not Applicable |
| Standard 6 Feedback and complaints | HCP  | Not Compliant |
| Requirement 6(3)(a) | HCP  | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c)  | HCP | Compliant |
| Requirement 6(3)(d)  | HCP | Not Compliant |
| Standard 7 Human resources | HCP  | Compliant |
| Requirement 7(3)(a) | HCP  | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c)  | HCP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
| Requirement 7(3)(e)  | HCP | Compliant |

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Assessment report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

#  HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives interviewed said, in various ways, staff treat consumers with respect and consumers are provided care and services with dignity. Consumers interviewed stated they felt supported to be independent and felt their individual choices were considered.

The service demonstrated care and services are provided in a culturally safe manner with staff interviewed able to describe what this means in practice. The service demonstrated consumers cultural needs and preferences are considered in consultation with the consumer and representative. The service evidenced processes in place to guide staff on ensuring there is a partnership formed in how decisions are discussed and agreed.

The service demonstrated that consumer privacy and information is treated with respect and kept confidential.

The service did not demonstrate that discussions were had with consumers and representatives regarding the appropriate engagement with risk and potential support staff could provide consumers, nor was there evidence that risk and associated strategies to manage risks are recorded.

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

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | HCP  | Compliant |
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*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| --- | --- | --- |
| Requirement 1(3)(b) | HCP  | Compliant |
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### *Care and services are culturally safe.*

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

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| --- | --- | --- |
| Requirement 1(3)(d) | HCP  | Not Compliant |
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### *Each consumer is supported to take risks to enable them to live the best life they can.*

Findings

Consumers interviewed said they are encouraged to do things independently and staff could describe how they support some consumers to take risks and to do things important to them. However, the service was unable to demonstrate a process to discuss, record and agree how risk can be managed where the consumer wishes to take a risk. For example:

* The service was unable to provide evidence of how risk is agreed and recorded. The service could not provide documentation to describe the risk, agreement on how risk will be managed, and how this information will be recorded on the care plan. The service indicated this information is often verbally provided to staff.
* A review of consumer care documents did not demonstrate risks are being identified and managed. However, staff interviewed were able to describe how they are managing this.

Consumers and representatives interviewed described in various ways how the care and services provided support consumes to remain at home and how they felt encouraged to do things independently. For example:

* One consumer interviewed said staff know they want to remain independent with showering but will be close by to ensure they do not fall. On some days the consumer will ask for assistance and other days they manage however, staff always ask her first before assisting.

The service was unable to demonstrate discussions regarding risks with consumers were occurring and how consumers can be supported with the risk. The service did not demonstrated recording where risk had been identified and how the risk will be managed to guide staff.

In response to the Report, the provider advised that work has commenced on review of care plans to ensure risks to consumers are identified, recorded and strategies in place to guide staff providing care. The provider advised that a Choice and Decision Making and Dignity of Risk Policy has been developed specific to home care and discussions commenced regarding software to support access to information.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 1(3)(e) | HCP  | Compliant |
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*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.*

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| Requirement 1(3)(f) | HCP  | Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#  HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives interviewed stated in various ways, they felt involved in the development of consumer care plans with the Case Manager and were supported to share consumer goals and preferences for inclusion in the care plan. Consumers and representatives interviewed advised they felt comfortable discussing specific consumer care needs or preferences with staff at any time and were confident that changes to care and services would be implemented.

The service demonstrated processes in place to undertake assessment and planning of care and services in partnership with the consumer and others the consumer wishes to be involved, including other organisations and providers of care where appropriate, in the assessment and care planning processes. However, a review of documentation showed risks to consumers had not been identified through the assessment and planning process to ensure care plans are sufficiently detailed to provide staff with information that guides the delivery of care while ensuring staff are aware of the risks associated with each consumer care.

Policy documentation reviewed indicated an Advance Health Directive is part of the information provided to consumers on admission to the service however, staff interviewed advised this information was not provided to consumers. The omission of this information on consumers is a missed opportunity to identify goals and preferences related to advanced care planning and end of life planning.

While consumers and representatives interviewed said that care plans are accessible, a review of information contained on consumer care plans highlighted insufficient information documented detailing outcomes of assessment and planning activities being available where care and services are delivered.

Consumers, representatives and staff interviewed stated care plans are reviewed annually however, review of care plan documentation did not show episodic review of care plans reflect changes to care and services implemented following a change in the consumers circumstances, including responses to incidents.

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

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | HCP  | Not Compliant |
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*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Findings

All consumers and representatives interviewed were satisfied with the assessment and planning process. However, a review of documentation showed risks to consumers have not been identified through the assessment and planning process, to ensure care plans are sufficiently detailed to provide staff with information that guides the delivery of care while ensuring staff are aware of the risks associated with each consumer care. For example:

* A care plan for one consumer identified the assessment/reassessment tool used by the service was not complete. The care plan identified the consumer experienced ongoing chronic pain and while some allied health assistance was identified to help maintain mobility, no information was recorded relating to the management of the consumers ongoing pain, including strategies the support may use or reporting requirements.

Staff interviewed described individual consumer’s general routines when providing care. Staff interviewed stated they are provided with a roster that gives them a general idea of the service type they are to provide, and they always seek guidance from the consumer to ensure that they are providing services in line with their preferences.

Policies and procedures reviewed were noted to be available to the home care staff outlining the documents accessible to assist with the initial and ongoing assessment process. However, a review of documentation noted the additional assessment tools are not completed. As a result, staff may be delivering care and services with sufficient information of the risks associated with the care of each consumer.

While noting the service acknowledged at the time of the quality assessment activity, the deficiencies identified at the time and advised the service is looking at implementing an electronic management system which will enable all consumer documentation to be captured in a single point, this is yet to be implemented.

In response to the Report, the provider advised that skin integrity assessment will be added to the Assessment and Re-assessment Policy which is currently under review in addition to further training regarding the importance of completing assessments both initially and ongoing and care plans when identified changes occur for a consumer.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 2(3)(b) | HCP  | Not Compliant |
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*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

Findings

The service did not demonstrate consumers are provided an opportunity to identify goals and preferences related to advance care planning and end of life planning. Consumers and representatives interviewed said they had not had these discussions as part of assessment, reassessment and planning process. The policy manual indicates an advance health directive is part of the information provided to the consumers on admission. However, the service confirmed this information is not provided.

Consumers interviewed stated care plans are developed around their needs and preferences and they are able to make changes to the care plan at any time.

Management, in discussion with the Assessment Team at the time of the Quality Assessment activity, advised a review of information provided to consumers will occur and include information about advanced care planning.

In response to the Report, the provider advised that the Assessment and Re-assessment Policy review will include advanced care and end of life planning and will be included in consumer care plans.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 2(3)(c) | HCP  | Compliant |
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*The organisation demonstrates that assessment and planning:*

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

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| Requirement 2(3)(d) | HCP  | Not Compliant |
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*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.*

Findings

Consumers and representatives interviewed advised a copy of the care plan is provided and placed in the file in the consumers home, along with other information such as the home care agreement, the service privacy statement, consumer handbook and communication notes for support workers.

Staff interviewed confirmed that care plans are available to them where services are provided, and they receive any additional information via email sent with the weekly roster. However, management interviewed stated that care plans are not always up-to-date in the home care file. Staff interviewed confirmed communication notes are updated at each visit confirming the care provided.

While consumers and representatives interviewed said care plans are accessible to them, there is insufficient information documented on the care plan to show that outcomes of assessment and planning are available where the care and services are delivered.

In response to the Report, the provider advised that a review of care plans will ensure that risks are identified and strategies for support will be included. Discussions regarding potential software solutions to enable ready access for staff to consumer information are also occurring.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 2(3)(e) | HCP  | Not Compliant |
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*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

The service did not demonstrate care and services are reviewed for effectiveness on a regular basis, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The organisations policy provides staff with guidance when and what to include when a change in the consumers condition occurs however, a review of documentation noted while care plans are reviewed annually, care plans are not always reviewed when a consumer’s condition or situation changes, or an incident occurs. For example:

* Review of documentation for one consumer highlighted that a reassessment or review was not recorded after discharge from hospital due to a fall, even though additional services were provided at the request of the consumers representative.
* The organisation home care policy manual states “All consumers are reviewed and reassessed at least annually on a regular basis and according to their needs or change in a condition or choices. The need for a more frequent of review is triggered by a request for additional supports a report from a hospital following an illness or accident ongoing or increasing use of clinical services by a consumer a change in the care that cannot be met by the home care package funds.” Interview with management indicated that frequent contact is maintained with consumers and changes made to care and services delivered when identified however, the Assessment Team noted records and not updated to reflect changes.

In response to the Report, the provider advised that the review of care plans includes the capture of details reflecting changes to consumers changes in care, choice, needs and risk strategies. Additional training will also occur by 30 September 2022 addressing the following:

* Care planning and documentation;
* Restrictive practice;
* Clinical / Quality indicators;
* Feedback;
* Dignity of risk;
* Open disclosure; and
* Cultural diversity.

Acknowledging the actions identified by the provider in their response to the report, and the time required to complete the above, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

# STANDARD 3 Personal care and clinical care

#  HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

It was evidenced through documentation reviewed the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both that is best practice, tailored to individual consumer needs to optimise consumers health and wellbeing. The deficiencies identified in the assessment and review process and the lack of comprehensive policies and procedures to guide staff practice potentially puts consumers at risk.

The service did not demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer. Risk assessments are not completed, and consumers identified as at potential risk of harm do not always have effective strategies in place to reduce the risks to the consumer.

The service did not demonstrate information provided consumers, representatives, staff and others supporting consumers with personal and clinical care needs is effectively communicated.

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

**Assessment of Standard 3 Requirements**

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

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

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

Findings

Whilst all consumers interviewed reported satisfaction with the care they receive, the Assessment Team found that the lack of effective assessment and review processes, and the lack of comprehensive policies and procedures to guide staff practice potentially puts consumers at risk of receiving clinical care that is not best practice, not tailored to each consumer needs and does not optimises their health and well-being. For example:

* Records reviewed identified one consumer requiring dressings to be applied to facial wounds. Documentation reviewed evidenced the staff member had completed the relevant training to undertake this activity and was deemed competent to dress the wounds, as per instructions from the hospital. Documentation reviewed indicated a wound assessment was completed and an ongoing wound management plan however, the service was unable to locate the instructions provided by the treating hospital at the time of the review.
* While the service advised there were no consumers requiring clinical care at the time of the review, it was noted the service has access to clinical staff via a brokered service arrangement. However, it appeared to the Assessment Team that these services were not consistently used to optimise consumers health and wellbeing.

Care plans reviewed indicated they are developed for each consumer in line with individual identified needs and preferences. However, it is noted that while the care outlined is tailored to the individual consumer it is not always in line with best practice guidelines. This includes the need to ensure high impact or personal/clinical risks for each consumer are recorded in the care plans with interventions outlined to guide staff. For example:

* It was noted for one consumer, they received domestic assistance, social support, personal care three times a week, supply of incontinence products and attendance at a day centre twice a week. The care plan for this consumer details the instructions for staff to assist with the domestic tasks and the social support tasking indicates monitoring fluid intake and picking up medications. The plan does not fully detail the assistance the consumer requires across all needs, specifically information related to areas of risk identified including continence management, weight loss, memory impairment, anxiety or disturbed sleep patterns.

While the service evidenced skin care and wound management policies, the policies reviewed did not reflect the services current practice and does not include additional information related to other areas of risk including clinical deterioration, management of consumer pain, continence, weight loss, behaviours and falls.

The service advised the Assessment Team that discussions have occurred relating to reviewing the policy and procedure manual to include the additional areas above.

In response to the Report, the provider advised that policies relating to assessment and care planning will be reviewed to include additional information on clinical areas of risk, pain and incontinence management, behaviour strategies, skin care and wound management and falls prevention and management. The provider also advised a Registered Nurse will be available to undertake clinical review, assessment and care plans for consumers.

Acknowledging the actions identified by the provider in their response to the report, and the time required to complete the above, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 3(3)(b) | HCP  | Not Compliant |
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*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The assessment team reviewed a variety of consumer documentation and found that where high impact or high prevalence risks were associated with care, strategies for service staff to follow and mitigate risks was absent from care directives. Additionally, when interviewed, management advised the identification of risk and options to mitigate or reduce the risk to each consumer is not discussed with the consumer and/or their representative at the time of admission or during the ongoing review process.

The service did not demonstrate processes in place to guide staff in ensuring consumers understand, acknowledge and accept risks identified. The organisation does not use an incident management system to report, review and identify opportunities for improvement outcomes for consumers when incidents occur. For example:

* One consumer has a history of falls and is considered to be at ongoing risk of falls. The assessment team did not find evidence of risk mitigation strategies in these consumers care documentation.

The organisation did not demonstrated use of an incident management system to report, review and identify opportunities for improvement outcomes for consumers when incidents occur. Staff interviewed stated, if they witness an incident, they will record the details in the communication notes and report the incident to the home care coordinator for follow up. However, they stated they do not complete incident forms, as they understood this to be the role of the home care coordinator.

Documentation reviewed shows that risks such as falls, weight loss, behaviours, and wounds are recorded in consumer information section of the care plan. However, information regarding strategies for staff to use or actions they should take is not always recorded. For example:

* Consumers records reviewed with a diagnosis of diabetes do not have a specific diabetic management plan in place. Specific requirements such as ensuring their feet are dried well when helping with showering are not included in the care plan to alert and guide the support workers.

In response to the Report, the provider advised the providers Incident Management Policy will be revised to specifically direct staff by incorporating the capture and reporting of incidents, clinical and quality indicators and trends. Training previously mentioned also incorporates this requirement and discussions of software options will include development of an incident reporting tool.

 Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 3(3)(c) | HCP  | Not Compliant |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

Findings

The service did not demonstrate the needs, goals and preferences of consumers nearing the end of life are known by the service. Communication with palliative care supports or other direct care supports for the consumer was not evidenced in documentation reviewed.

The service advised should a consumer enter the palliative care phase of their illness; the organisation would ensure the consumer is referred to an organisation that is able to meet their specific care needs. However, the Assessment Team noted discussion regarding the consumers end of life wishes are not part of a discussion on admission.

The absence of relevant policies and procedures, the lack of communication between services and lack of detail on the wishes of consumers approaching end of life indicates that a holistic approach to end of life care is not in place for the service, and that adequate end of life care may not always be in place for consumers.

In response to the Report, the provider advised that review of the Assessment and Re-assessment Policy will include palliative and end of life care.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| --- | --- | --- |
| Requirement 3(3)(d) | HCP  | Not Compliant |
|  |  |  |

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

Findings

The organisation did not demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The service did not demonstrate reassessment of consumers’ needs following a change in their physical, mental health or wellbeing nor subsequent strategies to enable support staff to effectively provide services.

Staff interviewed stated if they identified a change in the consumers condition, they would seek to provide that information to the next of kin, would record in the communication notes and would contact the home care coordinator by phone immediately. The Assessment Team noted that where changes were identified, they were not consistently recorded nor was there evidence that a reassessment or formal review to a care plan occurs.

Documentation reviewed indicated the service’s policy manual does not specifically outline the service’s responsibilities to identify and respond to any deterioration of health. The organisation did not demonstrate how deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The service did not have policies and procedures related to clinical deterioration including signs of acute and chronic deterioration and steps to be taken by staff to support effective outcomes for a clinically deteriorating consumer.

In response to the Report, the provider advised the review of the Assessment and Re-assessment Policy will include clinical and health changes for consumers. The provider also advised that a rolling 3-month clinical review for all consumers will commence in June 2022.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| --- | --- | --- |
| Requirement 3(3)(e) | HCP  | Not Compliant |
|  |  |  |

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

Findings

Consumers and representatives interviewed expressed in various ways they felt consumer needs and preferences are effectively communicated between staff. Consumers interviewed advised staff know them well as they usually have the same staff providing services.

Review of systems identified that while information regarding care and services provided by allied health professionals is communicated back to the service and recorded on an electronic system, it was noted that support workers do not have access to the electronic system. Care documentation reviewed showed that information relating to care needs are not consistently recorded which may limit effective communication within and without the service.

While consumers and representatives interviewed said they feel that their needs, and preferences are effectively communicated to staff, and support workers reported they are informed of changes to a consumer’s; the organisation could not demonstrate information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility is shared. Therefore, on balance I find this requirement to be not compliant.

In response to the Report, the provider advised the review of care plans will enable identification of consumer risks and how these will be supported and included in subsequent care plans. As stated previously in this report, the provider will also include access to information in discussions about software options.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

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| Requirement 3(3)(f) | HCP  | Compliant |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 3(3)(g) | HCP  | Compliant |
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*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 Services and supports for daily living

#  HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives interviewed advised the Assessment Team they were satisfied that they receive safe and effective services and supports for daily living that meets consumer needs, goals and preferences and optimises consumers independence, wellbeing and quality of life. Consumers interviewed provided examples of how they are supported to continue their interest in participating in local community activities including attending the local community centre to participate in the program or to attend the local church.

Staff interviewed described how they provided meaningful activities, ensured consumers were safe and how the connection to their culture is important for consumers receiving services. The staff demonstrated they understand the emotional, spiritual and psychological well-being of the consumers. Staff demonstrated knowledge of the needs, goals and preferences of each consumer.

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

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP  | Compliant |
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*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.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

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

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

# STANDARD 5 Organisation’s service environment

#  Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

This Standard was deemed Not Applicable as consumers are not provided services where they are delivered at a centre run by the service.

# STANDARD 6 Feedback and complaints

#  HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives interviewed provided examples of how the service encourages and supports consumers to provide feedback and make complaints. Consumers and representatives interviewed indicated satisfaction with how the service responded to concerns raised.

Staff interviewed were able to demonstrate how feedback or raising a complaint can be made and were aware of the service policy and process to guide staff in supporting feedback and complaints. Staff interviewed confirmed they are provided education on the process.

The service demonstrated information is provided to consumers and representative on entry to the service relating to advocates, language services and other avenues to raise and resolve complaints. However, the service did not demonstrate that organisational policies and processes were consistently adhered to, specifically the recording of feedback into a system to enable analysis of complaints data to inform continuous improvement activity.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP  | Not Compliant |
|  |  |  |

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

Findings

At the time of the quality audit, the service did not demonstrate that complaints and consumer feedback is utilised in improving the quality of care and consumer services. The service did not demonstrate that feedback and complaints information was consistently documented. For example:

* Review of minutes of a Home Care Meeting detailed discussion regarding feedback on a cleaning service and dissatisfaction of consumers. It was noted a decision was made to change cleaning services however, this change was not recorded on the register as per the organisational process for monitoring by the leadership team.

The service did not demonstrate adherence to the organisational policy and processes in relation to consistently recording feedback and complaints to feed into continuous improvement opportunities.

While the service acknowledged that these records should be kept enabling effective analysis and review of complaints and feedback and advised this would be addressed, I confirm that this requirement remains not compliant as at the time of the quality audit.

In response to the Report, the provider advised feedback and complaints will be captured in the Home Care software and the providers inhouse feedback system in addition to the previously mentioned training for staff to better support feedback and complaint management.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

# STANDARD 7 Human resources

#  HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team interviewed several consumers and representatives and found most consumers said they felt there are enough staff to provide care and services and that staff did not appear rushed when providing services. Consumers interviewed said staff were respectful and gentle when providing services.

The service demonstrated it has processes in place to ensure members of the workforce have the qualifications and knowledge to effectively perform their roles. The service demonstrated staff at the service and external staff used through brokered agency arrangement are recruited, trained and equipped and supported in their delivery of care and services.

The service demonstrated there are processes to monitor and review staff performance. The service has a probationary period for internal staff and annual appraisal thereafter. Support workers employed through the brokered agency arrangement said they complete a performance appraisal to review their role and identify any training needs.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 Organisational governance

#  HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives interviewed expressed in various ways they felt they were involved in the development, delivery and evaluation of consumers care and services. Consumers and representatives interviewed confirmed the service sought their feedback and that agreed changes were made to the delivery of care and services.

The assessment team reviewed documentation, interviewed service staff, and identified areas were the service could not demonstrate compliance with all requirements under this standard, noting that other standards found to be non-compliant in this assessment are relevant and related to the overall governance of the service.

The service did not demonstrate effective governance systems in relation to information management. Information procedures are not being used to effectively gather information on changes in consumers, record feedback and complaints and, record incidents which can impact on the safe delivery of care for consumers.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

Findings

At the time of assessment, the service was not able to demonstrate, and evidence effective organisation wide governance systems are embedded throughout all areas noted under this requirement.

1. *Information management*

Whilst the service was able to demonstrate policies, procedures and resources are available for staff to access, care planning and consumer documentation had minimal information that reflected effective risk identification, monitoring or management strategies. Documentation reviewed also identified that incidents were not consistently recorded to enable effective oversight.

1. *Continuous improvement*

The service demonstrated continuous improvement systems and processes to assess, monitor and improve the quality of care and services however, concerns were raised with the service regarding the effective capture of feedback, complaints and incident management to enable identification of continuous improvement activity.

1. *Financial governance*

The service demonstrated processes in place to enable visibility of consumer budgets and reporting to the board providing oversight of financial governance.

1. *Workforce governance, including the assignment of clear responsibilities and accountabilities*

The service demonstrated effective workforce governance, as detailed in Standard 7 with board minutes reviewed evidencing oversight.

1. *Regulatory compliance*

The service demonstrated membership with industry bodies and information is communicated in various ways to staff including via staff meetings. While the service has an incident management system there were inconsistencies noted regarding where information is recorded and monitored (Refer to Requirement (3)(d) in this Standard and in Standard 3(3)(b) where an incident has not been documented as per the service’s policy and process following being reported and the risk associated.)

1. *Feedback and complaints*

The service did not demonstrate effective governance systems in relation to information management and feedback and complaints. Information procedures are not being used to effectively gather information on changes in consumers, record feedback and complaints and, record incidents which can impact on the safe delivery of care for consumers.

The service is not using its feedback and complaints systems to record all feedback and complaints on its register and provide accurate collation of trends in feedback and complaints.

Acknowledging conversations that occurred between the Assessment Team and the service during the quality audit, while the service advised various reviews are to occur and an electronic information management system is to be implemented, I find this requirement as not compliant as of the time of the quality audit.

In response to the Report, the provider advised feedback and complaints will be captured in the Home Care software and the providers inhouse feedback system in addition to the previously mentioned training for staff to better support feedback and complaint management.

Acknowledging the actions identified by the provider in their response to the report, it will take time to complete and embed the actions identified. Therefore, I find this requirement not compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP  | Not Compliant |
|  |  |  |

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

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

Findings

1. *managing high impact or high prevalence risks associated with the care of consumers*

The assessment team reviewed a variety of consumer documentation and found that where high impact or high prevalence risks were associated with care, strategies for service staff to follow and mitigate risks was absent from care directives.

While the service demonstrated some risk is being identified there is no consideration given to how this will be managed.

1. *identifying and responding to abuse and neglect of consumers;*

The service requires its staff to complete mandatory training in elder abuse, assault, and neglect. Completion of these training modules is certified, and records are held by service management.

1. *supporting consumers to live the best life they can*

The assessment team reviewed several care plans and although they did not demonstrate systems are in place to identify and document all risks, feedback was positive, and it was described that consumers felt supported to take risks to enable them to live the best life they can.

Service staff could describe how they support consumers to live their best lives and provided examples to the assessment team.

1. *managing and preventing incidents, including the use of an incident management system*

The Assessment Team found through sample of consumers documentation, incidents are being reported by support staff. However, these incidents are not always being recorded and the event used to provide monitoring to management and follow up actions to prevent recurrence.

The service was unable to demonstrate it is effectively managing risk for consumer. Risk is not always being identified and where it has been strategies are not being developed to inform staff on how to manage the risk.

In response to the Report, the provider advised the Incident Management Policy will be reviewed to incorporate the capture and reporting of incidents, clinical and quality indicators and trends in addition to the previously mentioned training for staff on incident management. Development of the providers software option will also enhance reporting.

On balance, I consider that the evidence presented by the assessment team including service documentation relevant to consumer complaints and the providers response to the report, results in service non-compliance with this requirement.

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| --- | --- | --- |
| Requirement 8(3)(e) | HCP  | Not Compliant |
|  |  |  |

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

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

Findings

While the service has a clinical governance framework in place the service was unable to demonstrate there is policy and education provided that informs staff at the service to have an understanding of minimising of restraint in the community. The service is collecting clinical data to inform clinical risk and plans to expand this further.

1. *antimicrobial stewardship*

The service evidenced policies and processes in place regarding antimicrobial stewardship however, the service could not demonstrate that staff providing care and services were aware of these policies.

1. *minimising the use of restraint*

The Assessment Team noted the service had an overall policy regarding the minimising of restraint however, this policy was specific to residential care and not Home Services. Staff interviewed were unable to describe the service’s policies regarding restraint and therefore unable to describe how minimisation of restraint is part of their role.

1. *open disclosure*

The service demonstrated policy in place regarding open disclosure and staff interviewed described how they address concerns using open disclosure principles.

On balance, I consider that the evidence presented by the assessment team including service documentation relevant to consumer complaints, results in service non-compliance with this requirement.

In response to the Report, the provider advised that consideration will be given to the development of a policy for home care restrictive practice in addition to the training for staff previously mentioned in this report.

It is expected that, as part of the Aged Care Quality Standards, providers will include the minimisation of restraint as part of a clinical governance framework.

On balance, I consider that the evidence presented by the assessment team including service documentation relevant to consumer complaints and the providers response to the report, results in service non-compliance with this requirement.

# 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 1(3)(d)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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

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

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| **Requirement 2(3)(b)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 2(3)(d)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **Requirement 3(3)(b)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 3(3)(c)** | **HCP**  | **Not Compliant** |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| --- | --- | --- |
| **Requirement 3(3)(d)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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

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

|  |  |  |
| --- | --- | --- |
| **Requirement 6(3)(d)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **Requirement 8(3)(e)** | **HCP**  | **Not Compliant** |
|  |  |  |

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

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