**Performance**

**Report**

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| Name: | NEW CARE SERVICES LTD |
| Commission ID: | 301085 |
| Address: | 33 Fawlkner Street, ABERFELDIE, Victoria, 3040 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 September 2024 to 4 September 2024 |
| Performance report date: | 15 October 2024 |

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

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9899 New Care Services Ltd  
Service: 28187 NEW CARE SERVICES LTD

**This performance report**

This performance report has been prepared by L. Malone, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 3 October 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(a) – demonstrate assessment and care planning effectively considers risks to consumer’s wellbeing, and that appropriate ways to manage risk are planned for the consumer.
* Requirement 2(3)(b) – demonstrate assessment and care planning addresses the current needs, goals and preferences, including at end-of-life and in relation to Advance Care Planning.
* Requirement 2(3)(d) – demonstrate outcomes of assessment and care planning are captured in a documented care plan, consumers and /or their representative can access this care plan and ensure that the care plan is available at the point of delivery of care and services.
* Requirement 2(3)(e) – demonstrate care and services are regularly reviewed, and that care plans remain effective. Ensure that systems and processes of assessment and care planning support regular reviews and reviews in response to a change in the consumers condition, needs, goals, preferences or circumstances.
* Requirement 3(3)(a) – demonstrate that the clinical and personal care delivered is best practice and is tailored to the individual consumer’s needs, including appropriate monitoring of care and where care is delivered by an external provider.
* Requirement 3(3)(b) – demonstrate that high-impact, high-prevalence risks to consumer wellbeing are identified and appropriately managed in the delivery of clinical and personal care services.
* Requirement 3(3)(d) – demonstrate effective systems to recognise and respond to clinical deterioration in a timely manner.
* Requirement 3(3)(e) – demonstrate that systems and process to communicate and documented information about the consumer’s condition, needs and preferences are effective, and that available information is current, accurate and supports shared care arrangements.
* Requirement 7(3)(d) – demonstrate the workforce is trained and enabled to deliver outcomes required by the Aged Care Quality Standards.
* Requirement 8(3)(c) – demonstrate organisation wide systems of governance are effective, including workforce governance, regulatory compliance, information management, and continuous improvement.
* Requirement 8(3)(d) – demonstrate that risk management systems are effective in the management of high-prevalence, high-impact risks to consumers, and investigating and preventing incidents.
* Requirement 8(3)(e) – demonstrate effective implementation of a clinical governance framework, and that the framework is applied in practice and its effectiveness is evaluated.

# Standard 2

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

Findings

The service was previously found non-compliant with Requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) following a Quality Audit in October 2023.

The Assessment Team recommends Requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) continue to be Not Met in the Assessment Contact (performance assessment) – site report (referred to as the Assessment Contact report) dated 3 September to 4 September 2024.

Requirement 2(3)(a)

The service was previously found non-compliant with Requirement 2(3)(a) as assessment and care planning did not effectively consider risks to consumer wellbeing and some consumers did not have completed risk assessment and care planning documentation.

The service planned continuous improvement actions in response to the finding of non-compliance. These included an audit of consumer care documentation to identify those with incomplete assessments and care plans, completion of risk assessment and care planning for all new consumers on admission, and a review of the intake and risk assessment form to include prompts for risk assessment.

At the Assessment Contact on 3 September to 4 September 2024 (referred to as the Assessment Contact), it was found the above actions had not been fully implemented and a number of consumer care files viewed did not have completed assessments and care plans. The Assessment Team found limited evidence of assessment and care planning in relation to complex clinical care, falls risks, or home safety risks in the documentation viewed. Staff said they do not access consumer care plans to inform care delivery.

In their response to the Assessment Contact report, the provider submitted a copy of the reviewed intake and risk assessment form which includes prompts for further assessment tools where a risk is identified. The provider also submitted a copy of the service’s plan for continuous improvement (PCI) which indicates progress on consumer care file reviews and relevant risk assessments and care planning with some yet to be completed; staff education in documentation; and planned audit of care documentation in January 2025.

I acknowledge the actions commenced to improve assessment and care planning and ensure it is completed for all consumers. However, at the time of my decision these actions are in progress and not yet evaluated. I find Requirement 2(3)(a) Not Compliant.

Requirement 2(3)(b)

The service was previously found non-compliant as assessment and care planning did not effectively identify and address Advance Care Planning (ACP) or consumers’ needs, goals and preferences at end-of-life.

The service planned improvement actions in response to the finding of non-compliance including a review of each consumer to understand their wishes in relation to ACP and updating the intake assessment forms to include ACP.

At the Assessment Contact, the Assessment Team sighted consumers’ care documentation and did not find evidence of ACP or assessment and care planning which considered end-of-life wishes for some consumers. Consumers and representatives who provided feedback in relation to this Requirement said their current goals and preferences are met but none said they had participated in ACP. Management said ACP and discussions about end-of-life wishes have been recently introduced as part of admission assessments, but plans for current consumers were not described.

In their response, the provider submitted a PCI which includes actions underway such as reviewing consumer assessment and care planning including discussions about ACP, but notes that some consumer reviews remain outstanding. Also recorded are plans for education to staff in how to have these conversations with consumers and planned future audits to evaluate the effectiveness of these actions.

I acknowledge the relevance of these actions however they are not yet fully embedded into practice and evaluated at the time of my decision, and I find Requirement 2(3)(b) Not Compliant.

Requirement 2(3)(d)

The service was previously found non-compliant with this Requirement as outcomes of assessment and care planning were not documented or communicated effectively for consumers within a specific region or for those who self-managed their Home Care Package.

The service planned continuous improvement actions in response to the finding of non-compliance, including the introduction of processes to ensure all consumers have a care plan and are offered a copy of their current care plan.

At the Assessment Contact, the Assessment Team found some consumers did not have care plans. Feedback from some consumers and representatives indicated they were not aware of a care plan being in place. Staff said they are not always able to access care plans, and that they rely on consumers and representatives to describe how they would like their care delivered.

In their response, the provider describes progression of PCI actions related to ensuring all consumers have care plans and are provided a copy as commenced, but with some consumer outcomes of assessment and care planning yet to be effectively communicated and documented in a care plan. The provider states they plan to complete this action and provide consumers with a care plan in the near future.

At the time of my decision, these improvement actions have not been fully implemented and I find Requirement 2(3)(d) Not Compliant.

Requirement 2(3)(e)

The service was previously found non-compliant as they did not demonstrate a process to ensure consumers across all regions of their service catchment areas, and consumers who self-manage their Home Care Package, participate in assessment and care planning, and it was not demonstrated how care and services are reviewed for effectiveness.

The service planned continuous improvement actions in response to the finding of non-compliance including completing assessments and care plans for current consumers and implementing 6 monthly reviews.

At the Assessment Contact, it was found the planned actions had not been effectively implemented. Some consumers did not have care plans and documentation, and the service could not provide evidence that reviews had occurred including for consumers who had falls, had been admitted to hospital, or following a change in condition or circumstance. At the time of the Assessment Contact, the service planned to refer consumers with complex clinical needs for a review of assessment and care planning.

The provider submitted a copy of a flowchart indicating reviews are to be completed every 6 months or when the consumer’s condition changes, and planned actions on the PCI to audit care documentation to implement reviews are in progress. The provider indicates these actions are ongoing with some consumers yet to be reviewed. The provider’s response does not provide me specific information or evidence that consumers who experienced an incident or change in circumstance as described in the Assessment Contact report had since been reviewed to ensure their care is effective and safe.

I have considered the duration of time the provider has had to implement relevant improvement actions, and the impact of this deficit and the risk it presents to consumers. I acknowledge the planned actions however these will take further time to fully implement and sustain in practice. I find Requirement 2(3)(e) Not Compliant.

I find Requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) Not Compliant, therefore Standard 2 is Not Compliant.

# Standard 3

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

Findings

The service was previously found non-compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), and 3(3)(f) following a Quality Audit in October 2023.

The Assessment Team recommends Requirements 3(3)(a) and 3(3)(e) continue to be Not Met, and recommends Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f) are Met following the Assessment Contact on 3 September to 4 September 2024.

I have come to a different view to the Assessment Team in relation to compliance with Requirements 3(3)(b) and 3(3)(d).

Requirement 3(3)(a)

The service was previously found non-compliant as it did not demonstrate that each consumer receives safe and effective care or that care is tailored to consumers’ needs.

At the Assessment Contact, care documentation was found to contain limited information related to the delivery of clinical care or monitoring of its effectiveness in optimising consumer wellbeing. Examples of clinical care delivery presented in the Assessment Contact report described care which is not aligned with best practice or tailored to the needs of the consumer, such as insufficient monitoring, documentation and oversight of wound care where a consumer is receiving nursing care for wound management. In one example, a consumer with a pressure injury was receiving daily care and support from staff to purchase wound dressings but did not have any documentation to guide care delivery and the consumer’s case manager did not demonstrate awareness of the presence of the wound or of the wound care being delivered. Staff did not demonstrate knowledge of tailored pressure care strategies for a consumer with a pressure injury, and in another example, staff could not sufficiently describe how they consider infection control during clinical procedures such as catheterisation.

In their response to the Assessment Contact report, the provider includes actions on the PCI related to ensuring consumer care plans are updated to support tailored care delivery and an audit of care documentation is planned for December 2025. The provider also submitted a copy of their catheterisation procedure to support best practice care however I am not provided with further description of how this has been implemented, or how its implementation has contributed to improving the quality of care for the consumer. I am not provided with supporting evidence related to examples of deficits in clinical care described in the Assessment Contact report. I encourage the provider to consider how the clinical and personal care delivered, as well as planned for, aligns with best practice, is tailored to the consumer’s needs, and optimises consumer wellbeing to ensure this Requirement is effectively met.

I have considered the evidence available to me and I find Requirement 3(3)(a) Not Compliant.

Requirement 3(3)(b)

The service was previously found non-compliant as effective management of high-impact, high-prevalence risks to consumer wellbeing was not demonstrated.

The service planned continuous improvement actions in response to the finding of non-compliance following the Quality Audit in October 2023, including all consumers to have home safety and clinical risk assessments at induction, review of assessment tools for risks related to pain, wounds, pressure injuries, falls and other complex care needs, and the implementation of a risk register to recognise vulnerable consumers.

At the Assessment Contact on 3 September to 4 September 2024, the Assessment Team found the improvement actions planned had not been fully implemented. The service had commenced the risk register. The Assessment Team recommended this requirement as Met based on the finding that staff reflected awareness of individual consumers’ needs when interviewed. However, I am not provided with further detail related to the consumers in the report and the statement is contradicted by other evidence. I also do not find staff awareness of consumers’ needs sufficiently addresses the intent of this Requirement, and evidence presented in the Assessment Contact report satisfies me that improvement actions planned to address the non-compliance have not yet been fully effective.

In coming to my decision, I have also considered examples of care delivery presented in Requirement 3(3)(a) of the Assessment Contact report which describe consumers with pressure injury or an infection without appropriate risk management strategies documented or described by staff, and another consumer with a history of falls but no falls risk prevention described.

The PCI submitted by the provider in response to the Assessment Contact report has documented actions in relation to this Requirement including plans to complete risk assessments for all consumers and complete an audit of care documentation in the future. I am not provided with information specific to the examples of consumer care described in the Assessment Contact report.

While the Assessment Team recommended Requirement 3(3)(b) as Met, I have come to a different view. The evidence does not persuade me of effective systems and processes to manage high-impact, high-prevalence risks to consumers, and the providers response indicates that planned actions are not yet fully implemented or evaluated.

I have considered the evidence in the Assessment Contact report and that submitted by the provider and find that further time is required for improvements to be sustained. I find Requirement 3(3)(b) Not Compliant.

Requirement 3(3)(d)

The service was previously found non-compliant as it did not demonstrate processes to recognise and response to clinical deterioration in a timely manner. Continuous improvement actions were planned in response to the finding of non-compliance including the implementation of a policy to guide staff practice, development of an assessment tool, and staff training in the use of the tool.

In the Assessment Contact report, it states that these actions have been implemented effectively and that changes in consumer condition are reported. The Assessment Team recommended this requirement as Met and provided examples of representative feedback describing being notified of an incident such as a fall, refusal of care or observation of a skin injury, and of the representative then providing care or supporting the consumer to seek medical attention. I acknowledge these examples to be reflective of notifying the consumer’s representative of a clinical incident, however they do not describe how the service identifies signs of and responds appropriately to clinical deterioration in a timely manner.

I have considered examples presented throughout the Assessment contact report which do not demonstrate effective and timely identification of clinical deterioration, including the example of a consumer with clinical deterioration who required hospitalisation but for whom the service could not provide evidence of monitoring of wound status or details such as wound type or location. This does not convince that systems in place are effective at identifying and responding to clinical deterioration.

The provider’s PCI includes actions and evaluation comments indicating a deterioration assessment tool was implemented effectively. However, evaluation comments on the review of care documentation undertaken in September 2024 indicates not all consumer care file notes reflected changes in the consumer’s condition.

I come to a different view to the Assessment Team based on the evidence presented in the Assessment Contact report and submitted by the provider. The evidence does not persuade me that timely recognition of and response to clinical deterioration is occurring and the provider’s response indicates processes of self-assessment against this Requirement have found case notes do not reflect changes in consumer condition. I find that improvement actions are ongoing and require further time to implement and evaluate for effectiveness. I find Requirement 3(3)(d) Not Compliant.

Requirement 3(3)(e)

The service was previously found non-compliant with this Requirement as processes to communicate and document information about consumers’ conditions, needs and preferences were not effective and did not support shared care.

The service planned continuous improvement actions in response to the finding of non-compliance, including revision of the intake form to include risks related to medications, medical conditions, and care support arrangements. The delivery of staff training in documentation and accessing consumer information via the service’s mobile phone application was also planned.

At the Assessment Contact, it was found not all consumers had care planning information documented, and systems of communicating and documenting information differed between the service’s regional offices. Where a third-party provider delivered clinical or personal care, the service could not demonstrate adequate oversight of the care delivered. An example in the Assessment Contact report describes a consumer receiving wound care through a third party or brokerage arrangement for a period of one year without any documented communication between the service and the third-party provider demonstrated to the Assessment Team. Another example described a consumer receiving wound care from a worker daily however the service’s clinical manager and the consumer’s case manager were not aware of the care being delivered or the presence of the wound.

The examples demonstrate risk to consumers, as the status of their wellbeing and treatment is not adequately communicated by those who share care, despite the service remaining responsible for oversight of care delivered under the consumer’s Home Care Package. Staff said consumer information contained within the service’s mobile application is not comprehensive or contemporaneous and that staff often rely on consumers and representatives to guide care and service delivery.

The provider’s response indicates plans to complete care plans for all consumers by November 2024 and to ensure consumers’ conditions, needs and preferences are effectively captured. The PCI also includes actions to review the onboarding paperwork and complete an audit of care documentation to ensure it includes all relevant information. At the time of coming to my decision, the provider’s response indicates these actions are yet to be fully implemented. I also note that these actionsdo not sufficiently address how the provider will ensure ongoing effective processes of communication and documentation, and how they plan to evaluate the effectiveness of actions implemented.

At the time of coming to my decision, I find the service does not demonstrate information about consumer condition, needs and preferences is effectively communicated or documented, and improvement actions are yet to be fully implemented and evaluated. I find Requirement 3(3)(e) Not Compliant.

The Assessment Team recommended the following Requirements as met and I agree with the Assessment Team’s recommendations.

Requirement 3(3)(c)

The service was previously found non-compliant as it did not demonstrate processes in place to deliver care in line with consumer needs and preferences at the end of life. The service planned continuous improvement actions in response to the finding of non-compliance including inclusion of ACP on intake assessment forms, improved documentation of consumers’ wishes, a review of locally available palliative support services and the implementation of an ACP policy.

The Assessment Team found no consumers were receiving palliative or end of life care at the time of the Assessment Contact. Evidence in the Assessment Contact report includes the statement that the service demonstrated effective systems and processes to support consumers at end of life due to improvements made to intake care planning forms, and communication with consumers. I am not provided with any further evidence to support this finding. While the evidence presented is limited, it does not demonstrate any deficit specific to this Requirement. I highlight the relationship between the delivery of care which maximises dignity and comfort, and effective processes to identify and plan for consumers’ wishes at end of life. and I encourage the provider to implement and evaluate actions related to Requirement 2(3)(b) to ensure effective systems which support ongoing compliance with Requirement 3(3)(c).

I have considered the available evidence from the Assessment Team and the provider, and I find Requirement 3(3)(c) Compliant.

Requirement 3(3)(f)

The service was previously found non-compliant as it did not demonstrate effective processes to ensure timely and appropriate referrals are made for consumers. The provider planned actions to address the non-compliance including review of processes to facilitate referrals and documentation of referrals made.

The Assessment Contact report provides evidence of consumers who had been supported to access care and services through timely and appropriate referrals. The Assessment Team received positive feedback from a representative about the way their consumer was supported in accessing an external provider to manage pain, and care documentation provided evidence of referrals to My Aged Care (MAC) for reassessment for a higher level of Home Care Package funding. I find Requirement 3(3)(f) Compliant.

I find Requirements 3(3)(a), 3(3)(b), 3(3)(d), and 3(3)(e) Not Compliant therefore Standard 3 is Not Compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |

Findings

The service was found non-compliant with Requirement 7(3)(d) following a Quality Audit in October 2023 as it did not demonstrate how the workforce is effectively trained and supported to deliver outcomes required by the Aged Care Quality Standards. While clinical training was found to be provided in response to consumer needs, the service did not have an ongoing formalised training program and staff participation in training was not effectively recorded.

The Assessment Team recommend this Requirement as Not Met.

The service planned the following improvement actions to address the non-compliance; introduction of competency assessments and training modules for topics including infection prevention and control, cardiopulmonary resuscitation, manual handling and first aid; provision of written guidance on cleaning, personal care and respite service delivery to staff at onboarding; and making online Aged Care Learning System (ALIS) modules available to staff and management.

At the recent Assessment Contact, the service did not demonstrate the planned actions had been effectively implemented. The training register recorded participation across the service’s 3 regional and metropolitan branches and showed a significant proportion of staff at one branch and all staff at another branch were yet to complete required training, and that no staff had completed the ALIS modules. The Assessment Team found evidence of induction processes and ‘on-the-job’ training including for clinical care specific to the individual consumer’s needs. Management planned improvement actions at the time of Assessment Contact including contact with a training provider to deliver first aid and CPR training, providing online access to aged care specific training modules, and instructions to management to monitor staff participation in training.

The provider submitted a PCI with actions related to this Requirement, including planned delivery of training topics relevant to safe and quality care in line with the Aged Care Quality Standards.

I have considered the evidence and find actions to ensure relevant training is delivered to staff, and to establish systems to monitor participation and evaluate training in relation to the Aged Care Quality Standards, will require further time to implement.

I find Requirement 7(3)(d) Not Compliant, therefore Standard 7 is Not Compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The service was found non-compliant with Requirements 8(3)(c), 8(3)(d) and 8(3)(e) following a Quality Audit in October 2023. The Assessment Team recommended these Requirement as Not Met.

Requirement 8(3)(c)

The service was previously found non-compliant with Requirement 8(3)(c) as organisation wide governance systems were not found to be effective. The service planned improvement actions to address the deficits including development of a mandatory staff training schedule and improved monitoring and documentation of staff participation in training and competency assessment. The service planned to evaluate the staff education program and provide a report to the governing body, and to undertake monthly self-assessment of performance against the Aged Care Quality Standards.

The Assessment Contact report presents evidence that the planned actions had not been effectively progressed. No new improvement activities had been added to the PCI since November 2023, and the service did not demonstrate review or evaluation of the planned continuous improvement activities. The Assessment Team found effective systems and processes related to financial governance. While the service receives regular regulatory updates to inform compliance, evidence in the Assessment Contact report demonstrates the delivery of care and services does not meet the requirements of the Aged Care Quality Standards, specifically in the areas of assessment and care planning, the delivery of best practice, tailored care, management of risks to consumer wellbeing, clinical governance and continuous improvement.

While the Assessment Team found evidence the governing body receives information on incidents, the report does not include dates of occurrences or follow up actions, and the Assessment Team did not find evidence of effective communication of workforce training or consumer feedback and complaints to the governing body.

In their response to the Assessment Contact report, the provider submitted a PCI with planned actions including those related to improved information management, specifically assessment and care planning information; planned workforce training; and plans to establish a Quality Committee comprised of senior leadership. The PCI reflects feedback and complaints are being effectively captured and reported to the governing body and that this process has been audited for effectiveness.

I have considered the evidence in the Assessment Contact report and that submitted by the provider, and the evidence indicates that improvement actions require further time to be fully implemented and evaluated. I am not satisfied that regular self-assessment of performance against the Aged Care Quality Standards is currently occurring in a way that is effective. I find Requirement 8(3)(c) Not Compliant.

Requirement 8(3)(d)

The service was previously found non-compliant as effective systems to manage high-impact, high-prevalence risks to consumer wellbeing were not demonstrated. The service planned improvement actions including identifying high-impact, high-prevalence risks to consumers to inform a risk register of vulnerable consumers; commencement of review of consumers’ risk assessment and care planning information; training to staff in incident reporting; and the implementation of quarterly reporting on incidents to the governing body.

The Assessment Contact report describes deficits in Standard 2 related to lack of assessment and care planning for some consumers. This is relevant to Requirement 8(3)(d) as risks are not being effectively identified, planned for and prevented at the individual level, and this deficit impacts on the management of risk at the organisation level. The service had developed a risk assessment form, but it was found this was not consistently used by staff. Management said the process of entering consumer information onto a risk register had been commenced. Evidence demonstrated incidents are recorded on the incident register, but documentation lacks detail of what actions were taken in response or how the service plans to prevent future occurrences.

The provider’s response includes a PCI which has comments indicating compliance with this Requirement will be met through improvements in Standard 2. While I agree improvements to systems and processes in Standard 2 are relevant to improved performance with Requirement 8(3)(d), I encourage the provider to consider systems and processes to identify, investigate, report and prevent risks across the organisation more broadly. Other actions planned include review of care documentation and incidents to identify trends, and the use of trends identified as opportunities to inform continuous improvement. The provider’s response indicates these actions are not yet fully implemented with a planned completion date in early 2025. This is not sufficient to demonstrate compliance at the time of my decision. I encourage the provider to address deficits in the management of high-impact, high-prevalence risks and effectively analyse incident data at the organisational level with priority and evaluate the effectiveness of actions implemented.

I find Requirement 8(3)(d) Not Compliant.

Requirement 8(3)(e)

The service was previously found non-compliant following a Quality Audit in October 2023, as it did not have a clinical governance framework and staff could not describe expectations of practice in relation to antimicrobial stewardship or the use of restrictive practices.

In response to the finding of non-compliance, the service planned improvement actions including the development of a clinical governance framework, and delivery of staff training in antimicrobial stewardship, open disclosure and the use of restrictive practices.

The Assessment Team found evidence that while a clinical governance framework had been created, it had not been effectively implemented. Staff were able to describe their responsibilities in relation to open disclosure and confirmed they had received training on this topic. However, staff did not adequately describe how they recognise restrictive practices or demonstrate familiarity with the principles of antimicrobial stewardship or the service’s clinical policies and procedures.

The provider’s response to the Assessment Contact report includes a PCI with planned actions to review the clinical governance framework twice yearly, address staff knowledge of antimicrobial stewardship and restrictive practices, and improve processes to ensure the governing body is informed of clinical incidents and that incidents are appropriately investigated. Evaluation comments on the PCI indicate training is planned but I am not provided with further evidence in relation to reporting and investigating incidents or review of the clinical governance framework, or the progress of these actions. I find Requirement 8(3)(e) Not Compliant.

I find Requirements 8(3)c, 8(3)(d) and 8(3)(e) Not Compliant, therefore Standard 8 is Not Compliant.

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