**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | NEW CARE SERVICES LTD |
| Commission ID: | 301085 |
| Address: | 10 Fletcher Street, ESSENDON, Victoria, 3040 |
| Activity type: | Quality Audit |
| Activity date: | 11 October 2023 to 12 October 2023 |
| Performance report date: | 28 September 2023 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 9899 New Care Services Ltd

Service: 28187 NEW CARE SERVICES LTD

**This performance report**

This performance report for NEW CARE SERVICES LTD (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 9 November 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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.

**Standard 2**

* Requirement 2(3)(a) ensure completion of assessment and care planning is completed for all consumers.
* Requirement 2(3)(b) identify individualised goals and advance care plan discussion are included in consumer care planning and assessments.
* Requirement 2(3)(d) completion of assessment and care planning for self-managed consumers.
* Requirement 2(3)(e) centralise recording of care plans to ensure access by all staff.

**Standard 3**

* Requirement 3(3)(a) care plans to identify and commence further assessment of risks.
* Requirement 3(3)(b) assessment and identification of complex care needs.
* Requirement 3(3)(c) demonstrate inclusion of end-of-life discussions with consumers through care planning provision.
* Requirement 3(3)(d) implement and provide training related to deteriorating consumer processes.
* Requirement 3(3)(e) care plans to capture and reflect all care needs.
* Requirement 3(3)(f) ensure referrals are actioned within the services specified time frame.

**Standard 7**

* Requirement 7(3)(d) implement and review staff training requirements and completion of training modules.

**Standard 8**

* Requirement 8(3)(c) sustain effective staff training and evaluation processes as well as feedback and complaints oversight.
* Requirement 8(3)(d) reflect review of incident reporting and oversight of completion of care planning and assessment audit and evaluation processes.
* Requirement 8(3)(e) demonstrate staff training and knowledge related to antimicrobial stewardship, open disclosure and restrictive practises.

# Standard 1

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how consumers are respected and valued. Staff spoke about consumers in a respectful way, reflective of diversity and discussed what is important to consumers. Care planning documents where complete, used inclusive and respectful language and included information about the consumer’s background. The service demonstrated they recognise, respect and support the unique cultural identities of their consumers by meeting their needs and expectations and recognising their rights.

Copies of the Aged Care Charter of Rights are included in both the information pack and the Service Agreement. The Assessment, Planning and Provision of Supports policy describes the service’s approach to care planning with focus on independence and choice including where the consumer chooses to involve others.

Consumers and representatives were satisfied with how the service supports consumers to live their best life. The service’s assessment, planning and provision of supports policy describes how the service maximises independence and supports consumers to take risks and guides staff to complete a risk-taking form.

The Assessment Team noted some consumers were unsure regarding the detail provided in monthly statements, this feedback was provided to management who provided supporting evidence of signed agreements and further engagement and explanation regarding specific circumstances. The service is providing information in an appropriate format, through different channels and supports languages other than English to help consumers get the most out of their care and services.

There is a privacy and dignity policy as well as a privacy consent form for use, staff confirmed they seek consumer consent when completing referrals to other services and reflect consumer consent in notes. The consumer management system has built in password protection and management described the levels of access to information depending on position.

# Standard 2

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service does not comply with requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) and as a result is non-complaint with standard 2.

Requirement 2(3)(a)

Consumers entering the service in the metropolitan region and as self-managed consumers did not have a completed risk assessment, initial assessment or care plan. The Assessment Team noted that relevant risks to a consumer safety, health and well-being were not being consistently assessed and included in planning care. The assessment templates did not include triggers for validated risk assessment such as falls risk, pressure injury risk, wound or pain and information from other sources such as occupational therapy reports were not consistently reviewed.

The Approved Provider responded to the Assessment Team report with a copy of the Plan for Continuous Improvement (PCI) identifying actions and relevant time frames for completion of assessment and care planning documentation for all new clients. The service has updated the intake form to include assessment of consumer risk and support worker interactions and changes to care needs will now be recorded centrally. The Approved Provider has now employed additional resources to enable ongoing assessment processes and has planned training, regular meetings and audits to ensure progression toward completion of proposed actions.

Requirement 2(3)(b)

While all consumers and representatives provided positive feedback about the services provided, they did not consistently confirm how the service addresses advance care planning and end of life wishes. Staff interviewed said they cannot always view consumer progress notes and information frequently appears incomplete. A review of documentation demonstrated where completed, consumer assessment and care plan documentation does not reflect how the service records discussions about advance care planning and when not completed information is not available to support consumer current needs, goals, preferences or end of life wishes.

The service’s PCI submitted in response to identified concerns also reflects updates will be made to introduction information included in care planning documentation to include individual consumer goals and Advance Care Planning discussion.

Requirement 2(3)(d)

Staff supporting Bendigo consumers confirmed care plan changes are communicated to consumers and representatives through telephone conversations, email and face to face meetings reflective of consumers preference. They also discussed the circumstances that trigger a change to a care plan such as a hospital admission following a fall, a relocation to a new address or deterioration in cognitive or functional ability. However, management acknowledged the identified absence of assessment and care planning for all self-managed and most of the metropolitan consumers. As a result, for a significant number of consumers there is no available information to support how they reflect the outcomes of assessment and planning for each consumer.

The service’s PCI submitted in response to identified concerns indicated an audit will be conducted of all consumers including those self-managed to ensure care plans are completed.

Requirement 2(3)(e)

Consumers and representatives commented positively that the service supports their requests for changes and the effectiveness of care and services. However, the service has not completed assessment and care planning for consumers who are self-managed and consumers living in the metropolitan region and could not demonstrate how they review care and services.

The service’s PCI identifies that care plans will be utilised as the basis for the development of services for each client and reflected in case notes in the centralised record system.

The PCI submitted in response to the Assessment Team report provides extensive information on planned actions, proposed time frames and auditing mechanisms to monitor effective implementation. I acknowledge the work commenced and the proactive approach taken by the Approved Provider to address the areas identified for improvement. Notwithstanding the ongoing progress toward addressing the identified deficits the majority of these actions will take time to complete and evaluate for effectiveness. As a result, I consider further time is required to establish the completion and evaluation of proposed actions.

In relation to compliance with Requirement 2(3)(c):

Although the service acknowledged they are not consistently completing assessment and care plans for consumers, all sampled consumers had a completed service agreement.

The service demonstrated it provides ongoing partnership with consumers and chosen representatives. The service recognises the contribution of unpaid carers such as family members and supports them to be involved in determining care and services and supports consumers choice of services from other providers seeking feedback about their satisfaction with those services.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not 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. | Not Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service does not comply with requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(f) and as a result is non-complaint with standard 3.

Requirement 3(3)(a)

The Assessment Team noted that there were no processes in place to ensure consumers are receiving safe and effective personal care and clinical care that is tailored to their needs. Most consumers do not have a care plan, as a result the Assessment Team were unable to establish if staff progress notes align with safe consumer personal and clinical care.

The Approved Provider responded to the Assessment Team report with a copy of the Plan for Continuous Improvement (PCI) identifying actions and relevant time frames to ensure all consumer have a care plan implemented, identification of risks to commence further assessments of clinical care requirements and subsequent audit to ensure appropriate tools are utilised to reflect consumer needs.

Requirement 3(3)(b)

Processes were not in place to consistently recognise high impact and high prevalence risks associated with the care of each consumer. The Assessment Team noted consumers with complex care needs without adequate records of care received or planned. Management identified falls as the highest risk for consumers at the service however the service does not have a process to measure the effectiveness of their care.

The PCI submitted in response to the Assessment Team report included actions to ensure risk assessments are complete to identify complex care needs and documented in the centralised record system.

Requirement 3(3)(c)

The service does not currently have completed care plans including advanced care plans or end of life preferences. Examples were provided to the Assessment Team where assistance was not provided to consumers to access additional end of life care and documentation does not support changes in care needs as care planning documentation is not currently complete.

The service’s PCI submitted in response to identified concerns reflects that end-of-life planning and discussion will now be incorporated in the initial phases of consumer induction, with a supporting audit conducted to ensure completion for all consumers.

Requirement 3(3)(d)

While the service has a deterioration and health changes policy and procedure staff training has not been provided. Management described the documentation process for consumer changes by flagging progress notes on the mobile application as a high priority and an email to the care coordinator, however the effectiveness of this process is not measured by the service and staff raised concern with lack of escalation for a particular consumer.

The service’s PCI submitted in response to identified concerns indicated development of a deteriorating client and assessment tool for staff with associated staff training, practical implementation and auditing of consumer files to ensure it’s use.

Requirement 3(3)(e)

There is a mobile phone application in use however the information available is inconsistent and does not contain comprehensive or contemporaneous detail related to consumer condition, needs and preferences. Documentation is also unavailable to support consumer care needs although some information is captured in the consumer onboarding documentation.

The service’s PCI submitted in response to identified concerns indicated on boarding documentation will be required to include detail to capture all relevant information including where consumers do not wish to share information.

Requirement 3(3)(f)

A review of care file documentation reflected assessments and care planning is not consistently completed. Management indicated there is a referral form in use however, referrals are dependent on the consumer meetings and the service was unable to demonstrated how timely referrals are carried out.

The service’s PCI has been updated to reflect care plans for all consumers would be completed with referrals to be followed up within a week.

The PCI submitted in response to the Assessment Team report provides extensive information on planned actions, proposed time frames and auditing mechanisms to monitor effective implementation. I acknowledge the work commenced and the proactive approach taken by the Approved Provider to address the areas identified for improvement. Notwithstanding the ongoing progress toward addressing the identified deficits which are closely associated with the deficits in standard 2, the majority of these actions will take time to complete and evaluate for effectiveness. As a result, I consider further time is required to establish the completion and evaluation of proposed actions.

In relation to compliance with Requirement 3(3)(g):

Consumers and representatives were satisfied with actions taken to protect consumers from infection. Staff explained how they comply with hand hygiene and infection prevention control and discussed their use of Personal Protective Equipment (PPE) including masks and gloves. Management discussed infection control guidelines and procedures and training planned for staff.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Service agreements and where complete, care plans described the social connections and activities consumers preferred and required. While not all consumers have a care plan, staff discussed the various strategies they use to keep consumers safe such as ensuring mobility and sensory aids, and behavioural supports are used where required.

Management described how they support consumers emotional, spiritual and psychological wellbeing, such as offering time to discuss concerns privately and supporting consumers to engage other formal or informal supports. Consumers confirmed they are able to access assistance with attending social activities and care file documentation reflected activities regularly undertaken to support community access.

Management reported the service ensures information about consumers services is shared between those responsible for their care through emails and the electronic management system, workers and carers are encouraged to provide feedback after each shift.

Care Co-ordinators described how they identify referrals through assessment and review and have supported consumers to access hobby groups of interest to them such as scrap booking.

The service does not provide meals to consumers but does support them to access prepared meals from subcontracted services.

Consumers and representatives confirmed the service supported them in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance when required.

# Standard 5

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

Findings

The Quality Standard for the Home care packages service was not assessed as specific requirements have been assessed as not applicable.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives interviewed reported they were comfortable and are supported to provide feedback and make complaints. Staff confirmed they encourage consumers to provide feedback to senior staff. Management confirmed the service model of care is for care managers or executives to make frequent contact with the consumer over the telephone to manage issues.

Consumers and representatives confirmed the service supports them to access an advocate, language service or other method for resolving complaints. Information is provided in the consumer welcome pack on feedback, complaints, and advocacy and executive staff member are able to offer assistance with Italian speaking consumers.

The service has an open disclosure policy and staff confirmed when a complaint is raised, they attempt to resolve it at the time or refer the consumer to management. Management explained that complaints are addressed as they arise however the process is not always documented. The Assessment Team noted a lack of supporting documentation to reflect the use of open disclosure principles, in response to this feedback management added an action to the Plan for Continuous Improvement and committed to ensuring all instances requiring open disclosure are documented in the future.

A review of the complaints register provided examples of where consumer complaints have informed review of care packages, changes to care staff allocation and consideration to consumer preferences for care workers.

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service does not comply with requirement 7(3)(d) and as a result is non-complaint with standard 7.

Requirement 7(3)(d)

The Assessment Team did not observe evidence of a training schedule. The concern of not providing training to meet the standards required by the commission was raised with management who acknowledged this. There was also no evidence of progression toward implementing a formalised training structure. There was evidence of some basic training with the electronic consumer health information management system, manual handling and in escalating issues with additional clinical training for nursing staff however there is no formalised structure to deliver ongoing mandatory training.

The Approved Provider responded to the Assessment Team report with a copy of the Plan for Continuous Improvement (PCI) indicating the development of a training schedule and resources to guide staff with basic tasks, and where particular skills are identified further training provided.

The PCI submitted in response to the Assessment Team report provides extensive information on planned actions, proposed time frames and auditing mechanisms to monitor effective implementation. I acknowledge the work commenced and plan to complete these actions, however, consider additional time is required to ensure the implementation of staff training is effectively implemented and sustained in practise.

In relation to compliance with the remainder of the Requirements:

The service confirmed that the workforce is matched to consumer individual needs such as speaking the same language and understanding cultural requirements. Management described how the service undertakes workforce planning to understand the number of staff they require through forecast planning of staff requirements, strict hiring requirements aimed at quality workforce growth, and the use of subcontracted providers.

Consumer information is available to internal support workers through the mobile phone application or subcontracted staff through service requests. Staff interviewed described how they treat consumers with respect, through tailoring service requests to meet each consumer's needs and preferences, actively listening, and considering their cultural values.

Management advised, staff must have minimum qualifications relevant to their role, first aid and cardiopulmonary resuscitation (CPR) certificate, provide current checks, and evidence of vaccination. They advised all staff are provided with a position description of their role and the mobile phone application guides practice relating to their specific role such as responding to falls, deterioration of a consumer, and domestic assistance.

The service has yet to commence annual performance reviews, however, after feedback was provided to management, performance plans, and reviews have commenced.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service does not comply with requirements 8(3)(c), 8(3)(d) and 8(3)(e) and as a result is non-complaint with standard 8.

Requirement 8(3)(c)

There is an effective governance system in place to support information management, continuous improvement, financial governance. There were deficits identified regarding workforce governance, feedback and complaints. While there was evidence of some effective governance across the organisation the risks associated with inadequate workforce governance poses potential impact to consumers when the existing staff cohort are not provided ongoing education and training to inform improvements in practice and ensure principles of best practice are followed. To effectively improve services feedback and complaints are required to be monitored analysed and reviewed with consideration to continuous improvement and to inform future actions are recorded on the Plan for Continuous Improvement.

The Approved Provider responded to the Assessment Team report with a copy of the Plan for Continuous Improvement (PCI) identifying actions and relevant time frames for completion of tasks. The PCI reflected actions related to information management will be addressed through the actions related to standard 2 and the completion and centralising of available care plans and supporting information. With regard to continuous improvement the PCI reflects extensive plans for improvement, a self-assessment against the standards to be undertaken and monthly updates to incorporate issues and improvements. Actions related to workforce governance and staff training are evident through the creation of a staff training schedule and consistent with the approach related to standard 7.

Requirement 8(3)(d)

While the service has a risk management framework supported by a risk management policy and process for managing high-impact or high-prevalence risks, risk management processes are not consistently documented. A review of documentation demonstrated that the assessment templates do not consistently include validated risk assessments such as for falls risk, pressure injury risk, wound or pain. Information from other sources such as occupational therapy reports are not consistently reviewed. Self-managed consumers and most metropolitan consumers have not had assessment and care planning. Potential risks have therefore not been identified.

Management acknowledged validated risk assessments have not yet been introduced and adjusted the new draft High Intensity Risk assessment template for use.

The service’s PCI has been updated to reflect the actions including additional reporting to be provided to the Executive Board on a quarterly basis. A review of care plans and incident reporting systems is also scheduled to ensure staff knowledge and compliance with recording incidents. Risk swill be identified through implementation of effective risk assessment processes actioned against standard 2 but additionally monitored through governance structures.

Requirement 8(3)(e)

While the service has relevant policies in place, staff knowledge and ability to describe how they would use the principles of open disclosure or recognise restrictive practice in a practical scenario were inadequate. There is no current training to support further knowledge and awareness of antimicrobial stewardship. The risk associated with this lack of knowledge impacts consumer capacity to be acknowledged when things go wrong, protected from risks associated with restrictive practice and inappropriate use of antimicrobial therapy.

The service’s PCI now also includes actions to reflect the development of a clinical governance framework and twice-yearly review. Staff training will also be provided related to antimicrobial stewardship, restrictive practices and open disclosure in addition to extra processes to support discussion and investigation and outcomes of incidents.

The PCI submitted in response to the Assessment Team report provides extensive information on planned actions, proposed time frames and auditing mechanisms to monitor effective implementation. I acknowledge the work commenced and plan to complete these actions, given the time frames associated with these actions and the infancy of their implementation I consider additional time is required to ensure they are sustained in practise.

In relation to compliance with Requirement 8(3)(a) and 8(3)(b):

There is a feedback and complaints management policy to guide staff. Staff were aware of the feedback and complaints process advising that the service checks in with consumers and representatives regularly. The Assessment Team noted the recent communication to consumers following feedback related to statement formatting which resulted rectification of a software issue. The service has a plan for continuous improvement with actions to execute and review improvement feedback including documenting call complaints and informing human resources of feedback if required.

Management explained the service ensures a culture of safe and inclusive quality care through the support of a clinical operations manager. Information about the consumer is fed back to management and then through to the case managers to ensure they have an understanding of the service requirements, followed by a discussion by the board. Management also explained the organisation is accountable for its delivery through the management board analysing and reviewing relevant reports from the care managers, often provided verbally, to inform developing strategies for improved quality care.

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