**Performance**

**Report**

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| Name: | New Horizons Home Care |
| Commission ID: | 201386 |
| Address: | 15 Twin Road, NORTH RYDE, New South Wales, 2113 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 631 New Horizons Enterprises Limited  
Service: 27382 New Horizons  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9785 NEW HORIZONS ENTERPRISES LIMITED  
Service: 27702 NEW HORIZONS ENTERPRISES LIMITED - Care Relationships and Carer Support  
Service: 27701 NEW HORIZONS ENTERPRISES LIMITED - Community and Home Support

**This performance report**

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

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 4 September 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

**Requirement 2(3)(a)** – Implement an effective assessment and planning process which considers and responds to risks to each consumer’s health and well-being to inform delivery of safe and effective care and services.

**Requirement 2(3)(b)** – Ensure that consumer assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

**Requirement 2(3)(c)** – Ensure that consumer assessment and planning is based on ongoing partnership with consumer and representatives, and includes others who are involved in the care for each consumer.

**Requirement 2(3)(d)** – Ensure that consumer assessment and planning outcomes are effectively communicated to the consumer and documented in their care and services plan.

**Requirement 2(3)(e)** – Implement an effective system of assessment and review when circumstances change, or incidents occur.

**Requirement 3(3)(a)** – Implement effective systems to ensure consumers receive best practice clinical care tailored to their needs which optimises their health and well-being.

**Requirement 3(3)(b)** – Implement effective systems to ensure identification and timely management of high impact and high prevalence risks to each consumer. Implement effective systems to ensure identification, analysis and development of preventative measures related to high impact and high prevalence consumer risk(s). Ensure appropriate assessment of the severity of a range of risks to consumers and ensure appropriate measures are implemented to safeguard consumers commensurate with the risk

**Requirement 3(3)(d)** – Ensure effective systems to identify and respond in a timely manner to deterioration and changes in consumer mental health, cognitive or physical condition.

**Requirement 3(3)(e)** – Ensure that information about each consumer’s condition, needs and preferences is appropriately documented and communicated within the organisation, and with routinely shared with others where responsibility for care is shared.

**Requirement 3(3)(f)** – Ensure effective systems to ensure consumers are routinely and consistently referred to appropriate specialists and other providers of care and services in a timely manner.

**Requirement 4(3)(d)** – Ensure that information about individual consumer’s condition, needs and preferences is effectively communicated within the organisation, and with others where responsibility for care is shared.

**Requirement 7(3)(a)** – Ensure a planned workforce that consistently enables delivery and management of safe and quality care and services to consumers.

**Requirement 8(3)(c)** – Ensure effective organisational wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

**Requirement 8(3)(d)** – Ensure effective risk management practices and systems to manage high impact and high prevalence risks associated with consumers care in supporting them to live their best life. Ensure the organisation’s risk management and incident management systems are effectively implemented.

**Requirement 8(3)(e)** – Ensure an appropriate clinical governance framework, referencing antimicrobial stewardship, minimising the use of restraint, and open disclosure.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The service demonstrated that consumers are consistently treated with dignity and respect and their identity, culture and diversity is valued. Consumers advised of their satisfaction that they are treated with dignity and respect and staff demonstrated appropriate knowledge of how they value individual consumers’ identity, culture and diversity. Staff consistently speak about consumers in a respectful manner, were familiar with the consumers they support and know what was important to them. Language used in consumer care planning documents was inclusive and respectful to consumers.

The service demonstrated that supports and services are culturally safe, however consumer documentation is lacking information related to culturally safe services provided to each consumer. The Assessment Team reported that the service does not administer a policy related to culturally safe practice and staff are not provided with training on this topic. In their response to the Quality Audit Report the Approved Provider supplied their plan for continuous improvement (PCI) which highlighted the service’s approach to implement cultural awareness training for staff, review and update the service’s current assessment and support plan forms and reinforce the service’s Diversity and Cultural Inclusion policy with all new and existing staff. The Approved Provider supplied a copy of the service’s Diversity and Cultural Inclusion Policy and their Customer Health and Wellbeing Policy and Procedures documents. The Approved Provider’s planned actions demonstrate compliance against the Aged Care Quality Standards and I am satisfied that the continuous improvement actions demonstrate compliance in relation to delivery of care and services that are culturally safe for all consumers. As such, at this time, I provide greater weight to the Approved Provider’s information and I find Requirement 1(3)(b) compliant.

The service demonstrated that consumers are supported to exercise choice and independence regarding their supports and services including making decisions about how their services are provided, who is involved in providing supports and services, communicating their decisions and developing and maintaining connections with others. Support workers demonstrated how they routinely support consumers to exercise choice and control, and consumer care agreements reflect consumer involvement.

The service demonstrated that consumers are supported to engage in risk to enable them to live the best life they can. Consumers and representatives advised of their satisfaction in relation to the support they receive from the service to take risk and support workers, senior support workers and customer service representative demonstrated how they effectively support consumers to engage risk in their care and services.

The service demonstrated that information provided to consumers is current and timely. Consumers advised of their satisfaction that information provided to them is clear, easy to understand and enables them to exercise choice. Consumers and representatives advised that they are provided with sufficient information in their welcome packs when they commence services to help them make informed decisions on their care and services. Consumers also commented on how they enjoyed the information distributed in the service’s regular newsletters. The information pack contains information on funding packages, flexible respite, social support and a copy of the Charter of Aged Care Rights (the Charter), and relevant information related to the Aged Care Quality and Safety Commission (the Commission).

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives advised they trust the service to keep their personal information confidential and advised that their privacy is routinely respected. The service administers a privacy policy and uses a customer consent form that includes the service’s privacy statement. This is signed by consumers and stored in the service’s electronic client management system (ECMS).

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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. | Not Compliant | 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 | 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 | Not Compliant |

Findings

The Assessment Team reported that consumer assessments lacked information and were mainly completed without the use of evidence-based tools. Consumer risks were not routinely documented in care agreements or in the consumer risk alerts available to support workers on their mobile phone application. Consumers and representatives advised that they could not recall undertaking an assessment or having a care plan that highlights their goals.

Consumer assessment and planning does not effectively identify and address individual consumer’s current needs, goals and preferences, and the service was unable to demonstrate that appropriate advance care planning or end of life planning is discussed with consumers. Consumers and representatives advised that their needs and preferences are not consistently being met by the service. Consumer assessments and care agreements lack detail on consumers’ needs and preferences and do not demonstrate person-centred goals. The service was unable to demonstrate a policy or procedure related to advanced care or end of life planning, however the service advised that their updated Assessment & Risk Management Plan, including their new Assessment and Support Planning form, yet to be rolled out, covers advanced care planning for consumers. In their response to the Quality Audit report, the Approved Provider also supplied their draft version of the service’s Customer End-of-Life Planning and Care Policy.

The service demonstrated that consumer assessment and planning is based on ongoing partnership with consumers and others the consumer wishes to involve. Consumer assessment and planning however, does not consistently include other individuals or providers involved in the care of each consumer. Most consumers and representatives advised that they are involved in deciding their supports and services with others if this is required, and care planning documentation reflect who has been involved in assessment and planning for most consumers. However, the service was unable to demonstrate that all consumer care agreements are current and up to date. The service does not routinely receive reports from subcontracted allied health services or general practitioners (GP) and specialists to inform assessment and planning.

The service was unable to demonstrate that outcomes of assessment and planning are consistently and effectively communicated to consumers or documented in each consumer’s care plan. Further, consumer care plans are not readily available to each consumer. Not all consumers and representatives advised that they are advised of the outcomes of assessment and planning or have access to their care plans highlighting their goals. Support workers demonstrated appropriate knowledge of the services and supports they provide to individual consumers. However consumer care agreements do not effectively document person-centred goals and consumer risks and care agreements are not located in the Care Plan section of the service’s electronic care management system (ECMS) rather are in the files, along with other consumer related information and are difficult to find as these files are not in date order. Support workers advised that they primarily rely on the risk alerts on the service’s mobile app, which were not consistently accurate, reviewing case notes from the previous support worker, updates from the senior support worker or customer service representative by email or MS Teams, and specific information provided to them from the rostering staff for that shift.

The service was unable to demonstrate that supports and services are regularly reviewed for effectiveness, including when circumstances change or when incidents impact on the needs, goals or preferences for consumers. Consumers advised that they are not confident that their services and supports will change as a result in changes in their condition, incidents or circumstances. The Assessment Team reported that consumer care planning documentation evidenced that reviews were not person-centred and changes were not routinely made in a timely manner. Management acknowledged many CHSP consumers care agreements had not been reviewed in the previous 12 months, and consumer care agreements lacked detail related to consumer condition, needs, preferences, or risks.

In their response to the Quality Audit report the Approved Provider supplied the plan for continuous improvement (PCI) as well as the service’s draft Customer End of Life Planning and Care Policy and their Customer Health and Wellbeing Procedure. The Approved Provider highlighted that the service is reviewing their processes for ensuring information from consumer assessment and support plans are transferred into their records systems and ensuring a suitable process for monitoring this information exchange. The service is reviewing their new Assessment and Support Planning form to ensure all consumer risk types, needs, goals and preferences are covered and includes advanced care planning for consumers. The service’s national clinical advisor is tasked to source all required validated assessment tools and identifying consumers who require risk assessments as part of new quarterly review cycle and facilitate for this to be completed either by external referral or internally by the clinical team. The service is facilitating the final version of their End of Life Planning Policy and providing related training to staff. The Approved Provider’s planned actions demonstrate compliance towards the Aged Care Quality Standards and I am satisfied that the service is providing relevant focus on their continuous improvement actions related to effective ongoing assessment and planning for each consumer. However, I note that these actions will require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information and find the service non-compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

The Quality Standard is assessed as non-compliant as five of the five specific Requirements have been assessed as non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | 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 applicable | Not applicable |
| 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 | 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 | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant | 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 | Compliant |

Findings

The service was unable to demonstrate consistent provision of safe and effective personal and clinical care that is best practice, tailored to individual consumer needs, and optimises each consumer’s health and well-being. Not all consumers felt they were receiving the personal care they need and some expressed their dissatisfaction with the way their services and supports are provided. Support workers demonstrated appropriate knowledge of individual consumers they have concerns about, however consumer care planning demonstrated that consumers were not routinely receiving safe and effective personal and clinical care. The service was unable to demonstrate relevant policy related to personal or clinical care for aged care consumers.

The service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers advised they have not undertaken a falls assessment even though they had a history of falls and/or use mobility aids. Staff demonstrated good knowledge of how they manage consumers with high impact and high prevalence risks, however consumer documentation was lacking in assessments, care agreements and risk alerts on the service’s electronic care management system (ECMS) regarding consumers with high impact or high prevalence risks. The service was unable to demonstrate related policy that references management of high impact and high prevalence risks for aged care consumers. The service’s assessment form does not support adequate assessment for clinical risks, falls, mental health concerns or dementia. Management advised that staff are not provided with training in dementia or managing high impact and high prevalence risks.

Deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is not consistently recognised and responded to in a timely manner. Some consumers and representatives advised that deterioration in their mental health, cognitive or physical function, capacity or condition is recognised and responded to, however the Assessment Team reported that this is not consistent for all consumers. Support workers demonstrated appropriate knowledge of how they identify and respond to deterioration or change with the consumers they support, however, consumer care planning documentation demonstrated a lack of timely response by the service and relevant policies related to consumer deterioration or changes in consumer condition were lacking.

The service was unable to demonstrate effective documentation and communication regarding information about each consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared. Consumers advised of their satisfaction that support workers understand their personal care needs and preferences however, the service demonstrated a lack of information on each consumer’s actual condition including health condition and clinical care needs. Support workers advised they primarily rely on the case notes to understand what personal care to deliver to consumers, and consumer clinical care is subcontracted and there is limited information available in individual consumer care agreements. The service was unable to demonstrate related policy on sharing information about each consumer.

Timely and appropriate referrals to individuals, other organisations and providers of other clinical care and services are not consistently facilitated by the service. The service does not refer or subcontract personal care. Some consumers advised that they are satisfied with the referrals for clinical care but this was not consistent for all consumers. The service was unable to demonstrate routine assessment for all consumer health issues, therefore consumer care planning was not updated and referrals had not been arranged to best support each consumer. The service was unable to demonstrate relevant policies or procedures related to referrals for aged care consumers and the service does not track referrals for number, type, or timeliness.

The service is minimising infection-related risks through implementing standard and transmission-based precautions to prevent and control infection for consumers. The service does not prescribe antibiotics. Consumers advised of their satisfaction with the infection related precautions support workers and subcontracted staff take to support them and support workers demonstrated appropriate knowledge of the precautions they administer when providing personal care. The service demonstrated that their staff induction modules cover infection prevention and control and staff are provided with personal protective equipment (PPE) including hand sanitiser. Support workers described best practice in hand hygiene, their use of gloves and how they routinely advise management if they are unwell and not progress with consumer contact. The service’s infection prevention and control induction model appropriately covers the service’s policy on infection prevention and control. With this information I find the service compliant in Requirement 3(3)(g).

In their response to the Quality Audit Report the Approved Provider supplied the plan for continuous improvement (PCI) as well as a summary of the service’s response actions related to the Quality Audit Report. The service is implementing systems for acquiring regular reports from physiotherapy providers as well as updating their Assessment and Support Plan. The service is ensuring that the national clinical advisor attends Quality Committee meetings and is tasked to monitor the service’s performance against clinical requirements via the Quality Committee and quality checking tool processes. The service is implementing mandatory training for high prevalence and high impact consumer risks, including dementia and developing policy and procedures and implementing training related to identifying and responding to consumer deterioration. This will include implementation of an effective system for escalation and management of consumer deterioration. The service will also implement targeted training for support workers on effective handover processes and case note writing to ensure accurate and timely capture of relevant consumer information. The Approved Provider’s planned actions demonstrate compliance towards the Aged Care Quality Standards and I am satisfied that the service is providing relevant focus on their continuous improvement actions related to delivery and management of consumer personal and clinical care. However, I note that these actions will require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information and find the service non-compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(f).

The Quality Standard is assessed as non-compliant as five of the six specific Requirements have been assessed as non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service demonstrated that consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers advised of their satisfaction with the daily living supports and services they receive with the exception of some consumers who attend the support groups. Support workers demonstrated appropriate knowledge of what is important to consumers in relation to their daily living supports. After weighing the evidence delivered in the Quality Audit Report, the Approved Provider’s response, and the impact on consumers, I am satisfied that the service is delivering each consumer with safe and effective services and supports for daily living. As such, at this time, I find the service compliant in Requirement 4(3)(a).

Consumers advised that the daily living supports they receive from the service meets their emotional, spiritual and psychological well-being. Staff demonstrated appropriate knowledge on how they consistently meet each consumer’s emotional, spiritual and psychological needs and the Approved Provider highlighted in their response to the Quality Audit Report improvements being made to ensure that consumer care planning documentation effectively identifies each consumer’s emotional, spiritual and psychological well-being. As such, I find the service compliant in Requirement 4(3)(b).

The service demonstrated that services and supports for consumers consistently assist them to participate in their community within and external to the service environment. The service ensures that consumers access and maintain social and personal relationships and are supported to do the things that interest them. Consumers and representatives who receive individual social support advised of their satisfaction that they are able to participate in the community, and are routinely supported to engage in social and personal relationships and to participate in activities that interest them. Support workers demonstrated appropriate knowledge on how they routinely support individual consumers in respect to this requirement. As such, I find the service compliant in Requirement 4(3)(c).

The service was unable to demonstrate that information about each consumer’s condition, needs and preferences is routinely and consistently communicated within the organisation, and with others where responsibility for care is shared. Consumers advised of their satisfaction that support workers understand what their support needs are, however, support workers advised they primarily rely on consumer case notes to know what services and supports to deliver to consumers. The service was unable to demonstrate relevant care planning policies for aged care consumers which provides a focus on communicating consumer information internally or externally and notifying and responding when there is a change in a consumer’s condition, needs or preferences. In their response to the Quality Audit Report, the Approved Provider highlighted their update to their Customer Health and Wellbeing procedure to ensure support staff understand their responsibilities and what actions to take when there is a change in consumer condition. This will require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information and find the service non-compliant in Requirement 4(3)(d).

The service demonstrated timely and appropriate referrals to lifestyle and other services. Consumers advised of their satisfaction that the service facilitates timely referrals to other lifestyle services including to subcontracted services for home maintenance such as lawn mowing and gardening. The senior support worker and customer service representatives demonstrated appropriate referrals to other lifestyle services, and consumer care planning documentation evidenced timely and appropriate referrals to best support consumer needs. As such, I find the service compliant in Requirement 4(3)(e).

The Assessment Team reported that the equipment used by consumer’s is not consistently safe and suitable. Support workers ensure the equipment is clean and maintained as well as consumers having responsibility for maintaining their equipment and escalating any concerns. The Assessment Team reported that some consumers were not satisfied with their equipment and/or had not undertaken allied health assessments to ensure suitability and to ensure proper use. Support workers demonstrated appropriate knowledge of the equipment used by individual consumers and how to support these consumers in its use. In their response to the Quality Audit Report, the Approved Provider highlighted that the service is undertaking a review of their Mobility Aids in Customer Health and Wellbeing procedure as well as ensuring consumer equipment is listed on the Assessment and Support Plan and that the service is undertaking ongoing monitoring of consumer equipment needs, maintenance requirements and assessment needs. After weighing the information provided in the Quality Audit Report, the Approved Provider’s response, and the impact on consumers, I am satisfied that the service is ensuring equipment is safe, suitable, clean and well maintained. As such, at this time, I find the service compliant in Requirement 4(3)(g).

The Quality Standard is assessed as non-compliant as one of the six specific Requirements have been assessed as non-compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service facilitates consumer group activities in 3 rooms at the service’s offices. Consumers advised that the library room, activity room and ‘armchair travel’ room are welcoming and support their independence, interactions and functional needs. The rooms are spacious and have new chairs with arm rests in the activity room to ensure stability for consumers. The lounge room provides a sense of belonging, interaction, and function with armchairs and a television for ‘armchair travel’ activities. The library has comfortable armchairs and a stock of books and a selection of digital video discs, and there are facilities for making morning/afternoon tea and cupboards for the storage of activity equipment.

Consumers advised that the activity rooms are safe, clean and well maintained. Consumers can easily move freely indoors and outdoors, and staff demonstrated that environmental checks, including cleaning and maintenance, form are part of their quality management audit system.

Consumers advised that the furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumers who attend the group activities. Staff demonstrated regular and thorough environmental checks as part of their quality management audit system. This includes work health and safety inspections of all furniture and fittings. The Assessment Team also observed electronic tagging and fire safety equipment tagging as current and up to date.

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers advised they are supported to provide feedback and make complaints and highlighted that they are comfortable raising matters with staff and management. Management and staff demonstrated how they encourage and support consumers and other stakeholders to provide feedback and make complaints, including via the service’s website. Consumer agreements include relevant information about external complaints processes including the Aged Care Quality and Safety Commission. Information packs, brochures, forms for feedback, and the service’s website provide relevant information about internal and external complaint mechanisms. Staff demonstrated that they proactively seek feedback from consumers by regularly checking consumers are satisfied with care and services immediately after they are delivered. This supports the service to resolve any issues immediately to the satisfaction of individual consumers.

Consumers advised that they are aware of advocacy and language services, and other methods for raising and resolving their complaints. The service demonstrated that complaints and feedback mechanisms are routinely being accessed such as the Aged Care Quality and Safety Commission consumer surveys. Management highlighted that brochures advertising the Older Persons Advocacy Network (OPAN) are readily available to consumers and representatives in different languages, and relevant information and brochures about advocacy are provided to consumers upon commencement of services in their information pack, their in-home folder and consumer agreements. The Charter of Aged Care Rights is routinely provided to consumers which includes their right to have a person of their choice, including an aged care advocate, support them or speak on their behalf.

Some consumers advised that the service does not consistently take appropriate action in response to complaints and that open disclosure principles are not consistently applied when things go wrong. The Assessment Team reported that the service’s complaints and feedback register did not include all complaints hence complaint resolution and open disclosure are not constantly monitored and evaluated for effectiveness, and strategies are not always established to reduce repeat concerns. In their response to the Quality Audit the Approved Provider supplied their plan for continuous improvement (PCI) as well as their Open Disclosure Procedure. The Approved Provider highlighted their focus on staff discussions and training on open disclosure as well as their focus on monitoring and management of complaints to ensure strategies are implemented to reduce repeat concerns from consumers. The service will ensure that any consumer feedback or complaint raised at the Customer Representative Councils are entered and managed on the service’s complaints register. The Approved Provider’s planned actions demonstrate compliance against the Aged Care Quality Standards and I am satisfied that the continuous improvement actions demonstrate compliance in relation to appropriate action being taken in response to complaints. As such, at this time, I provide greater weight to the Approved Provider’s information and I find Requirement 6(3)(c) compliant.

The service demonstrated that consumer feedback and complaints information and data is used to improve the quality of consumer care and services. Management demonstrated that feedback and complaints are incorporated into the continuous improvement process with actions recorded in their PCI. The continuous improvement process and complaints management process is overseen by management and the executive leadership team and relevant information is discussed at meetings when required.

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

# Standard 7

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

Findings

Consumers and representatives advised that care and services are routinely delivered in a culturally safe way and in accordance with their individual identity, culture and diversity. Staff demonstrated appropriate knowledge of what is important to each consumer and demonstrated a focus on building relationships with consumers to ensure their changing psychological and physical needs are addressed in a culturally safe way. Staff demonstrated that they have received training regarding person-centred care, diversity and inclusiveness. Staff reinforced that they respect individual consumer preferences by regularly accommodating consumer preferences, maintaining a kind, caring and respectful approach. As such, I find Requirement 7(3)(b) compliant.

The service demonstrated that the workforce is regularly assessed, monitored, and reviewed, and management and staff demonstrated that the service administers an effective ongoing performance review process. The service demonstrated that staff performance reviews are attended annually and that all performance reviews are up to date. The service administers relevant policies and guidance materials that support regular assessment, monitoring, and review of performance of all staff. Staff advised that the appraisal system is satisfactory and supports their learning and development needs, including enrolment in dementia specific and other courses recommended by service. As such, I find Requirement 7(3)(e) compliant.

The Assessment Team reported that consumers advised the service does not consistently provide sufficient staff to deliver safe quality care and services to meet their needs and preferences. The service was unable to demonstrate sufficient staff to support some group activities or that there are sufficient managers to review or increase consumer services to address their changed conditions. The Assessment Team also reported that the service was unable to demonstrate that staff are consistently competent and maintain the knowledge to effectively perform their roles to ensure consumers receive safe quality care and services. The direct service manager is responsible for the service at the operational level however there is no position description to clearly outline the direct service manager’s roles and responsibilities. The Assessment Team reported that staff and management were unable to demonstrate appropriate knowledge of the Quality Standards. The Assessment Team also reported that the service was unable to demonstrate a workforce that is trained and equipped to consistently deliver the outcomes required by the Quality Standards. The service’s electronic education system does not have specific modules to meet the Quality Standards requirements and staff have not been provided with mandatory education across all Quality Standards.

In their response to the Quality Audit Report the Approved Provider supplied their plan for continuous improvement (PCI) and relevant evidence which demonstrated that the service is creating a position description for the direct service manager, establishing new agreements with subcontracted staff ensuring that the subcontractor provider complies with Aged Care Quality Standards requirements, as well as staff qualifications, experience, credentialling, reporting serious incident response scheme (SIRS) knowledge, and reporting consumer information back to the service. In addition, the Approved Provider highlighted their improvement action to ensure credentialling for all clinical staff who work for contracting services including nurses, physiotherapists and occupational therapists. The service will deliver further staff education on SIRS and review whether SIRS will be included in onboarding for aged care staff. Management are working with the service’s learning and development team regarding implementation of additional staff training requirements and highlighted their review of the type and frequency of risk assessments, particularly risk assessments related to consumer groups and activities. In efforts to increase clinical oversight, the service has implemented the national clinical advisor to regularly attend the service’s Quality Committee meetings and monitor performance of the service against clinical requirements via the Quality Committee and quality checking tool process. The service is also reviewing staffing needs in relation to the mix and number of staff and this is underway until November 2024. The Approved Provider’s planned actions demonstrate continuous improvement to support compliance against the Aged Care Quality Standards. I am satisfied that the service’s continuous improvement actions demonstrate compliance in relation to a competent workforce that is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. As such, at this time, I provide greater weight to the Approved Provider’s information and find the service compliant in Requirements 7(3)(c) and 7(3)(d). The continuous improvement actions work towards ensuring a workforce that is planned to enable delivery and management of safe and quality care and services, however the service will require time to implement, embed and evaluate these actions. As such, at this time, I provide greater weight to the Assessment Team’s information and I find the service non-compliant in Requirement 7(3)(a).

The Quality Standard is assessed as non-compliant as one of the five specific Requirements have been assessed as non-compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Not Compliant |

Findings

Consumers advised that the service routinely seeks their input in a variety of ways including via phone calls, annual consumer experience surveys, care plan reviews and face to face discussions. Consumers regularly provide ongoing feedback about how care and services are delivered to them. The organisation’s customer representative council (consumer advisory body) has recently increased their meeting frequency to address consumer concerns and past meeting minutes demonstrate relevant information about how consumers are routinely engaged in the development of care and services. As such, I find that Requirement 8(3)(a) is compliant.

The organisation demonstrated a governing body that is accountable for delivery of care and services that are safe, inclusive and of high quality. The chief executive officer (CEO) demonstrated that the board of directors and executive leadership team maintains governance oversight for multiple businesses within the organisation including the aged care program. The board comprises non-executive directors including one director with clinical knowledge. The Assessment Team reported however that organisational reporting and escalation pathways for support workers, senior support workers, customer service representatives, rostering staff and the direct services manager are not effective in managing consumers with clinical care needs, high risk vulnerable consumers and serious incidents reportable to the Aged Care Quality and Safety Commission (the Commission). In their response to the Quality Audit Report the Approved Provider supplied their plan for continuous improvement (PCI) and relevant evidence which demonstrated the organisation’s review of their reporting mechanisms and escalation pathways in relation to management of high risk consumers and those receiving clinical care. The organisation is providing relevant focus on their Quality Committee reports, high risk/vulnerable consumer list and their National Clinical Advisor on Quality Committee to ensure identification and promotion of a culture of safe, inclusive and quality care and services for all consumers. I am satisfied that the service’s continuous improvement actions demonstrate compliance in relation to a governing body that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. As such, at this time, I provide greater weight to the Approved Provider’s information and find the service compliant in Requirement 8(3)(b).

The service was unable to demonstrate effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumer care planning information is not consistently current for support workers to accurately inform them how to deliver safe quality care and services to each consumer, and progress notes from subcontracted support workers are not provided to the service for coordination and care planning purposes and to ensure consumer wellbeing is routinely monitored. The organisation was unable to demonstrate effective knowledge and application of financial governance systems including financial delegation for expenditures and managing consumer unspent funding amounts. The organisation was unable to demonstrate effective workforce governance systems that consistently support planning and management of workforce through ongoing review of consumer care needs, clinical data, and feedback from consumers and staff. Role responsibilities are not clearly established in position descriptions including responsibilities for incident reporting and management, complaints and other reporting escalation lines. Subcontracted staff do not have formal agreements.

The service was unable to demonstrate effective risk management systems particularly in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents. The Assessment Team reported that the organisation administers relevant risk management policies and procedures, reviews relevant business unit reports and home services quality committee meetings minutes, however, there is a lack of systems and processes to ensure incidents are recorded and analysed to determine causation and that appropriate risk mitigation strategies are routinely established for all relevant consumers. The organisation was unable to demonstrate that some areas of high risk are routinely communicated to the governing body and board for governance oversight. These include consumers with high levels of unspent funds, serious incident response scheme (SIRS) incidents, unfilled shifts, consumers with high impact high prevalence clinical risks and consumers who have ceased service provision from the service.

The service was unable to demonstrate an effective clinical governance framework related to antimicrobial stewardship; minimising the use of restraint; and open disclosure. The organisation does not have antimicrobial stewardship policies and procedures, and the organisation’s restrictive practices policies and procedures do not reflect the practices specifically for consumers in accordance with the Aged Care Quality Standards. Relevant senior management were unable to demonstrate appropriate knowledge of the principles of open disclosure and were not applying them when managing consumer incidents and complaints. The organisation is unable to demonstrate clinical oversight at the operational level for CHSP and HCP consumers requiring clinical care, and management and staff demonstrated limited knowledge regarding restrictive practices. The Assessment Team reported that the organisation does not administer policies and procedures related to minimising the use of restraints specific to consumers.

In their response to the Quality Audit Report the Approved Provider supplied their plan for continuous improvement (PCI) and relevant evidence which demonstrated the organisation’s efforts to review and update relevant policies and procedures as required. In addition, the organisation is implementing education and training to all staff related to open disclosure, SIRS, information exchange and information management and management of personal care, high impact high prevalence risks, and consumer deterioration. The Approved Provider highlighted the organisation is reviewing and updating preferred communication channels, methods, protocols and strategies to better manage consumer alerts in the organisation’s customer records management system. The organisation is implementing a master roster system for aged care supports, which will further minimise care and service disruptions for consumers. The organisation noted their continuous improvement efforts to continue to monitor information and data gathered from the Customer Representative Council, consumer and representative feedback, incident and complaints systems. I am satisfied that the organisation is providing relevant focus on their continuous improvement actions related to their organisational governance requirements, however, I note that these actions will require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information and find the service non-compliant in Requirements 8(3)(c), 8(3)(d) and 8(3)(e).

The Quality Standard is assessed as non-compliant as three of the five specific Requirements have been assessed as non-compliant.

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