**Performance**

**Report**

**1800 951 822**

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| Name: | Newcastle & District Nursing Service |
| Commission ID: | 200629 |
| Address: | 312 Sandgate Road, SHORTLAND, New South Wales, 2307 |
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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: 2849 Justor Pty Limited  
Service: 26261 Justor Pty Ltd  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8172 Justor Pty Limited t/as Newcastle & District Nursing Service  
Service: 23812 Justor Pty Limited t/as Newcastle & District Nursing Service - Community and Home Support

**This performance report**

This performance report has been prepared by Julia Durston, 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.
* the provider’s response to the assessment team’s report received 20 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **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) – the provider is to ensure assessment and planning considers risks to the consumer’s health, safety and well-being, includes the use of validated assessment tools to assess the nature and extent of risk and mitigation strategies to inform the delivery of safe and effective care and services.
* Requirement 2(3)(b) – the provider is to ensure assessment and planning consistently addresses the needs, goals and preferences of consumers, that advance care planning information is documented in the electronic care plan and is accessible to staff at point of care.
* Requirement 2(3)(c) – the provider is to ensure assessment and planning includes other organisations involved in the care of the consumer and progress updates and care instructions provided by specialist services are recorded in the care plan to guide ongoing care and services.
* Requirement 2(3)(e) – the provider is to ensure care and services are regularly reviewed for effectiveness and in a timely manner when circumstances change or incidents impact on the needs, goals or preferences of the consumer, including when consumers are discharged from hospital.
* Requirement 3(3)(a) – the provider is to ensure consumers’ clinical and personal care is best practice, tailored to their needs and optimises their health and well-being, in all areas of clinical and personal care such as wound care, falls and diabetes management.
* Requirement 3(3)(b) – the provider is to ensure it has effective systems and processes for the management of high impact high prevalence risks to consumers’ health safety and wellbeing, in all areas of clinical and personal care such as diabetes and falls management.
* Requirement 3(3)(d) – the provider is to ensure the service has policies and procedures regarding the management of deterioration, including clear role responsibilities and accountabilities and an effective escalation process.
* Requirement 3(3)(e) – the provider is to ensure there is a system and process for timely, preferably automatic, uploading of information from the consumer’s home file to the consumer electronic file in the office to reduce inconsistencies in consumer records and ensure they are current.
* Requirement 3(3)(g) – the provider is to ensure there are systems and processes for monitoring consumers prescribed antibiotics to treat an infection and to put in place mitigation strategies to prevent the infection reoccurring.
* Requirement 6(3)(d) – the provider is to ensure there are systems and process to ensure complaints are reviewed and used to inform improvements to the quality of care and services and these are reflected and monitored in the service’s plan for continuous improvement (PCI).
* Requirement 8(3)(c) – the provider is to ensure there are effective governance systems and processes in place in the areas of information management, continuous improvement, financial governance and complaints and feedback.
* Requirement 8(3)(d) – the provider is to ensure its paper-based incident reports are fully integrated into the electronic incident register to ensure data consistency and currency for effective operational and strategic risk and incident governance.
* Requirement 8(3)(e) – the provider is to ensure it has documented clinical practices across all areas of clinical care, has systems and processes to ensure effective clinical oversight, and the organisation is adhering to the clinical governance framework, to hold all staff accountable in their responsibilities to ensure best practice, management, delivery and documentation of clinical care.

# 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

This Quality Standard has been assessed as compliant as 6 of 6 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 1(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team found care documentation lacked detailed information about the consumers identity and background to guide staff in the provision of person-centred care. However, sampled consumers and representatives said staff and management treat them with respect, noting they feel their dignity is maintained during service delivery and they consider their personal circumstances and preferences. The Assessment Team observed staff and management consistently speaking to, and about consumers with other relevant staff, respectfully. Staff and management were able to describe what was important to individual consumers, what it means to treat consumers with dignity and respect, and provided examples of how they acknowledge individual consumers’ culture and diversity in care and services.

In considering the evidence for this requirement, I have put weight on the multiple examples of positive consumer feedback and staff delivering culturally safe and respectful care and note the lack of evidence of negative impact to consumers. Further, lack of documentation alone for this requirement is not sufficient evidence to confirm non-compliance, and is more relevant to assessment and planning in Requirement 2(3)(b). I note the provider’s response to the assessment Team report included documented evidence of revised care plans for consumers named in this requirement, for both HCP and CHSP services.

On the balance of evidence and based on the intent of the requirement that focuses on how consumers are actually treated by the service, I find the service to be compliant with Requirement 1(3)(a).

Requirement 1(3)(b)

The Assessment Team found HCP and CHSP services demonstrated care and services are culturally safe. Sampled consumers and representatives advised they have no cultural preferences and provided positive feedback on the cultural safety of care and services. Staff and management described how they provide culturally safe care and services to culturally and linguistically diverse (CALD) consumers. Staff advised they receive cultural awareness training, noting they feel supported with resources to understand and appreciate the unique cultural backgrounds of consumers. Care and service documentation showed evidence of the provision of culturally safe care to consumers.

Requirement 1(3)(c)

The Assessment Team found HCP and CHSP services demonstrated each consumer is supported to exercise choice and independence, make decisions about their care delivery, the way services are delivered and the involvement of family, friends or carers in their care, and to make connections with others and maintain their relationships of choice. This was confirmed by feedback from sampled consumers and representatives. Representatives said the service makes it easy for consumers to be involved and encourages them to engage with people who are important to them. Care and service documentation included information about the people consumers wished to be involved in decisions and review of their care. The Assessment Team observed staff rescheduling services at consumers’ request via incoming telephone calls.

Requirement 1(3)(d)

The Assessment Team found HCP and CHSP services demonstrated consumers are supported

to take risks to enable them to live their best life. Consumers and representatives advised that staff actively listen to them, understand their priorities, and respect the choices they make. Staff and management described the importance of discussing potential risks with consumers, supporting them to make informed choices when deciding how to manage those risks. The service has dignity of risk policies and procedures. Sampled consumer care documentation include personalised emergency plans according to each consumer’s preference and risk assessments. Roster task notes contained guidance for staff on supporting consumers to take risks and the associated risk management strategies.

Requirement 1(3)(e)

The Assessment Team found HCP and CHSP services demonstrated each consumer receives information that is current, accurate and timely and communicated in a way that they can understand and enables them to exercise choice. This was confirmed by feedback from sampled consumers and representatives. They advised they can contact staff when they need to, and information they need is readily available. Management and staff described the process for ensuring consumers and representatives are informed and understand their care funding and finances. Consumers’ service statements and invoices included itemised schedules that were easy to understand and contained service contact information to make further inquiries. One consumer advised when they contact the office with a query about charges the staff explain things in a way they could understand. Consumers’ service agreements showed the relevant programme funding and ongoing costs.

Requirement 1(3)(f)

The Assessment Team found HCP and CHSP services demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives advised their personal care is delivered in a way that protects their privacy, and staff respect their personal space and privacy when they are with family, friends and partners. Consumers’ records are secured with password protected access to electronic files and locked filing cabinets that store their paper files. Staff described how they maintain the privacy of consumers while they provide care and services.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# 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. | Compliant | 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

This Quality Standard has been assessed as non-compliant as 1 of 5 specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 2(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. There was a lack of documented use of validated assessment tools to determine risks in relation to consumers’ health, safety and wellbeing. Risks were documented by care coordinator in tick box form in the care plan, but there was no further information regarding the nature or extent of the risks, or risk mitigation strategies. Care planning documentation did not include risks such as medication side effects related to the use of psychotropic, narcotic and analgesic medications. Most consumers identified with a falls risk did not have a validated falls risk assessment documented, nor falls mitigation strategies except for the use of a mobility aid. Individualised risks and mitigation strategies were not documented as part of consumers’ diabetic management. Care planning documentation did not include appropriate assessments to identify the needs, risks mitigation strategies for consumers at risk of cognitive impairment and/or depression, pain and skin integrity.

In their response to the Assessment Team report the provider supplied the diabetes management plan dated 19 August 2024 (the day before the assessment), for a consumer named in the Assessment Team report. The plan includes the risks of hypo and hyperglycaemia for the consumer, relevant management and mitigation strategies. However, I note the plan does not include the blood glucose level (BGL) parameters set by the general practitioner (GP), that are necessary for regular monitoring to maintain levels and to identify and minimise the risks of health complications for the consumer if their levels fall outside the parameters. The plan contains a box titled ‘reportable range identified’ that is not ticked and has a note next to it stating, ‘request sent to GP’. This is despite correspondence supplied in the provider’s response from the medical officer dated 1 May 2024 confirming the consumers’ BGL parameters, indicating the current diabetes management plan for the consumer has not been updated with this key information.

In their response the service supplied a falls risk assessment report dated 2 August 2024 that rated the consumer’s falls risk as high. However, the care plan dated 2 November 2023, did not mention the consumers high falls risk in the risk support profile. Regarding mobility, it noted there was no required risk control and the consumer has independent mobility, again suggesting the plan was not updated to flag the current risk information and mitigation strategies for the consumer before the due date for review noted as 1 November 2024.

I acknowledge the evidence provided by the Assessment Team and supplied in provider’s response. However, additional care and assessment documentation supplied by the provider showed that one consumer’s current health and safety risks documented in their summary care plan, do not reflect their most recent assessment results and recommendations regarding identification and mitigation of falls risk. Also, the consumer’s diabetes management plan does not include the medical officer’s directive on BGL parameters required to prevent risk of diabetes related health complications, that was received by the service 4 months earlier.

Accordingly, I find the service non-compliant in Requirement 2(3)(a).

Requirement 2(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate assessment, care planning and review addresses consumers’ current needs goals and preferences, including advance care planning and end of life planning, if the consumer chooses. Staff advised advance care planning is discussed with consumers and representatives on commencement and when care plans are reviewed. However, advance care planning information is not included in the electronic care plan accessible to staff at point of care. Rather, the Assessment Team found for some consumers electronic care plan contained an alert for consumers who have an advance car plan, which requires staff to contact the office to obtain instructions. For other consumers that had an advance care plan, there was no record of these being in place or being included in their care plan. Management acknowledged this could lead to delays in meeting consumers’ advance care preferences such as the need for urgent resuscitation, and seeking medical attention for falls injuries, including pain management and comfort care.

The Assessment Team found care planning documentation did not contain detailed information on consumers’ care and service needs and strategies to meet their needs to minimise risks to their health safety and wellbeing. Care plans for sampled consumers living with cognitive impairment and changed behaviours did not contain behavioural assessments and behavioural support strategies. Some care plans for sampled consumers receiving wound care did not include pain assessments and management strategies, and some care plans for consumers with an identified falls risk did not contain a falls assessment and falls prevention strategies.

In their response to the Assessment Team report, the provider supplied a video that demonstrated locating the advance care plan of a named consumer in the electronic care management system. The video showed the system alert that there was an advance care directive in the documents tab and how the document was accessed. Although I can see the system functionality is available, this does not address the issue of staff in the field being unable to access a consumer’s advance care directive on their phone application at point of care so that timely and appropriate actions aligned to the consumer’s preferences can be taken in the event they are needed.

In their response the provider supplied documentary evidence to demonstrate consumers’ care planning documentation does contain detailed information on consumers’ care and service needs and strategies to meet their needs to minimise risks to their health safety and wellbeing. In relation to cognitive decline and behavioural support, the provider suppled copies of a cognitive assessment report dated 2 August 2024, and 3 and 12 monthly care plan review documents dated 1 August and 21 August 2024 respectively and sent to the named consumer’s treating doctor. The assessment rated the consumer’s cognitive impairment as severe. The 12- month care plan review contained a generic goal related to short term memory loss, as ‘monitor for deterioration’. It also identified the consumer’s cognitive ability as a risk with a generic management strategy of ‘daily prompting and checks’. However, there was no behavioural assessment or behavioural support plan presented for managing the risk of the consumer’s wandering behaviour that was noted in their care documentation.

In relation to wound care, the wound treatment plan for a named consumer supplied by the provider did not contain any information on pain assessment and management strategies for a while being treated for a leg ulcer for more than 12 months. In relation to falls, the provider supplied a validated falls assessment for one consumer dated 2 August 2024 for a fall that occurred on 21 July 2024, that contained falls risks and prevention strategies.

I acknowledged the evidence provided by the Assessment Team and supplied in provider’s response. However, the additional care and assessment documentation supplied by the provider did not show sufficient evidence that consumers’ needs in the areas of pain management and cognitive and behavioural support were included in care planning documentation and that advance care plans were accessible to staff at point of care with the potential negatively impact the health and wellbeing of consumers.

Accordingly, I find the service non-compliant in Requirement 2(3)(b).

Requirement 2(3)(c)

The Assessment Team found HCP and CHSP services demonstrated assessment and

planning is performed in partnership with the consumer and those they wish to be involved in their care. Care documentation for sampled consumers included details of those they wish to participate in their care planning and reviews such as representatives and powers of attorney. However, other organisations involved in the care of sampled consumers were not included in care planning, and there was a lack of information in care documentation about the care they provided and a lack of evidence of ongoing communication with the service. For one consumer with a chronic heal pressure injury there was minimal documentation available regarding the input of the specialist foot clinic in their electronic file, including post-hospitalisation for significant wound deterioration and consideration of amputation in February 2024. Staff were unable to provide further evidence of communication with the foot clinic that provided ongoing care to the consumer, following a brief update on the wound’s healing status received on 14 June 2024 in which no further instructions, assessments or plans were included.

In their response to the Assessment Team report the provider noted that the high-risk foot clinic does not routinely (even when requested) provide wound updates particularly when there are no changes to the wound regime. The provider stated the service did contact the clinic during the audit and they would not supply documentation. The provider supplied a copy of email correspondence with the foot clinic regarding the named consumer that showed that on 21 August 2024 (the second day of the quality audit) the service emailed the clinic to request reports be sent following future visits to the consumer as the service’s nurses provide ongoing wound care to the consumer. Further correspondence from the foot clinic dated 3 September 2024 stated that reports regarding significant changes to the consumer’s foot health or dressings would be sent to the service, and that a hand-written note was sent with the consumer following the last review. This was confirmed in the documentation supplied by the provider that included a note from the home care package administrator and transcript of the hand-written note from the foot clinic on the consumers’ current wound dressing regime.

While I acknowledge the provider has taken action to improve communication with the foot clinic regarding appropriate ongoing wound care for the named consumer, I consider it will take time for the provider to ensure communication with others involved in consumers’ care is fully embedded and sustained in practice across its consumer cohort.

Accordingly, I find the service non-compliant in Requirement 2(3)(c).

Requirement 2(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate care and services are reviewed for effectiveness when circumstances change, incidents occur or when circumstances change impacting the needs, goals and preferences of the consumer. For consumers who had recently experienced changes to their circumstances, such as following falls incidents, resulting in injury and pain, care documentation showed a lack of review of the effectiveness of the put in place by the service during the period following the consumer’s fall to when they were admitted to hospital approximately 3 weeks later with significant deterioration. There was no additional relevant care information recorded after the consumer’s carer stated they would contact the GP and let staff know results of review on the day after the falls incident. Further, copies of another consumer’s monthly and annual care plan reviews supplied by the provider as evidence did not include a holistic review of the current care plan and changing needs of the consumer. Further, 3 monthly CHSP care plan reviews did not include review of all consumer care needs, focussing only on the specific tasks performed such as diabetes management /insulin administration. However, the Assessment Team did note that care documentation for both HCP and CHSP consumers showed care plans were reviewed according to the time frames set by the service - 3 monthly for CHSP services and 12 monthly for HCP services.

In their response to the Assessment Team report the provider supplied care notes for the consumer named in the report who reported rib pain post fall and refused ambulance to hospital. The notes showed that no validated pain assessment was conducted and no pain management plan was consumer’s care needs, focussing on specific tasks performed from the previous care plan such as diabetes management, weight management and monitoring of short-term memory loss.

Having weighed up the evidence from the Assessment Team and the provider, overall, I find the Assessment Team’s evidence and findings to be more compelling regarding compliance with this requirement.

Accordingly, I find the service non-compliant in Requirement 2(3)(e).

**Compliant Requirements**

Requirement 2(3)(d)

The Assessment Team found that overall HCP and CHSP services demonstrated the outcomes of assessment and planning are documented in the care plan that is readily available to the consumer and where care and services are provided. However, in relation to communicating the outcomes of assessments and planning with consumers, some consumers were not aware they had a care plan and some consumer files did not contain care plans. Coordinators stated they discuss care plans and their contents with consumers and/or their representatives when they commence services and when care plans are reviewed. The Assessment Team noted the lack of assessment to inform care planning means consumers cannot be adequately informed about their care needs, and staff do not have the necessary information to provide effective care. However, this issue was considered in Requirements 2(3)(a) and 2(3)(b).

Based on the information summarised above, I find the service compliant in Requirement 2(3)(d).

# 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. | Compliant | 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 | 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. | Compliant | 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. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as 2 of 7 specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 3(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer gets safe and effective clinical and personal care that is best practice, tailored to their needs and optimises their health and wellbeing, in areas such as wound care and medication management. Policies and procedures referenced best practice, however documentation review and staff interviews showed these were not consistently followed.

The wound management policy refers to best practice, including the need for photography and measurement of wounds. This was not routinely followed by staff evidenced by a lack of documentation, including wound monitoring charts, wound photography, and accurate wound measurements. Management stated the lack of wound photographs was due to a file corruption issue that occurred in the recent upgrade of the electronic care management system. However, photographs of consumers wounds prior to updating the electronic system were also not found in the paper-based consumer files. Staff stated they were provided with measuring devices but only took photographs when a wound was reviewed or during 3-monthly reviews.

Care documentation for one consumer with a chronic wound of greater than 12 months, who had been previously hospitalised due to the wound becoming infected, included photographs with no measurements, dates, location of wound to monitor the wound’s progress. Thereby increasing the risk of unrecognised deterioration, infection, and increased pain that would negatively impact the consumer’s health and wellbeing. The consumer advised the Assessment Team they have pain in their wound, especially at night.

The policy also stated incident forms are to be completed for wounds, skin tears and infections. However, this was not demonstrated in care documentation.

Management advised medication charts are kept on the consumers’ home file and returned to the office regularly or when completed. However, the Assessment Team found care documentation for some consumers who received medication support did not contain medication charts as per the organisation’s procedure. When one consumer’s diabetes medication was in short supply and they were unable to access stock there were no completed medication charts in their care documentation. There was no indication staff had supported the consumer to access the medication, sought alternatives or requested medication review. The impact on the consumer documented in their 3-monthly review was that their BGL was elevated.

In their response to the assessment team report the provider agreed there were system issues preventing access to wound images during the quality audit, but noted an email containing wound images was shown to the Assessment Team at the time and the team did not make a comment on the quality of the images. However, the wound image supplied in the provider’s response did not show measurements, date taken or specify location of the wound to monitor the wound’s progress for a named consumer in the Assessment Team report, which is consistent with the Assessment Team’s findings.

In their response the provider supplied a copy of the diabetic management plan dated February 2024 for a named consumer in the report, who the Assessment Team found was unable to access their medication due to short supply. The plan included a list of information to be reported by staff, including ‘medication issues’ and a checklist including an item that states ‘medication plan updated, correct signed and medication available’, which was ticked. The plan had a review date of February 2027. However, evidence was not supplied to show the consumer was supported to access their medication when needed, nor was their documentation regarding the medication management incident.

Based on these findings and having weighed up the evidence, I am not persuaded that the service provided safe and effective clinical and personal care that is best practice to ensure the health safety and wellbeing of these consumers.

Accordingly, I find the service non-compliant in Requirement 3(3)(a)

Requirement 3(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate effective management of high impact high prevalence risks associated with consumers’ care. The service provides medication assistance to consumers living with diabetes, such as insulin administration. However, as considered in Requirement 2(3)(a) the Assessment Team found care documentation did not include diabetic management plans for consumers receiving medication assistance from the service to guide safe and effective diabetic care. The service did not request the consumers’ BGL parameters from their treating doctor and there was no evidence that staff contact a consumer’s doctor when their BGL levels are high or low. The service does not have a policy regarding escalation of high or low BGL readings, leaving nursing staff to make their own clinical judgement.

The Assessment Team found there were several instances where falls were recorded in consumer files, but incident forms were not completed and mitigation strategies were not documented. One consumer was placed on the service’s vulnerability register (that triggers welfare checks for vulnerable consumers) while in hospital following a fall. However, the consumer was removed from the register when discharged from hospital, hence there was no action taken to monitor their increased vulnerability when they returned home.

In their response to the assessment team report the provider supplied clinical pathway documents for the management of hypoglycaemia for conscious and unconscious clients. There were no procedural documents supplied for the management of a hyperglycaemic incident or BGL readings outside parameters set by a consumer’s treating doctor. However, the provider supplied one consumer’s diabetic management plan that included detailed instructions regarding symptoms and management of hyper and hypoglycaemia.

The provider also supplied a copy of an incident report dated 21 July 2024 documenting the unwitnessed fall of a consumer that sustained a skin tear and reported painful ribs, referred to in Requirement 3(3)(d) in relation to management of deterioration. The incident form documented actions taken and included increased supports, increased visits for medication monitoring prompts and care plan updated to reflect changes for medication management, add to vulnerable clients list, falls assessment tools. However, there was no analysis as to the cause of the fall, nor specific reference to arranging a validated falls assessment to identify and mitigate falls risks.

I acknowledge the provider has addressed and clarified some of the identified deficits, in the area of diabetes and falls risk management. However, I find the Assessment Team’s findings to be more compelling in regard to compliance with this requirement.

Accordingly, I find the service non-compliant in Requirement 3(3)(b)

Requirement 3(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate 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. Consumer documentation showed that when deterioration or change occurred appropriate and timely actions were not taken by staff. There was lack of further assessment following incidents, including pain, mobility, and incident forms that would trigger further follow-up or consideration of ongoing risk were not completed. The service does not have policies and procedures for managing deterioration. Management stated the expectation is that their clinical professionals would respond appropriately to deterioration and there should be no need for specific procedures. However, management advised they would consider developing a deterioration policy and process to provide guidance on managing incidents where vital signs are outside acceptable parameters.

The Assessment Team provided two examples of consumers, one whose condition significantly deteriorated leading up to a fall and the other who’s condition significantly deteriorated post fall, both eventually resulting in hospitalisation. The first consumer was hospitalised following a fall related to a urinary tract infection and possible hypoglycaemia. When they returned from hospital there was no evidence of a review of the consumer’ care needs, including diabetic management, UTI prevention, such as maintaining fluid intake, for 3 weeks following the incident. The incident was not recorded on the incident register and management stated staff did not follow normal processes in this instance.

Staff were aware of the second consumer’s preference not to go to hospital, but there was no advance care plan for the consumer. As the second consumer’s condition further deteriorated post fall with reported increased rib and sacral pain, declining fluid and food intake, increased lethargy and medication refusal there was a lack of clinical assessment and actions taken to manage the consumers’ deterioration and no evidence of ongoing contact with the consumer’s medical officer regarding their deterioration. There was no evidence of pain monitoring, monitoring of vital signs, breathing or oxygen saturations, fluid monitoring and pressure injury.

In their response to the assessment team report the provider supplied detailed progress notes covering the period between the above-mentioned consumer’s fall and hospitalisation 3 weeks later. The additional documentation did not provide evidence of ongoing contact with the treating doctor or formal monitoring of the consumer’s pain and vital signs. The notes mentioned the family initially agreed to contact the consumer’s general practitioner following the fall, but there were no further notes to follow-up the outcome. It was also noted that the service contacted the treating doctor to arrange for an advance care plan to be completed with the consumer, but again there was no evidence of discussion with the doctor about managing the consumer’s deteriorating condition and refusal to attend hospital.

Having considered the evidence provided by the Assessment Team and the further documentation supplied by the provider in their response, I consider the Assessment Team’s evidence to be more persuasive in relation to compliance with this requirement, noting the extended negative impact on the consumer’s health, safety and wellbeing due to ineffective management of their deterioration, and lack of follow up review of care and effective monitoring post hospital for the other consumer.

Accordingly, I find the service non-compliant in Requirement 3(3)(d).

Requirement 3(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. The service has an electronic care management system that is accessible to staff through a mobile application. However, the Assessment Team observed the system had technical issues with document recovery including wound photographs necessary for staff to monitor changes including improvement or deterioration of wounds. Consumer files also a lacked information and communication from other service providers.

There was no information within the client file for one consumer receiving monitoring from the high-risk foot clinic regarding progress and instructions on wound healing strategies. This information was also not included in the care plan. Management’s response to this issue when raised by Assessment Team was that information from the consumer’s home file is brought back to the office for uploading to the consumer file. However, electronic files lacked information on consumers’ condition and monitoring. There was not consistent evidence that (in-home) monitoring forms were returned to the office for uploading or were uploaded directly by staff to the electronic file, preventing coordinators from being able to monitor deterioration and improvements in consumers’ condition, such as vital signs, wound care and medication management.

In their response to the assessment team report the provider acknowledged the current issues regarding transferring in-home monitoring information manually to electronic consumer files. The PCI also submitted in the provider’s response, contains upgrade actions to address the issue. However, I consider it will take time for this to be achieved, implemented and sustained in practice.

Accordingly, I find the service non-compliant in Requirement 3(3)(e).

Requirement 3(3)(g)

The Assessment Team found HCP and CHSP services did not demonstrate there are effective processes and practices to minimise infection related risks. The service did demonstrate staff are supplied with personal protective equipment (PPE) and staff provide consumers with PPE in their home environment. Staff screen consumers prior to entering their home for symptoms of respiratory infections including COVID-19. Staff receive training in antimicrobial stewardship (AMS). Management was able to show auditing, trending and benchmarking of infections on a monthly basis.

However, the Assessment Team found there was no record of infection monitoring for a consumer recently discharged from hospital with prescribed antibiotics to treat an infection. Care documentation showed administration of antibiotics. A post hospital discharge summary noted urinary tract infection (UTI) had been diagnosed and treated with antibiotics. Care documentation did not record what other antibiotics, including eye drops and ear drops, were prescribed to treat, and there were no interventions in the care plan or service notes to monitor and prevent infection recurrence. No comprehensive review of the consumer’s care, including the antibiotic treatment, was completed following discharge from hospital

In their response to the assessment team report the provider supplied an eye report dated 25 January 2024 that noted prescribed eye drops. However, the eardrops and eyedrops and related conditions were not mentioned in the care plan dated 21 August 2024 also supplied in the response, and it is unclear if the ear drops were related to the prescribed eyedrops in use after hospital discharge. The care plan noted the consumer is diagnosed with dementia and there was instruction to monitor for UTI symptoms, to alert the general practitioner if UTI is suspected, and to provide daily prompting to encourage use of continence aids. However, no UTI specific preventive measures/strategies were recorded in the care plan.

I acknowledge the evidence supplied by the provider. However, it does not persuade me that the service took sufficient and effective actions, nor followed appropriated processes to manage and mitigate the risk of re-infection to the consumer.

Accordingly, I find the service non-compliant in Requirement 3(3)(g)

**Compliant Requirements**

Requirement 3(3)(c)

The Assessment Team found for HCP and CHSP services demonstrated the needs goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved. The service stated they did not routinely care for consumers nearing the end of life and there were no current consumers receiving end of life care. Staff stated they communicate with the consumers and their representatives around their wishes and monitor their condition for changes or deterioration. Coordinators stated the service considers referrals to other care providers to meet consumers’ needs such as the palliative care teams, hospice and/or residential aged care services. One representative confirmed their consumer who is living with cancer had been visited by the palliative care team, but the consumer does not require their regular services yet.

Requirement 3(3)(f)

The Assessment Team found the HCP and CHSP services demonstrated timely and appropriate referrals are made to individuals and other providers of care and services. The service uses contracted allied health organisations, including for physiotherapy, massage, mobility aides and equipment. The service also has links to local area health organisations including outpatient supports, such as the high-risk foot clinic and palliative care services. One consumer described the range of services funded by their package, such as a falls prevention classes regular podiatry as well as massage to assist with their vertigo.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(c) and 3(3)(f).

# 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. | Compliant | 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

This Quality Standard has been assessed as compliant as 6 of 6 specific requirements are compliant for the service with requirement 4(3)(f) not applicable.

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer gets safe

and effective services and supports for daily living that meet their needs, goals and

preferences and optimise their independence, health, wellbeing and quality of life. Consumers described how services, such as gardening, home maintenance, transport, equipment and social support assisted them to maintain independence and improve their health and quality of life, and consumer documentation showed these services were in place.

Requirement 4(3)(b)

The Assessment Team found HCP and CHSP services demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Services are arranged through initial assessment and conversations with consumers and their representatives enabling the staff to identify what is important to consumers to meet their emotional needs. Consumers described how the services supported their emotional needs, such as one consumer who is supported to go for walks on the beach, while receiving respite services to support their psychological and emotional wellbeing.

Requirement 4(3)(c)

The Assessment Team found HCP and CHSP services demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. The Assessment Team found consumers are supported to do things that are meaningful to them and staff support these activities with transport services and one on one support. This was confirmed by representative feedback.

Requirement 4(3)(d)

The Assessment Team found HCP and CHSP services demonstrated information about the

consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. The electronic rostering and care system includes information about consumers’ preferences, and care and services plans outline consumer needs. Notes can be added to the system on consumer specific service instructions, such as transport instructions. Emails and other documentation were recorded for appointment bookings and required transport needs. Care and service documentation included referral information and ongoing communications between the organisation and an occupational therapist providing services to a consumer.

Requirement 4(3)(e)

The Assessment Team found HCP and CHSP services demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services, such as occupational therapists for equipment or home modification applications, providers of vital call systems, and meal services. Some consumers expressed dissatisfaction regarding not receiving equipment, including a formal complaint to the Commission, that has been resolved. However, this issue was more related to equipment approvals rather than timely and appropriate referrals to other service providers.

Requirement 4(3)(g)

The Assessment Team found HCP and CHSP services demonstrated that where equipment is provided, it is safe, suitable, clean and well maintained. Coordinators assess the suitability of current and their new equipment needs in discussions with consumers during home visits and via phone calls. Support staff monitor the cleanliness and safety of equipment in consumers’ homes while providing care services and notify office staff when equipment requires maintenance or replacement.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), and 4(3)(g), with Requirement 4(3)(f) not applicable as the service does not provide a food service.

# 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. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as 3 of 4 specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 6(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate feedback and complaints are reviewed and used to inform improvements to the quality of care and services. Review of the service’s complaints registers (for formal and informal complaints) and the service’s plan for continuous improvement (PCI) register did not show service improvements are identified after a complaint has been lodged. There was no evidence of a documented clear process and procedure of reviewing complaints and feedback for service improvements.

The Assessment found the complaints and feedback register recorded 3 complaints in the past 6 months from consumers and representative regarding the service not approving purchase of equipment with HCP funds. Management advised the service has joined a provider forum to obtain advice and guidance from HCP providers who have successfully gained approval for purchases. However, this issue and actions taken were not included in the plan for continuous improvement, including who was attending the forum and outcomes.

The Assessment Team found there was an informal complaint from one representative regarding frustration about and lack of notification by the service regarding staff changes prior to service delivery. The documented complaint had no outcome or follow-up recorded and there was no record of acknowledgement of the complaint or feedback from other consumers and representatives about the same issue. Further, there was no PCI entry about the issue. When asked about the complaint management advised they were aware of the issue, noted that it was caused by a significant issue in caseload and acknowledged improvements could be made in communications with consumers and representatives.

In their response to the Assessment Team report the provider requested the service be found compliant in this requirement based on documentation supplied regarding the implementation of a new Vulnerable Risk Register that was a direct response and quality improvement documented in the minutes of the service’s clinical governance meeting. I note the documentation showed this improvement was part of the service’s actions to address a complaint made to the Aged Care Quality and Safety Commission in 2023 in relation to clinical services provided to a consumer.

While I acknowledge the importance and value of this improvement made as a result of this external complaint, I consider it does not relate directly to the intent of this requirement. The outcome and focus of Standard 6 is that consumers (and representatives) at the service feel safe and encouraged to give feedback and make complaints and appropriate action is taken. Although the Assessment Team provided one example of a quality improvement made in response to consumers’ feedback that was not registered in the service’s PCI. I consider the feedback still informed continuous improvement and hence is not evidence of non-compliance. However, the second example provided in the Assessment Team report regarding consumers’ concerns raised about the lack of communication to consumers and representatives concerning staffing changes on shifts does provide evidence of an issue raised internally, that management acknowledged had not yet been addressed nor was it included in the PCI.

Accordingly, I find the service non-compliant in Requirement 6(3)(d)

**Compliant Requirements**

Requirement 6(3)(a)

The Assessment Team found HCP and CHSP services demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives interviewed all provided positive feedback regarding the service, noting whilst they had not yet found a reason to make a complaint, they expressed they were comfortable to do so directly with staff or management if required. Staff described how consumers, their representatives, and others may provide feedback and complaints, and how they are encouraged to do so. Consumers are provided with an information pack and client handbook on commencement that explains how they can provide feedback and make complaints.

Requirement 6(3)(b)

The Assessment Team found HCP and CHSP services demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives confirmed they have also been made aware of advocates, language services and other methods for raising complaints. They said this information was included in their welcome packs.

Requirement 6(3)(c)

The Assessment Team found HCP and CHSP services demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Sampled consumers with complaints in the complaints register confirmed the service apologised and resolved their complaints in a timely manner. The service’s complaints register recorded the action taken and the communication with the consumer and representative. Staff were able to explain the process of open disclosure. The complaints registers demonstrated the service complaints resolution process and outcomes are aligned with the service’s policy. The informal complaints register showed immediate actions taken by the service and/or the complainant to resolve the issue and open disclosure being practiced by management and staff.

The issue of an informal complaint from one representative not acknowledged or followed up by the service was considered in Requirement 6(3)(d).

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c).

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Compliant | 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

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 7(3)(a)

The Assessment Team found HCP and CHSP services demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. The roster system showed no unfilled shifts have occurred in the past 6 weeks. Management advised there is ongoing recruitment for care staff due to the increase in consumer numbers. The master roster that creates the fortnightly roster shows care workers that have a certificate 3 qualification in individual support are assigned to consumers requiring personal care. Minutes of the meeting between the HCP coordinator, CHSP clinical team leader and management show updates are provided to management on any concerns or potential additional services required to meet the needs of consumers recently discharged from hospital. Existing consumers who have had a change in circumstance are discussed and reviews are planned to identify additional services required. The issue regarding the consumer whose post hospital follow up and monitoring needs were not addressed was considered in Requirement 3(3)(d).

Requirement 7(3)(b)

The Assessment Team found HCP and CHSP services demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives stated they are treated with dignity and respect and did not report any instances of staff being disrespectful or rude. Staff and management were observed by the Assessment Team to be respectful and caring when talking to consumers by telephone. Consumers and representatives also said their preferences were respected. Interviews with staff and management showed they are aware of consumers individual identity, background, services and preferences, and all spoke respectfully regarding consumers.

Requirement 7(3)(c)

The Assessment Team found HCP and CHSP services demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. All consumers and representatives interviewed expressed confidence in the competency of staff and they were confident staff had the qualifications and knowledge to perform their roles. Staff advised their recruitment and onboarding included completion of mandatory training and practical training through a mentor system. Records reviewed included staff and subcontractors’ qualifications, insurance and licencing and registrations.

Requirement 7(3)(d)

The Assessment Team found HCP and CHSP services demonstrated the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. Consumers and representatives said they have confidence the workforce is trained, competent and skilled. Documentation showed training completion rates and staff folders included their qualifications and resumes. Staff undertake training prior to commencing service provision to consumers, including induction, orientation, mandatory training, and buddy shifts to ensure staff readiness for their roles. Staff advised management is consistently available for guidance.

Requirement 7(3)(e)

The Assessment Team found HCP and CHSP services demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. The Staff performance appraisal records for 2024 showed a completion rate of 56.25% with most staff completing a 6-month probation due to the influx of new workers due to the increases in new consumers. In relation to ongoing performance monitoring and review, the Assessment Team reviewed the performance improvement plan for a staff member who had been the subject of a complaint, that showed the staff member was assigned to buddy shifts and included a date for review of the staff member’s progress.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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

This Quality Standard has been assessed as non-compliant as 2 of 5 specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 8(3)(c)

The Assessment Team found HCP and CHSP services demonstrated there are effective governance systems in place relating to workforce governance and regulatory compliance. However, they did not demonstrate effective governance systems in the areas of information management, continuous improvement, financial governance and complaints and feedback.

**Information management**

The Assessment Team found consumer information access is graded, with different levels granted based on roles and responsibilities, ensuring confidentiality and compliance with privacy regulations. However, care staff advised there has been issues with uploading incident reports and photographs into their mobile application. The new process is to email documentation to administration staff who will upload it into the desktop programme. The Assessment Team acknowledges that management is working with software developers to rectify the issue, however at the time of the Quality Audit the software programme and the interim process in place could not effectively provide the workforce with current information needed to provide quality and safe care.

**Continuous improvement**

The service’s continuous improvement policy included appropriate mechanisms for reporting to the Board and establishing a continuous improvement committee. However, The Assessment Team found some of the more recent improvements made by the service were not documented in the PCI, such as the provider engaging with an external provider forum to assist with approvals for equipment purchases.

In their response to the Assessment Team report the provider supplied their updated plan for continuous improvement, The PCI contained an action on maintaining complaints register and monitoring for continuous quality improvements resulting from complaints or incidents as they arise. However, the plan did not include the service’s engagement with other providers to assist with increasing approvals for equipment purchases. Nor was the complaint and issue raised by several consumers regarding lack of communication about staff changes on shifts, included in the PCI.

**Financial governance**

The Assessment Team found the organisation has used an external accountant to prepare financial reports in line with government requirements, and to provide monthly reports to the board. However, there appears to be a contradiction in the Assessment Team report regarding the effective management of consumers’ unspent funds. On the one hand the report states the organisation actively monitors and manages HCP balances in collaboration with each consumer, ensuring transparency and accountability in managing package funds. However, the report also states the organisation could not demonstrate ongoing communication with consumers and their representatives who are identified as having high unspent funds. Staff said this was occurring, but the Assessment Team was unable to find records this had happened. The Assessment Team reviewed the organisation’s high unspent funds register, that showed a significant number of HCP4 consumers with large amounts of unspent funds. On balance, I have placed more weight on the expenditure records indicating non-compliance with this aspect of the requirement.

**Workforce governance**

The Assessment Team found the service demonstrated their workforce is planned to facilitate the delivery and management of safe and quality care and services. Training records showed staff are provided with adequate training, including orientation and mandatory training. Position descriptions are tailored to each role, ensuring clarity and relevance.

**Regulatory compliance**

The Assessment Team found the organisation has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation updates and regulatory compliance requirements, such as subscriptions to a governing reform newsletter, industry and legal journals/newsletters/websites and government and industry email distribution lists. Reminders are sent to all staff and staff meetings demonstrate ongoing updates and communication about the aged care reforms impacting service delivery.

**Feedback and complaints**

The Assessment Team found the organisation has systems and processes in place to ensure consumer and/or representative and staff feedback is captured, and dealt with fairly, promptly, confidentially and without retribution. Information on high-risk complaints is communicated to the governing body in the form of complaint trends and data. However, the organisation was unable to demonstrate feedback and complaints inform continuous improvement.

In their response the provider stated the service does monitor high unspent funds and they are discussed at monthly case management meetings, including current services, clinical status and the need for any increases in service delivery or use of client budget funds; and will improve their documentation in this area following the audit. Further the provider noted that if the HCP client refuses to use budget contingency funds or increase any services, the service can only encourage and monitor their expenditure as it is their choice.

In their response to recommended areas of non-compliance in Standard 8, the provider disputed the Assessment Team’s findings and stated the service had already been audited and bench marked against the Aged Care Quality Standards by an external industry bench marking organisation. A dashboard was supplied as evidence to show the organisation rated between 95 and 97.9 percent across the 8 standard and exceeded the industry benchmark in each case.

I commend the provider for using a benchmarking quality monitoring system that includes self-assessment tools such as monthly self-administered quality audits, quality indicators and consumer representative surveys. However, I do not consider the results of the service’s internal self-administered audits and benchmark reports carry more weight than the evidence provided by the Assessment Team during the Quality Audit regarding its governance systems for information management, continuous improvement, financial management and complaints and feedback. I am not satisfied the provider has supplied sufficient additional evidence to support its compliance in these areas of governance.

Accordingly, I find the service non-compliant in Requirement 8(3)(c).

Requirement 8(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate effective risk management systems and practices to manage high impact high prevalence risks. While the service has policies and processes for the management of some risks, such as management of falls, other risks including diabetes management did not have processes in place beyond recording blood glucose levels and administering medication. However, The Assessment Team found the organisation did demonstrate transparency when communicating with consumers and/or external stakeholders throughout the incident management process, including the use of open disclosure where appropriate.

The Assessment Team found in relation to responding to abuse and neglect of consumers, staff advised they had received resources about the Serious Incident Response Scheme (SIRS) and code of conduct in early 2023 and have completed annual SIRS face to face training. Management completed a higher level of SIRS training in line with mandatory reporting obligations.

The Assessment Team found staff demonstrated an understanding of supporting consumers to live their best life and were aware of the organisation’s dignity of risk policies and procedures. In their response to the Assessment Team Report the provider supplied copy of a consumer satisfaction benchmarking survey covering the period April to June 2024 and noted client satisfaction survey demonstrated their clients are satisfied that they are living their best life in last 12 months

The Assessment Team found that falls management policies were not followed for several incidents where falls were recorded in consumer files, incident forms were not completed and follow-up did not address strategies to minimise the risk of future falls. Requirement 3(3)(d) noted management stated an escalation policy is in place for consumers showing signs of deterioration. However, the policy includes staff contacting the office to notify clinical staff of the change, but there is no follow up clinical intervention procedure in place.

The Assessment Team found there were inconsistencies in data contained in the electronic and paper-based incident registers; creating the risk of incorrect incident data being reviewed, analysed and reported to management and the governing body. Thereby undermining organisational risk governance in areas such as strategic consumer risk mitigation. Clinical care and staff meeting minutes recorded information on high or at-risk consumers and consumers with changed needs, but there was no record of the risk mitigation strategies to be used by the staff or the desired outcome.

In their response to the Assessment Team report, the provider supplied its PCI containing an action to implement a risk management/complaints and operation report between the operations manager and the chief operating officer to be reported to the board quarterly. The PCI also contained an action to implement and maintain a risk register or associated program to assist in automating analysis of incidents and risk, with the PCI outcome recorded as completed and ongoing as of 3 April 2024. However, I note the PCI still does not contain actions or a date where the paper-based incident reports would be fully integrated into the electronic incident register to ensure data consistency for effective operational and strategic risk and incident governance. I encourage the provider to finalise this action so that the governing body accurately and effectively monitor and make informed decisions about strategic priorities for the minimisation of risk to consumers health, safety and wellbeing.

Accordingly, I find the service non-compliant in Requirement 8(3)(d).

Requirement 8(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate where clinical care is provided there is an effective clinical governance framework. The framework is supported by governing polices, monthly and quarterly clinical meetings, and clinical governance meetings attended by nurses, clinical team leader, and the operations manager.

Management and staff demonstrated an awareness and understanding of the need for antimicrobial stewardship. The organisation has policies, procedures, principles and guidelines about antimicrobial stewardship to guide the staff approach. In relation to minimising the use of restraint, management and staff advised they do not have any consumers identified as subject to the use of restraint, staff demonstrated understanding of restraint, and there is a restrictive practices framework to guide staff. In relation to open disclosure management and staff describe the use of the key elements of open disclosure for the management of complaints and incidents in the organisation

The organisation has systems and processes to meet regulatory reporting of clinical indicators, analyse clinical trends and to manage and monitor the potential risks to consumers clinical care outcomes. However, the Assessment Team found there is a lack of documented clinical practices and clinical oversight. The organisation is not sufficiently adhering to the clinical governance framework, to hold all staff accountable in their responsibilities to ensure best practice, management, delivery and documentation of clinical care. The negative impacts to consumers’ health, safety and wellbeing symptomatic of ineffective organisational clinical governance were demonstrated in Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(g).

In their response to the Assessment Team report, the provider did not supply sufficient additional evidence to support its compliance with this requirement. I am more persuaded by the evidence provided by the Assessment Team in relation to the lack of effective organisational clinical oversight and accountability demonstrated by the service.

Accordingly, I find the service non-compliant in Requirement 8(3)(e).

**Compliant Requirements**

Requirement 8(3)(a)

The Assessment Team found HCP and CHSP services demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and their representatives confirmed receiving an invitation to be a part of the consumer focus group. Ten consumers and representatives attended the first focus group meeting in February 2024 where it was discussed how the service will support consumers and representatives to communicate key messages and obtain feedback/suggestions. One area of feedback raised by the group was that consumers wanted to have more social events and outings. The PCI updated in February 2024 included an action to build closer links with local church and not for profit groups to assist increasing social engagement for consumers where appropriate.

Requirement 8(3)(b)

The Assessment Team found HCP and CHSP services demonstrated the organisation’s governing body promotes and is accountable for a culture of safe, inclusive and quality care. The Chief Executive officer advice the Board was newly formed at the beginning of 2024 with a new structure to improve organisational governance. The organisation has a governing constitution, Board members code of practice, governing policies outlining the roles and responsibilities, and the structure and processes of the Board. There is a standing Board meeting agenda item about provider governance to ensure the Board can remain informed and approve changes to ensure the organisation meets projected and current regulatory requirements. The Board’s meeting minutes included monthly reporting from the operations manager on HCP and CHSP high risk incidents and complaints, Serious Incident Response Scheme, outputs of service delivery, the financial position of the programs, clinical care data, regulatory compliance, updates regarding staff meetings, training, and education and review and additions to the PCI register. Issues regarding the accuracy and consistency of electronic and paper-based incident and risk data were considered in Requirement 8(3)(d).

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), and 8(3)(b).

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