NexttCare Pty Limited

Performance Report

|  |  |
| --- | --- |
| **Address:** | 62 The Parade NORWOOD SA 5067 |
| **Phone:** | 1300 369 568 or (08) 8172 6210 |
| **Commission ID:** | 600595 |
| **Provider name:** | AHC Care Services Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 10 June 2022 to 15 June 2022 |
| **Performance report date:** | 16 August 2022 |

# Performance report prepared by

G.McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* HCP Level 1, 27324, 62 The Parade, NORWOOD SA 5067

# Overall assessment of Service

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
| Requirement 1(3)(e) | HCP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Compliant |
| Requirement 2(3)(a) | HCP | Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
| Requirement 2(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| Requirement 3(3)(a) | HCP | Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
| Requirement 3(3)(c) | HCP | Compliant |
| Requirement 3(3)(d) | HCP | Compliant |
| Requirement 3(3)(e) | HCP | Not Compliant |
| Requirement 3(3)(f) | HCP | Compliant |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Not Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c) | HCP | Compliant |
| Requirement 6(3)(d) | HCP | Not Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Not Compliant |
| Requirement 7(3)(a) | HCP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c) | HCP | Not Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
| Requirement 7(3)(e) | HCP | Not Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| Requirement 8(3)(a) | HCP | Not Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e) | HCP | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 7 July 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives interviewed considered that consumers are treated with dignity and respect with their identity and culture valued, can make informed choices about their care and services, and maintain their independence, to live the life they choose.

Staff and contractors described how they respect consumers’ identity and culture while providing services, and how they support consumers to make informed choices about their care and services, including should they wish to take risks, and make decisions about when others should be involved in their care and decision making.

The service has policies and procedures in place to support inclusive, consumer-centred and culturally safe approach to the delivery of consumers’ care and services. Care assessment and planning are undertaken in partnership with the consumers and others they wish involved, and relevant information is provided to consumers and/or representatives to enable them to make informed choices. The service has processes to ensure consumers' privacy and confidentiality is maintained.

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

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  |  |  |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  |  |  |

### *Care and services are culturally safe.*

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

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  |  |  |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service was able to demonstrate that current assessment and planning effectively considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective services. Care planning documentation evidenced recent comprehensive assessment and planning was undertaken for consumers, which informed the current delivery of safe and effective care and services.

The service was able to demonstrate that policies and processes to guide staff in relation to assessment and planning are in place. Care documentation viewed showed that initial and ongoing assessment and planning included consideration of the consumer’s needs, goals and preferences; were undertaken in partnership with consumers and/or representatives, or others involved in the care of consumers; and communicated to consumers. Sampled consumers and/or representatives considered they are partners in assessment and care planning processes. Staff interviewed showed knowledge about consumers’ care and service needs and preferences.

The service was able to demonstrate that care and services are generally reviewed regularly for effectiveness, at least annually, and that some consumer’s changes or incidents prompted a review of consumer’s care and services.

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

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  |  |  |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Compliant |
|  |  |  |

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

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Due to the previous lack of clinical assessments, information related to risks was not consistently identified and reflected in care planning documentation, including strategies to minimise and manage risks, including strategies to minimise and manage risks, to guide safe and effective care. Staff did not consistently identify and report consumer’s risks and incidents. When incidents were reported, incidents follow up and management processes did not inform strategies to prevent further incidents for the consumers. The service did not effectively minimise or manage risks associated with the use of restrictive practices for one consumer.

The service was not able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation. It was observed that staff record information about consumers’ care and service’s delivery, needs and conditions on paper-based progress notes kept at the consumer’s home. However, the service does not have a systematic and effective process to collect the progress notes from the consumer’s home, and/or review the progress notes in a timely manner, to enable effective monitoring of consumer’s care and services delivery, and ensure it is safe and effective.

A number of significant improvements had or were being implemented prior to the Quality Audit in relation to these matters, however they will take time to become embedded and consolidated.

The service was able to demonstrate that consumers generally receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being, including minimising the risk of infections. The service was able to demonstrate deterioration or change of a consumer’s health and well-being is intermittently recognised and responded to, and consumers are referred to other health professionals when required.

Consumers and/or representatives interviewed confirmed in various ways that they get the care they need, that is safe and right for them, and they have access to other health professionals when they need it.

The service has policies and procedures in place to guide staff in relation to care delivery and infection prevention and control. Care planning documents viewed for sampled consumers showed that care provided was generally tailored to their needs, goals and preferences, and consumers were referred to other health professionals such as allied health. Staff and management interviewed provided examples of care provided to consumers which was generally tailored to their needs and optimised their health and wellbeing.

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

**Assessment of Standard 3 Requirements**

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

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

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

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

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

Findings

The Assessment Team found that the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Due to the previous lack of clinical assessments, information related to risks was not consistently identified and reflected in care planning documentation, including strategies to minimise and manage risks, to guide safe and effective care. Staff did not consistently identify and report consumer’s risks and incidents. When incidents were reported, incidents follow up and management processes did not inform strategies to prevent further incidents for the consumers. The service did not effectively minimise or manage risks associated with the use of restrictive practices for one consumer.

In its written response the approved provider indicated that from May 2022, prior to the Quality Audit, it had implemented enhanced oversight by the Clinical Manager to cover all consumers, which included completing reassessments. It noted that regular meetings between the Service Delivery Manager and Case Manager had commenced from 21 June 2022 to discuss client needs, risks and clinical needs. It also stated that the need to report all clinical concerns would be reinforced through its enhanced systems, and also stated that it had implemented revised care planning processes and was close to completing full reassessment of all consumers. It also indicated it had reviewed all the consumers named by the Assessment Team, including review by relevant allied health professionals.

I acknowledged that in May 2022, prior to the Quality Audit, the approved provider had commenced addressing identified issues in relation to identification and management of risks, and that this included review of some of the consumers prior to the Quality Audit. However, I do not consider these reviews were done in a timely manner, and that staff had not been consistently identifying and reporting consumer’s risks and incidents, or effectively following up incidents to prevent further incidents for the consumers. Further, a number of these reviews were completed after the Quality Audit.

I also acknowledge the approved provider’s engagement with the issues and the significant improvements it has or will implement. However, I consider these improvements will take time to become embedded and for the approved to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

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

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

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

Findings

The Assessment Team found that the service was not able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation. The Assessment Team noted that staff record information about consumers’ care and service’s delivery, needs and conditions on paper-based progress notes kept at the consumer’s home. However, the service does not have a systematic and effective process to collect the progress notes from the consumer’s home, and/or review the progress notes in a timely manner, to enable effective monitoring of consumer’s care and services delivery, and ensure it is safe and effective.

The Assessment Team viewed care planning documents for 3 sampled consumers which showed paper-based progress notes had not consistently been uploaded in the electronic system and the most recent paper-based progress notes were not always available for these consumers.

In its written response the approved provider noted that newly implemented process, commenced in June 2022, required collection of progress notes and/or uploading of them and review for clinical and behavioural concerns or other indicators suggesting the need for review and support, together with management oversight.

I also acknowledge these improvements but consider these improvements are in progress and will take time to become systemically embedded.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 Services and supports for daily living

# HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Sampled consumers and/or representatives considered that consumers generally get the services and support for daily living that are important for their health and well-being, and that enables them to do the things they want to do and maintain their independence and quality of life. They provided examples of how the service support them with the provision of in-home and in community services.

Staff and management were able to describe what is important to sampled consumers and provided examples of how they support consumers to do the things they like, and participate in the community, as well as optimise their physical and psychological well-being.

Care planning documents viewed showed that consumers’ needs, goals and preferences, and what is important to them was generally documented and communicated to and from relevant staff and contractors to inform service provision. Care planning documents viewed for sampled consumers showed that consumers were generally provided services and support for daily living in line with their needs and preferences, and were referred to other organisations and providers as required.

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

**Assessment of Standard 4 Requirements**

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

*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.*

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

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

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

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  |  |  |

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

The service does not provide meals therefore this requirement is Not Applicable.

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

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

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

The service does not provide a service environment therefore this Standard is Not Applicable.

# STANDARD 6 Feedback and complaints

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

While the service was able to demonstrate it trends and analyses feedback and complaints, the service was not able to demonstrate how this analysis informs improvements to care and services. The approved provider is implementing a number of improvements to address this matter.

The service was however able to demonstrate that consumers are encouraged and supported to give feedback and make complaints, including information provided at commencement of services and opportunities to provide verbal and written feedback to staff contractors.

Consumer information packs and handbook showed that the service provides consumers with information on internal and external feedback and complaints mechanisms.

The service’s feedback and complaints register was viewed and it indicated that consumer feedback had been documented and addressed, and outcomes of complaints had consistently been documented. Documentation viewed showed that open disclosure process is used with consumers when things go wrong. The service has documented policies and procedure on the feedback process and open disclosure.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one (1) of the four specific requirements has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

Findings

While the service was able to demonstrate feedback and complaints are reviewed, the service was not able to demonstrate how feedback and complaints are used to improve care and services. The service has an effective system for capturing, trending and discussing feedback and complaints, however this is not being used to inform care and service improvements. The Assessment Team reported that Management confirmed this and advised they had self-identified and prioritised areas to make improvements, including developing a new system for managing consumers.

The Assessment Team also found that trends identified by the service included staff turnover and clinical oversight, however the service was not able to demonstrate how these trends have been addressed.

In its written response the approved provider detailed numerous improvements it had or was implementing, including use of alternative agency staff, restructure of rostering, on-line invoicing and a senior staffing appointment. The approved provider detailed how these improvements were tailored to the trends in complaints it had identified.

I also acknowledge these improvements, in particular the approved provider’s analysis of complaints and its bespoke response. However, I consider that the approved provider will require time to demonstrate the effectiveness of these improvements.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# STANDARD 7 Human resources

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Clinical staff are not supported with training and peer support, and performance is not monitored to ensure competency.

The service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff advise their performance is not reviewed, and they are unsure of how well they are performing in their role.

However, the service did demonstrate the workforce is planned to enable the delivery and management of safe and quality care and services. Consumers and representatives interviewed confirmed that there are adequate staff and contractors allocated to deliver care and services. Consumers and representatives considered that consumers receive quality services when they need them and from people who are kind, capable and caring.

The service demonstrated that the workforce receives ongoing support, training, and feedback to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

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

## Assessment of Standard 7 Requirements

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  |  |  |

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

Findings

The Assessment Team found that the service was not able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Some consumers described dissatisfaction with the competence and training of staff delivering their care and services. One consumer described having seven Customer Support Managers (CSM’s) in a two-year period and that each new CSM started the process again, leaving the consumer feeling frustrated.

The Assessment Team also found that found clinical assessments were not being conducted at intake or for ongoing consumers due to there not being sufficient clinical background or knowledge to undertake this. The service could not demonstrate an understanding of the need for clinical assessments.

The Assessment Team reported that Management stated they do not assess or test staff competency, and did not demonstrate awareness of the requirement to regularly review the roles, responsibilities and accountabilities of the workforce. The Assessment Team also reported that Management advised that they rely solely on the staff onboarding process and ongoing training to ensure staff competency.

In its written response the approved provider noted it had commenced implementation of its new Feedback and Development Processes, had drafted an Employee Capability Framework and made a senior staffing appointment.

I am satisfied that these improvements are being implemented, however for the reasons stated above I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Not Compliant |
|  |  |  |

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

Findings

Assessment Team found that the service was not able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Sampled consumers advised the service does not seek feedback into the performance of the staff delivering care and services. Staff and contractors said they have never had a performance review or ongoing discussions regarding their performance.

The Assessment Team reported that Management described the annual staff appraisal process, which discusses career goals and training needs with paid staff, however management advised this process is designed around staff career development rather than assessing and monitoring staff performance.

The organisation has policies and procedures for Employee Feedback and Development, however, this document is focused on developing staff rather than assessing their performance in delivering safe and effective care and services. Management advised performance management is monitored through consumer feedback and training, however the Assessment Team reported that Management stated that ongoing monitoring of staff performance was not effective. The service has agreements with subcontracted service providers which outline expected levels of performance, however management advised the service does not actively monitor the performance of subcontracted staff to ensure safe and effective care and services.

In its written response the approved provider did not dispute the findings of the Assessment Team, and demonstrated the transparency in acknowledging areas for improvement that it evidenced during the Quality Audit. It noted that in addition to commencing implementation of its new Feedback and Development Processes, drafting an Employee Capability Framework and making a senior staffing appointment it had reviewed its Contractor Management Processes.

I am satisfied that these improvements are being implemented, however for the reasons stated above I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# STANDARD 8 Organisational governance

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The organisation was not able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The organisation relies on feedback mechanisms rather than consumer input into the development and delivery of care and services.

The organisation does not have an effective system of identifying and monitoring high impact and high prevalence risks, or is accountable for managing and governing all aspects of care and services relating to information management, financial governance and workforce governance.

The service’s governing body is accountable for the delivery of safe and quality care and services. The governance system is based on systems that regularly report key information from the service to the governing body and systems to review this information and provide directives to the service’s management and staff.

The organisation was able to demonstrate it has a documented clinical governance framework, and that systems and processes are effective to maintain the reliability, safety and quality of the clinical care consumers receive. Staff and contractors described receiving training modules in restrictive practices and open disclosure.

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

## Assessment of Standard 8 Requirements *.*

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

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

Findings

The Assessment Team found that the organisation was not able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Management advised the organisation is reactive, relying on feedback mechanisms rather than engaging consumers in the development of care and services. The Assessment Team reported that Management confirmed this and acknowledged that the organisation requires further development in this area.

In its written response the approved provider acknowledged room for improvement, but noted it currently had surveys and feedback mechanisms in place and a system to manage same, had a relevant Governance Advisor in place and in 2021 had implemented external benchmarking.

While I acknowledge these matters, I am not satisfied that at the time of the Quality Audit the approved provider had a fully effective process for involving consumers in developing, delivering and evaluating their care and services.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

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

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

Findings

The Assessment Team found that the service did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, workforce governance and financial governance. No concerns were identified in relation to continuous improvement, regulatory compliance and feedback and complaints, and I agree with those findings, noting that in relation to feedback and complaints improvements were identified as being required in relation to reviewing and using this input at the service level.

In relation to information management, the Assessment Team found that care planning documents viewed for sampled consumers showed that information is generally effectively shared and communicated to the appropriate staff and contractors through emails, care plans, progress notes and verbally, and that the service demonstrated access to electronic information is limited by role and is password protected. However, it identified that progress notes for consumer interactions are paper-based and kept in consumers' homes, and the organisation did not have an effective system in place to regularly collect and review these progress notes. In addition, some sampled consumers described when the CSM is changed, no information is passed between the outgoing CSM and the new CSM resulting in a lack of continuity of care. The Assessment Team reported that Management acknowledged this is a known issue, and planned to implement a digital system of record keeping to address the lack of continuity.

In its written response the approved provider identified improvements it had or would implement to address these matters, however I consider them to be still in the process of implementation and consolidation.

In relation to financial governance, multiple sampled consumers questioned the accuracy of their monthly statements. The Assessment Team reported that Management advised that there had been an issue in transferring unspent funds to the new provider within prescribed timeframes when consumers had changed providers, however, management advised they were up to date with all transfers at the time of the audit. To prevent the issue recurring, the organisation went through a significant management change in February 2022. The new management structure has identified issues and begun making structural and systemic improvements, and the progress is tracked in the continuous improvement plan.

In its written response the approved provider identified that it had made undertaken significant work to address funds administration improvements, and its remediation plan indicated this process was well advanced, however I believe these improvements need to be further embedded.

In relation to workforce governance, including the assignment of clear responsibilities and accountabilities, the Assessment Team found that the organisation was not able to demonstrate effective governance of organisation wide workforce systems. Clinical assessments were not being conducted at intake or for ongoing consumers due to there not being sufficient clinical background or knowledge to undertake this. The service could not demonstrate an understanding of the need for clinical assessments. The Assessment Team also found that the organisation does not have an effective process for actively monitoring the performance of staff and contractors.

In its written response the approved provider acknowledged areas for improvement in relation to these matters and evidenced the substantial steps it was taking to address these matters, including systemic improvements and recruitment. It noted that at the time of the Quality Audit 3 of 5 Registered Nurse (RN) roles it was recruiting had been completed, and that on 6 June 2002 a fourth RN was to commence.

While I acknowledge the significant resources and effort applied by the approved provider, I consider them to be still in the process of implementation and consolidation.

I find, in relation to information management, workforce governance and financial governance, that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

Findings

The Assessment Team found that the organisation was not able to demonstrate effective risk management systems and practices to identify, assess and manage risks to consumer’s health, safety and well-being. The service did not demonstrate effective consumer risk assessments had been consistently undertaken, and subsequent documentation of risks and management strategies to inform the delivery of care and services to consumers. The service was not previously completing clinical assessments of consumers to inform effective and safe care delivery. The lack of clinical assessments impacted the identification and documentation of risks, and consequently impacted the strategies to minimise and manage risks. In addition, the organisation did not demonstrate, in relation to one consumer, an understanding of the use of a restrictive practice and the risks involved.

No concerns were identified in relation to identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system, and I agree with those findings

In relation to risk management systems and practices to identify, assess and manage risks to consumer’s health, safety and well-being, the Assessment Team reported that Management acknowledged this feedback and stated they had identified, as part of their self-assessment process, that further work could be undertaken to refine their support plans to better document consumers’ risks and mitigation strategies to inform service delivery. The service will complete the recruitment of five RNs to improve clinical oversight and to perform clinical assessments, which the approved provider noted was substantially complied as at 6 June 2022, with the approved provider demonstrating its commitment to completing this recruitment.

In its written response the approved provider acknowledged areas for improvement in relation to these matters and evidenced the substantial steps it was taking to address these matters, including systemic improvements and senior and clinical recruitment.

While I acknowledge the significant resources and effort applied by the approved provider, I consider them to be still in the process of implementation and consolidation.

I find, in relation to effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

# 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 3(3)(b) |  |  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) |  |  |
|  |  |  |

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

*.*

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*