**Performance**

**Report**

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| Name: | Northern Settlement Services - Hamilton |
| Commission ID: | 200237 |
| Address: | 8 Chaucer Street, HAMILTON, New South Wales, 2303 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1254 Northern Settlement Services Limited  
Service: 17688 Northern Settlement Services CACP  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7828 Northern Settlement Services Limited  
Service: 24855 Northern Settlement Services Limited - Care Relationships and Carer Support  
Service: 24854 Northern Settlement Services Limited - Community and Home Support

**This performance report**

This performance report for Northern Settlement Services - Hamilton (**the service**) has been prepared by M Abjorensen delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report was informed by a Site Assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 21 February 2024. The provider did not dispute the Assessment Team recommendations and provided an explanation of planned corrective actions, including:
  + Evaluation of assessment and planning processes, including a review of validated assessment tools and workforce training
  + Engagement of registered nurses to revise care plans and mentor staff regarding personal care and clinical care delivery and assessments
  + Engagement of an external consultant to identify, and address, the root cause of issues identified
  + Update tools and framework for vulnerability assessment

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Standard 2 Requirements (3)(a) and (3)(e)

* Implement assessment and planning processes that consider the risks to the health and wellbeing of consumers, to inform care and service delivery.
* Ensure up to date outcomes of assessment and planning are effectively communicated to consumers and documented in a care and services plan.

Standard 7 Requirement (3)(a)

* Ensure the workforce is planned to enable the number and mix of the workforce to deliver and manage safe, quality care and services.

Standard 8 Requirement (3)(c)

* Implement effective organisation wide information management and workforce governance systems.

# 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

Consumers/representatives confirmed staff make consumers feel respected and valued as an individual. Staff and management spoke respectfully about consumers and were able to provide practical examples on how dignity and respect is shown towards consumers. Documentation reviewed confirm consumer’s individual circumstances and goals are taken into consideration and staff have received training on dignity and respect.

Consumers/representatives confirmed staff know about consumers’ backgrounds and what is important to them. Staff demonstrated an awareness of culturally safe care and could provide examples of how this is practiced. Management interviews and review of documentation confirm staff have completed culturally inclusive support training and are matched with consumers with similar backgrounds.

Consumers/representatives confirmed staff encourage consumers to make decisions about their services. Staff demonstrated how they support consumers to exercise choice and maintain connections with other people. Documentation review confirmed decision making is completed with the consumer and involves their representatives if they so wish.

Consumers/representatives confirmed consumers are supported to live their best life and are encouraged to keep independent and active. Staff described how consumers have the right to take risks and provided practical examples of how they support consumers to do so. Documentation reviewed confirmed care planning information includes individual strategies to support consumers to maintain their independence whilst mitigating identified risks.

Consumers/representatives confirmed receipt of timely and easily understood information to help make decisions about the care and services consumers receive. Staff interviews and review of documentation confirm information is communicated clearly and effectively to consumers/representatives.

Consumers/representatives confirmed staff respect consumers’ personal privacy while delivering care and services. Staff and management described how consumer privacy and confidentiality is respected and maintained. Documentation reviewed confirm there are procedures in place to guide staff in upholding consumers’ privacy, including when information is being sharing between others involved in the consumer’s care.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | 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

Requirement 2(3)(a)

The Assessment Team was not satisfied HCP and CHSP consumers risks were appropriately assessed or accompanied by validated risk assessment tools or that mitigation strategies were detailed or included in care plans for staff guidance. The Assessment Team provided the following evidence relevant to my finding:

* Three consumers living with dementia, cognitive decline, history of psychosis, delirium and/or diabetes did not have completed validated risk assessments and/or tailored management plans in place.
* The Assessment Team provided an example of inaccurate and out of date care directives to guide staff in the monitoring of their daily blood glucose levels. The documentation indicated contradictions between the general practitioner’s guidance of values and the support worker’s understanding of values that require escalation.
* Information and evidence under Requirement (3)(b) in Standard 3 shows care documentation does not contain information to guide staff in care delivery for consumers living with risks related to diabetes, falls, cognitive decline and pain.
* Information and evidence under Requirement (3)(c) in this Standard shows care planning and assessment does not always capture the assessments and recommendations of allied health clinicians.
* Management and the clinical board member advised consumer assessment and care planning will be an immediate focus with priority firstly given to consumers identified by the Assessment Team.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate that 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.

The intent of this Requirement expects where there are integrated care and services, there need to be arrangements in place to share and combine relevant information. This includes information about any risks to the consumer’s safety, health and well-being. I find his has not occurred as care documentation is out of date, does not use validated assessment tools and care directives regarding consumer risks are not always sufficient, accurate or complete to guide care and service delivery.

I acknowledge the provider has plans to revise assessment and planning processes, including workforce training and the use of validated assessment tools. However, these actions remain in their infancy and further time is required to determine the effectiveness in relation to this Requirement.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, non-compliant with Requirement (3)(a) at the time of the performance report decision.

Requirement 2(3)(b)

The Assessment Team was not satisfied assessment and planning for HCP and CHSP consumers identifies and address their current needs, goals, and personal preferences, including advanced care planning and end of life planning if the consumer wishes. The Assessment Team provided the following evidence relevant to my finding:

* Staff described the needs, goals and preferences of consumers and explained they access this information via paper based and electronic care documentation.
* Management was aware that care documentation for consumers was not up to date to reflect information held by staff and management of the current needs, goals and preferences of consumers
* Information and evidence under Requirement (3)(c) in Standard 4 shows current information is documented to support consumers in relation to their current needs and preferences, including, impaired vision support requirements, mobility aids and mobility support requirements.
* Information and evidence under Requirement (3)(c) in Standard 3 shows the service has an advanced care planning procedure, which involves recording discussion and decisions about end of life and advanced care planning.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure to address the current needs, goals and preferences of consumers, including advanced care planning discussions.

I find throughout the Assessment Team report there is feedback from consumers, staff and documentation which shows the service does address the current needs and preferences of consumers. However, the information identifies deficits relating to record keeping and out of date documentation, as a result of workforce numbers and skillset to maintain oversight over assessment and planning processes. I do not consider these issues have impacted the way the service addresses this Requirement. I have considered shortages in adequate coordination staff are more appropriately applicable under Requirement (3)(a) in Standard 7 and issues relating to out of date care documentation under Requirement (3)(e) in this Standard.

I do not deem it applicable, or proportionate, to consider these deficits again in relation to this Requirement. In addition, I place weight on evidence throughout the Assessment Team report show consumers’ goals, needs and preferences are being identified and addressed.

Based on the totality of information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(c)

The Assessment Team was not satisfied assessment and planning of HCP and CHSP consumers is based on ongoing partnership with consumers/others they wish to involve and includes other organisations involved in the care of the consumer. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives and documentation reviewed confirm ongoing involvement of consumers and others they wish to involve. However, care documentation was not always current and up to date to include the recommendations or reports of allied heath clinician assessments.
* Information and evidence under Requirement (3)(d) in Standard 4 shows consumers nominate who is involved in assessment and planning and an instance where a consumer has elected to maintain brokered agency staff and other providers of care, including allied health clinicians.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure to carry out ongoing assessment and planning with consumers and those they want involved in assessment and planning of their care and services.

I place weight on the feedback from consumers and representatives that partnership in assessment and planning does occur, and evidence throughout the report shows the service involves those involved in the care of consumers, in accordance with consumers’ preferences. The information shows issues relating to a lack of consistency in documentation rather than a deficit in ongoing partnership with consumers, others they wish to involve, and other organisations involved in the care of the consumer.

I have considered deficits in relation to care planning which does not capture assessments of allied health clinicians in Requirement (3)(a) and out of date care planning under Requirement (3)(e) in this Standard.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(c) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(d)

The Assessment Team was not satisfied the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan made readily available to the consumer and where care and services are provided for HCP and CHSP consumers. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives confirmed receiving a copy of the consumer’s care plan, and confirmed staff explained and provided information regarding the support offered.
* Staff reported care plans are available at the point of care, which include service plans and case notes that include how the support will be delivered.
* While documentation showed the outcome of consumers' assessments was not current in the system, management said the service works collaboratively with consumers and representatives regarding outcomes of assessment and planning.
* Information and evidence under Requirement (3)(d) in Standard 4 shows staff access care plans in the consumer’s home and via applications on their mobile device and receive communication from care coordinators when changes occur.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates the outcomes of assessment and planning are communicated to consumers and documented in a care plan that is available to consumers, and at the point of care.

I have considered consumers, representatives and staff feedback shows the service communicates the outcomes of assessment and planning to consumers and they have access to the care and service plan. Further, I have considered the key issue identified in relation to this Requirement is that documented assessment and care planning is not current which is considered in Requirement (3)(a) and (3)(e) in this Standard.

I place weight on the fact consumers confirm staff explained and provided information regarding the supports offered and staff confirmed they have access to sufficient documented information to complete services.

Based on the totality of information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(e)

The Assessment Team was not satisfied for HCP and CHSP consumers that appropriate processes are in place to monitor that care plans are regularly reviewed when an incident occurs or when circumstances change. The Assessment Team provided the following evidence relevant to my finding:

* Care planning and assessment documentation was not up to date and reassessments did not occur in response to changed care needs and following incidents.
* Management were aware that a number of consumers are due for a reassessment and advised of plans commenced to assigned tasks to relevant staff to undertake reassessment.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates a failure to regularly review care and services for effectiveness and when circumstances change.

While there is evidence to show changes to care and service delivery are communicated to support workers and consumers, the service has not undertaken timely reassessment to demonstrate care and services reflect the consumer’s needs, goals and preferences. I find there is risk associated with a failure to ensure assessment and planning is based on contemporary information that is documented and does not rely on ad-hoc communication. Further, the service has not implemented processes to monitor the timeliness of regular review or a strategy to prioritise the reassessment of consumers, based on vulnerabilities or care needs.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, non-compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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. | Compliant | 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. | Compliant | 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. | Compliant | Compliant |

Findings

Requirement 3(3)(a)

The Assessment Team was not satisfied HCP and CHSP consumers get safe and effective personal/clinical care. The Assessment Team provided the following evidence relevant to my finding:

* Consumers expressed satisfaction with clinical/personal care services usually delivered provided by the staff.
* Information recording the provision of care for consumers with complex care needs was not always available and care plans reviewed did not include directives or important care information to ensure safe and effective delivery of clinical and/or personal care.
* Support workers described that when they have a concern, they document notes in and contact the on-call coordinator detailing the services they delivered and record their observation of the consumer's health

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure to ensure personal/clinical care provided is best practice to optimise the health and wellbeing of consumers.

I have considered issues relating to care documentation in Standard 2 and I do not find evidence links these deficits to show any impact on the quality of personal care and clinical care delivered.

Throughout the Assessment Team report there is evidence of personal care and clinical care delivered that is tailored to the consumer, informed through allied health clinician assessments and monitored through feedback sought from staff and consumers.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(a) in Standard 3, Personal care and clinical care.

Requirement 3(3)(b)

The Assessment Team was not satisfied HCP and CHSP consumers with high-impact or high-prevalence risks are effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Information and evidence under Requirement (3)(d) in Standard 1 shows examples of effective management of risks:
  + Documented falls prevention strategies implemented to support a consumer which includes mobility aid requirements for long distances and transfer directives during personal care.
  + In response to support worker feedback regarding a consumer’s self-administration medication errors. The service implemented strategies to keep medication safely stored and taken appropriately.
* Information and evidence under Standard 4 Requirement (3)(e) show education was provided to a consumer regarding falls risks associated with loose mats and items on the floor within the home.
* Management confirmed identification of high-risk consumers was reliant on staff inputting data correctly into the central management system and information is not up to date

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates effective management high-impact or high-prevalence risks associated with the care of each consumer.

The Assessment Team report did not show evidence of ineffective risk management practices, instead there is a greater sum of evidence to demonstrate the effective practices are in place, despite issues relating to documentation already addressed in Standard 2.

The intent of the Requirement expects effective management of risks is underpinned by clinical governance systems for safety and quality, this includes reviewing how personal and clinical care is delivered to apply new practices and responding appropriately and promptly to a consumer’s changing needs. I find this has occurred through adjustment of services and revised strategies for falls prevention and medication management.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

Requirement 3(3)(c)

The Assessment Team was not satisfied the needs, goals and preferences of HCP and CHSP consumers nearing end of life are recognised and addressed, with consumers comfort maximised and dignity preserved. The Assessment Team provided the following evidence relevant to my finding:

* The service has an advanced care planning procedure, which describes best practice care delivery for consumers in relation to end of life planning
* Review of a consumer’s care planning documentation confirm record of advanced care plan in place.
* Management advised they assist consumers to identify end of life wishes and advanced care planning though prompting consumers to think about their beliefs, values and preferences for current and future health and personal care, the role of representatives and any previously documented wishes

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure in the recognition of the needs, goals and preferences of consumers who are nearing the end of their life.

I find the information shows the service has processes to conduct assessment and planning in relation to advanced care plans and the organisation has established procedures in relation to this Requirement. While I cannot determine whether the procedures are effective in addressing a consumer’s end of life needs, goals and preferences as evidence does not show how these are applied to consumers nearing end of life. I place weight on the Assessment Team’s reference to best practice guidance accessible in the organisation’s procedure.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(c) in Standard 3, Personal care and clinical care.

I encourage the provider to ensure robust systems and processes are in place to ensure consumers nearing end of life are supported in accordance with this Requirement’s expectations.

Requirement 3(3)(d)

The Assessment Team was not satisfied deterioration or change in HCP and CHSP consumers health, capacity, or condition is recognised and responded in a timely manner. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives confirmed staff would know if there was a change in a consumer’s condition.
* One consumer with recurring incidents has now been referred to receive a higher level package, however, the timeframe to respond to the changes in condition are not clearly documented.
* Information and evidence under Requirement (3)(a) of this Standard show staff confirmed when they have a concern about consumer’s physical or mental state, they report and document concerns.
* Information and evidence under Standard 8 Requirement (3)(d) show a handbook is provided to staff and volunteers with the information such as identifying a deteriorating consumer.
* Information and evidence under Requirements (3)(d) and (3)(e) in Standard 4 shows consumer deterioration recognised through support workers communication in progress notes and hospital discharge summaries and responded to with increased services, referral to allied health clinicians and general practitioners and welfare checks conducted by the service.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates consumer deterioration or change in a consumer’s health, condition or function is recognised and responded to in a timely manner.

I have considered that a consumer with a history of repeated incidents has now been referred to a higher level package and I do not find a lack of documentation shows a failure to recognise or respond to deterioration. I find there is more evidence to show the staff recognise and respond to deterioration, despite these actions not transferring to care documentation.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(d) in Standard 3, Personal care and clinical care.

Requirement 3(3)(e)

The Assessment Team was not satisfied information about HCP and CHSP consumer’s condition, needs and preferences is documented and communicated with the organisation and with others where responsibility of care is shared. The Assessment Team provided the following evidence relevant to my finding:

* Care documentation contained out of date information and the guidance of a general practitioner regarding blood glucose levels for one consumer was not available to staff
* Information and evidence under Standard 4 Requirement (3)(d) show staff: regularly checking the electronic support application, reading hard copy care plan/handover notes, and changes are communicated to staff via phone calls, emails or text messages.
* Information and evidence under Standard 4 Requirement (3)(d) shows 10 consumer files reviewed included evidence of progress reports from physiotherapists, occupational therapist recommendations and clinical assessments for the care of the consumer.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates information about a consumer’s condition, needs and preferences is documented and communicated within the organisation and where others where responsibility of care is shared.

I have considered the guidance on monitoring BGLs from a general practitioner in relation assessment and planning under Requirement (3)(a) in Standard 2 and do not intend to consider it again. I find this evidence alone does not demonstrate a failure in relation to this Requirement. Instead, the Assessment Team report contains multiple examples from consumers, staff and documentation in favour of the service’s effective communication processes.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

Requirement 3(3)(f)

The Assessment Team was not satisfied timely and appropriate referrals for HCP and CHSP consumers were made to other organisations and providers of other care and services. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives confirmed the service is regularly communicates with their general practitioner and have advised the service has made referrals to other care and supports they require.
* Management advised the service has identified instances where consumer referrals did not occur and the organisation is currently in the process of ensuring consumers are referred to the appropriate area of support identified in the assessment or clinical assessment stage.
* Information and evidence under Requirement (3)(e) in Standard 4 shows consumers confirm they have been referred to occupational therapists and physiotherapists. Interviews with staff and management described the referral process. Care documentation showed appropriate, timely referrals, occur to general practitioners and allied health clinicians following discharge from hospital or mobility decline.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate appropriate and timely referrals occur to individuals, other organisations and providers of care and services.

I acknowledge management advised referrals for consumers have been missed, however, the service had identified this issue and advised they have commenced corrective actions. Overall, there is more evidence to show timely and appropriate referrals have occurred.

Based on the totality of information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(f) in Standard 3, Personal care and clinical care.

Requirement 3(3)(g)

Consumers/representatives confirmed observing staff practicing appropriate infection control precautions, such as the use of masks and gloves and hand hygiene. Staff and management confirmed provision of regular and sufficient infection control training. Management confirmed staff are provided with adequate personal protective equipment (PPE) to use during service delivery. Documentation reviewed confirm there are infection control policies and procedures in place.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(g) in Standard 3, Personal care and clinical care.

# 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 | Not Applicable |

Findings

Consumers/representatives confirmed satisfaction with daily living services provided that optimise consumers’ independence, wellbeing and quality of life. Staff demonstrated they understand what is important to consumers and how the services and supports delivered to consumers, help them to maintain their independence and support them to remain living at home. Documentation reviewed confirm services required to meet consumer’s daily living needs and preferences are recorded and shared as appropriate.

Consumers/representatives confirmed staff know consumers well and are satisfied with emotional/psychological support provided. Staff/management described the importance of conducting regular welfare checks and provided examples of services and supports consumers are encouraged to use that support emotional, spiritual and psychological wellbeing. Documentation reviewed confirm consumer’s emotional, spiritual and psychological wellbeing is assessed and services put in place to support wellbeing needs.

Consumers/representatives confirmed services consumers receive enable them to do the things that are of interest to them, participate in their community and maintain relationships. Staff and review of documentation confirm consumers backgrounds and social activity preferences are integrated in services provided.

Consumers/representatives confirmed staff have a good knowledge of consumers daily living care and services and that there are good communication systems in place to ensure staff know of changed needs. Staff reported relevant information is accessible to them to deliver care and services to consumers. Documentation reviewed confirm sharing of information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Consumers/representatives confirmed referrals are made from time to time, with their permission. Staff/management confirmed referrals made are monitored and reviewed regularly to ensure consumer satisfaction.

Consumers/representatives confirmed satisfaction with the quality and choice of equipment provided. Staff confirmed equipment needs are assessed by an occupational therapist prior to purchase. Staff and management confirmed equipment is regularly checked for safety and cleanliness (including during reviews) and maintenance issues are followed up with consumer/representatives.

Requirement (3)(f) is not applicable as meals are not provided through HCP or CHSP programs.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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

Findings

This standard is not applicable as the organisation does not deliver services within a service environment.

# Standard 6

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

Findings

Consumers/representatives confirmed they are supported to provide feedback and make complaints by contacting the service directly or filling out a complaint form and are comfortable to do so. Staff confirmed they can report and document complaints received on the electronic management system for appropriate follow up. Management and documentation reviewed confirm consumers/representatives are provided with information which details ways to make a complaint or provide feedback.

Consumers/representatives confirmed they know of consumers’ rights to an advocate and advocacy services in their community and knew how to access interpreter services if needed. Management and documentation reviewed confirm staff are educated about the role of external complaint agencies and information is provided to consumers/representatives on external complaints mechanisms and advocacy services available.

Consumers/representatives did not verbally express satisfaction appropriate action was taken in response to a complaint during time of Quality Audit, however, resolution discussions documented in the complaint register state consumers/representatives were happy with the outcome of complaints investigated. Staff involved in complaints management were able to describe the concept of open disclosure. Management confirmed staff training has been provided in complaints management and open disclosure.

Consumers/representatives confirmed the service seeks their feedback regularly and are invited to provide suggestions through client surveys. Management confirmed information from feedback and complaints is reviewed and trends reported monthly to the chief executive officer for inclusion in continuous improvement measures. Documentation reviewed confirm themes raised in feedback and complaint are lodged in the continuous improvement plan.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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

Findings

Requirement 7(3)(a)

The Assessment Team was not satisfied the number and mix of workforce members managing and delivering services for HCP and CHSP consumers are sufficient to deliver safe and quality services. The Assessment Team provided the following evidence relevant to my finding:

* Consumers confirmed some services have been cancelled due to staff illness.
* Documentation reviewed confirm 14 services were cancelled and not rescheduled due to staff illness in December 2023.
* Management advised the loss of coordination staff from the organisational restructure, impacted the case management/assessment and planning of consumers.
* Information and evidence in Standard 2 shows management explained the impact of insufficient workforce number and skillset on assessment and planning processes, where assessments were incomplete, documentation was not updated and reassessments have not occurred and consumers advised they were unaware who their coordinator was
* Information and evidence under Standard 3 Requirement (3)(f) show management advised due to the workforce restructuring outcome of losing coordination staff, referrals for consumers have been missed.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates a failure to provide a sufficiently skilled and qualified workforce to assess and deliver safe quality care and services at all times.

I find the impact of the issues relating to workforce number and skillset is evident in relation to assessment and planning deficits and while the provider has plans to increase numbers and skillset through training, these actions require time to determine the effectiveness.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, non-compliant with Requirement (3)(a) in Standard 7, Human resources.

Requirement 7(3)(d)

The Assessment Team was not satisfied the workforce is recruited, equipped, and supported to deliver the outcomes required by these standards for HCP and CHSP consumers. The Assessment Team provided the following evidence relevant to my finding:

* Staff confirmed they are supported to have some training, however, were not knowledgeable in how to provide care to consumers diagnosed with dementia/diabetes.
* Management acknowledged face to face training/toolbox talks have not been provided due to the restructure and staff shortages.
* Training records confirmed enrolment to online courses is inconsistent.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response. I acknowledge there are improvements to staff training required and there are plans in place to improve staff training. However, I find deficiencies identified relate mainly to staffing shortages as discussed in Requirement (3)(a) of this Standard and inadequate assessment and planning processes, detailed in Standard 2.

In regard to the Assessment Team’s assessment that staff are not knowledgeable on how to provide care to consumers diagnosed with dementia/diabetes, I place weight on the fact support staff have worked within their scope of practice and gaps in knowledge were rather due to accessing out of date care planning documentation. Overall, the service has established processes to equip the workforce to deliver care and services through online training, discussions with staff to identify training needs and monitoring of progress notes, incidents and consumer feedback to understand workforce support requirements.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Requirement (3)(d) in Standard 7, Human resources.

Requirements 7(3)(b), 7(3)(c), and 7(3)(e)

Consumers/representatives confirmed staff treat consumers with respect and are responsive to their needs, including, matching with staff of the same cultural background. Staff confirmed they would report disrespectful behaviour. Review of documentation confirm staff are informed in meetings of the requirements to treat consumers with respect.

Consumers/representatives confirmed most staff know what they are doing and have the skills to do their roles. Management and staff confirmed recruited staff must have relevant qualifications specific to their role or be willing to undertake the necessary training.

Consumers/representatives confirmed management seek feedback about the quality of care and services provided by both internal and external staff members. Staff confirmed they receive feedback from management and have appraisals as required. Management and documentation reviewed confirm a performance appraisal system is in place and used to support staff development.

Based on the information summarised above, I find the provider, in relation to HCP and CHSP services, compliant with Standard 7 Requirements 7(3)(b), 7(3)(c), and 7(3)(e) in Standard 7, Human resources.

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

Findings

Requirement 8(3)(c)

The Assessment Team reported effective organisation wide governance systems were demonstrated for continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, the Assessment Team were not satisfied organisation wide governance systems were effective in relation to information management and workforce governance. The Assessment Team provided the following evidence to support their assessment:

Information management

* The service has a shared drive where policies and procedures can be accessed and has a wide variety of other communication systems.
* All information related to the consumer is maintained confidentially.
* Staff can access consumer information; however, staff did not have access to up to date consumer care planning information.
* Review of consumer care planning and assessment documents were inconsistent across the consumer information management system, the shared drive and the hard copy consumer file.
* 4 staff members police certification expired in 2023 and management said they have to check if they are the current staff or not.

Continuous improvement

* Continuous improvements are sought by the service team, through consumer surveys, and review of management systems including staff performance, incidents, and feedback. The continuous improvement plan included detail such as specific services developed, including policy updates, staff training and development. Board members were kept informed about the progress of the continuous improvement plan.

Financial governance

* The organisation oversees financial governance through monthly financial reports to the board and annual audits conducted.

Workforce governance

* Evidence of insufficient skilled and qualified members of the workforce available to provide quality care management and service delivery. Documented roles and responsibilities of each member of the workforce are available.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* The service has processes in place to actively look to improve results for consumers. Complaints and feedback systems follow principles of transparency, procedural fairness and natural justice.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate effective governance systems for information management and workforce governance.

Information management systems do not contain up to date information to support the workforce in the delivery of care and services.

Workforce governance systems did not demonstrate effective mechanisms to ensure sufficient workforce numbers and skillset were available to provide care management and service delivery.

While the provider has communicated plans to improve information management and workforce governance through engagement of consultants, registered nurses and revision of care documentation, further time is required to determine the effectiveness of these actions.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

The Assessment Team was not satisfied the organisation’s has effective risk management system and practices in place. The Assessment Team provided the following evidence relevant to my finding:

* Management outlined their incident management policy and incident management register, which is overseen by the Board with inclusion of the manager.
* Evidence that the incident management policy outlines the recording, escalation to executive management and tracking of action.
* Evidence of actions taken to address incidents identified.
* Information and evidence under Requirement (3)(c) of this Requirement show the aged care manager is responsible for monitoring the serious incident response scheme (SIRS) and complaint channel.
* Staff confirmed they are supported and encouraged to notify any identified consumer abuse or neglect concerns.
* Staff meeting agendas include reference to incident management and how best to support consumers at risk.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate failures in an effective risk management system and practices.

The organisation has established framework, policies and procedures supported through staff communication and training which feed into the governance of risk management.

I find the risk management system and practices are effective with improvement areas more appropriately required at the service level regarding assessment and planning to ensure current information informs mechanisms to identify vulnerable consumers. I do not deem it applicable, or proportionate, to consider these deficits again in relation to this Requirement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement 8(3)(e)

The Assessment Team was not satisfied there was an effective clinical governance framework in place. The Assessment Team provided the following evidence relevant to my finding:

* The consumer vulnerability/risk register did not demonstrate how data is collected to ensure monitoring of consumers
* Evidence of a system in place to collect data to inform safety and quality in clinical services provided.
* Evidence there are sets of relationships and responsibilities for clinical care leadership, including, externally regulated health practitioners, management and members of the governing board.
* Evidence of minimising the use of restraint and open disclosure policies in place.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate that the clinical governance framework is ineffective.

The key issue identified by the Assessment Team related how the vulnerability register information is used to inform care delivery without further information to show where this has failed, or poses risks, in relation to consumers care delivery. The provider’s response reports plans to revise the framework of the vulnerability register.

I find the organisation has established policies, systems and processes in place for effective clinical governance framework.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 8, Organisational governance.

Requirement 8(3)(a) and 8(3)(b)

Consumers/representatives confirmed they have been provided opportunities to provide input as to how services are delivered to meet consumer’s diverse needs. Management, and documentation reviewed confirm, consumers are engaged to complete annual surveys to gauge consumer satisfaction and identify service improvements. Documentation reviewed confirm initiatives from feedback and complaints data is provided to the Board for discussion.

Most consumers/representatives confirmed they are satisfied the service provider promotes a culture of safe, inclusive, and quality care and are accountable for their delivery. Management and documentation reviewed confirm the governing body is provided information to assist with monitoring risk and has oversight on the quality of care and services provided.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a) and (3)(b) in Standard 8, Organisational governance.

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